



Midwifery, nursing and medical care on the high seas: An immigration voyage to colonial Australia 1848–1849

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ABSTRACT

Background: The lives of individuals are infinitely fascinating, especially when viewed at the intersection of their relationship with other people and their environment. Of interest in this article are the incidents of childbirth and the role of midwife and doctor in these crucial life events. Perhaps of greater significance is the story of those on board this one voyage of the *Steadfast* within the grand narrative of British immigration to Australia in the nineteenth century.

Aim: This article aims to demonstrate that it was the human cargo and their need of health care in the voyage of the *Steadfast*, which contributed to the historical narrative of immigration and quarantine, the prelude to life in the colonial environment.

Method: This is qualitative research using historical methodology involving the selection of available documents. The primary document sourced is that of the surgeon-superintendent's journal on the *Steadfast*. The methodology used is narrative, recording the medical information as well as providing background context for the main characters for the purpose of situating them in the immigration story.

Findings: Health care, particularly maternity care, on immigration ships was limited. Birthing at sea was a dangerous process for an immigrant woman often resulting in her death, the death of her infant or both mother and child could perish. If disease occurred during the sea voyage, then quarantine of the ship and passengers was instigated on arrival at Sydney Harbour.

Discussion: This article draws on the journal notes of the surgeon superintendent which logs the health incidents of immigrants requiring midwifery, nursing and medical care on a sea voyage from London to the colony of New South Wales in the mid-nineteenth century. This article focuses on the maternity events and the necessity for quarantine measures to prevent the spread of infectious diseases in the colony of New South Wales.

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Summary of Relevance

Problem or Issue

There is a problem for the nurse historian seeking to understand the role of nurse-midwives on ships transporting immigrants to the colony of New South Wales in the nineteenth century. This is due to the dearth of detail concerning nursing care, even discovering nursing personnel in the historical record.

What is Already Known

There is considerable primary and secondary literature on the topic of immigration to the New South Wales Colony. This literature documents the unwholesome conditions, on board immigrant vessels and the extensive maternal and infant mortality statistics.

What this Paper Adds

Examining the historical log of the surgeon superintendent on board the *Steadfast*, details can be gleaned about one nurse-midwife who acted as the matron. The voyage of the *Steadfast* in 1848–49 illustrates the challenges faced when transporting immigrants to the colony.

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1. Introduction

Immigration to the colony of New South Wales peaked in the years 1849–1850 when over 20,000 assisted and unassisted British emigrants arrived by ship from the United Kingdom (Haines & Shlomowitz, 1991; Madgwick cited in Butlin, 1994). Many officials and individual immigrants have recorded their stories of the long and arduous sea voyage in diaries, letters and journals (Adams, 1985; Clarke & Spender, 1992; Curtain, 1995; Fidlon & Ryan, 1979; Hassam, 1995; Nicol, 1822; Wilson, 1849). Ships' surgeon superintendents documented the medical history of the voyage and cases of illness in their journals and emigration and immigration agents have described the selection of immigrants and their immediate settlement in the colony (Dawson, 1845; Read, 1849). The history of immigration to Australia in the nineteenth century, although complex, is thus well documented by officials and literate persons such as ship's surgeons and diarists. This is particularly true for assisted immigrants because of the richness of such records (Haines, 1994, 1997; Reid, 2011; Rushen, 2011). However, many immigrants were either illiterate or did not have the means to document their experiences thereby diminishing the immigration story, for the historian, to partiality or a one-sided account. Consideration that most accounts are the required records of officialdom, and therefore the presence of official bias, needs to be considered when interpreting or making assumptions from these records.

This article documents the voyage of one immigrant ship, the *Steadfast*, from England to the shore of Sydney Cove. In particular, the article tells the story of a midwife, Sarah Ann Hopkins and a surgeon superintendent, Dr John Henry Read, whose roles on the *Steadfast* complemented each other – roles that involved the medical care of the sick and the confinement of pregnant women on the long voyage to the colony. The *Steadfast* arrived in New South Wales in 1849, just two years before the large influx of unassisted immigrants flooded the colony due to the discovery of gold in 1851.

2. Method

This article examines the journal of the Dr John Henry Read logging the medical and maternity cases on the voyage of the *Steadfast*, from England to New South Wales, 1848–1849. The voyage and the descriptive medical events that occurred are presented as historical narrative, which as Hayden White wrote 'already constitute interpretations' (White, 1987, 95). These stories or cases are admittedly from the primary source of a surgeon-superintendent's log, an official document. There are no accounts from the women who gave birth or other passengers. The doctor's notes are concise and pragmatic and provide an insight into the perceived medical knowledge of the period.

3. Findings

While recognising that Dr John Henry Read's logbook as the surgeon superintendent on the *Steadfast* is an official document, its historical importance lies in its recording the working relationship between two health care colleagues: a surgeon and a midwife. Attention to such detail generates an insight into the midwifery, nursing and medical cooperation required on such voyages. It fosters a more intimate picture than is usually gained from the broad generalised perspective provided by statistics of immigrants and immigration. It assigns human faces to the numerous statistics of the nineteenth-century emigration and immigration phenomenon. It enables an observation of 'small . . . worlds in motion – individuals, families and groups caught at the moment of transition between home and the colony' (Reid, 2011, 115). In general, the origins and movements of assisted immigrants before they embarked remain ill-defined (Haines, 1994, 224). The British Colonial Office changed

its immigration policy for the colony in 1836 replacing the mass immigration of single females with a family immigration scheme (Hammerton, 1975, 549 & 556).

4. Discussion

4.1. The Hopkins family

The Hopkins family were part of this undertaking. Nevertheless, the reason(s) and circumstance(s) surrounding the Hopkins family's decision to immigrate to the colony of New South Wales are unknown. Some known facts do exist. The Hopkins were an English family, assisted immigrants from London and they typify many of the characteristics of British government-assisted emigrants. Sarah Ann Hopkins (25 years) was a qualified midwife, possessing a diploma from the Westminster Lying-in Hospital, London (Hopkins, Sydney Morning Herald, 1849). This hospital had a long history of maternity care and midwifery teaching (Ryan, 1885, xii). Her husband Thomas Hopkins (34 years) was a painter, paper stainer and hanger by trade (ARNSW: NRS 5317). Their two small children were Sarah (4 years) and Thomas (2 years). Both parents were literate, able to read and write and were Protestants, adherents to the creed of the Church of England (ARNSW: NRS 5316).

The occupations of both Thomas Hopkins and his wife suggest they were of working-class status. As a midwife, Sarah Ann Hopkins was likely to find opportunities to practise her profession in the colony, whereas Thomas' trade, unlike the more useful occupations of farmer, carpenter, miller, blacksmith or bricklayer, was not in such demand and would make it difficult for him to secure employment. The records indicate the *Steadfast* was a bounty ship carrying immigrants who were participants in the emigration scheme of Colonial Land and Emigration Commission (CLEC). From 1840 to 1872, the CLEC was the sole London agency responsible for selecting and shipping emigrants to Australia (Haines & Shlomowitz, 1991, 54). Colonial funds raised by the sale of Crown land in the colony paid the bounty fare for assisted immigrants (Butlin, 1994, 83). These emigrants were also expected to pay the 'contract price' or 'passenger fare' which paid for bedding and cooking utensils on board the ship, and it is recorded that Thomas paid £13 for his family's passage, an outlay demanding some financial commitment (ARNSW: NRS 5317).

4.2. Dr Read, surgeon superintendent

Dr John Henry Read (MRCS MD Royal Navy) travelled to Sydney as the *Steadfast's* surgeon superintendent. His wife Frances Eleanor (c48 years) accompanied by her three children, Frances Eleanor (22 years), Henrietta Napier (11 years) and Arthur Angus (8 years), arrived a year later in 1850. Born in Dublin, Ireland, John Read was 47 years old when he signed up for this assignment. Admitted to the Edinburgh Royal College of Surgeons in 1824, Dr Read served for a number of years as a Royal Naval Surgeon until invalidated with a heart condition that developed while he was serving in South-West Africa in the early 1840s (Cable & Marchant, 1988; Australian Medical Pioneer Index, 2020). Perhaps given his uncertain health status, accepting the task of surgeon superintendent on an immigrant ship was an option, not only for employment but also for fostering a new life in Australia for himself and eventually his family. The responsibilities of a surgeon superintendent were quite onerous as he had the health, medical care and general wellbeing of all passengers on board the ship. As well, he had the oversight of cleanliness, hygiene and discipline of passengers, not only in transit but also until all were safely discharged from the ship. He was expected to establish the ship's hospital, its medical supplies and equipment, and select the matron and sick berth attendants. His other responsibilities included the selection

of the schoolteacher and the constables together with ensuring the immigrants assembled every Sunday for public worship (Read, 1849; Legislative Council V & P, 1839). Emigration officials thought the selection of Royal Navy Surgeons as surgeon superintendents before general practitioners had both benefits and deficiencies. On the one hand, the benefits were their familiarity with discipline and as naval officers, their reputedly distinguished personal characters. On the other hand, their pay was more expensive and compared with general practitioners they were generally less familiar with immigrant health complaints (Tenth General Report of CLEC, 1850, 9). The most important task of a surgeon superintendent, from a historical perspective, was the recording in his logbook the medical cases, treatment given and medical statistics of the voyage. It is this extant firsthand account of Dr Read that is the source of information about shipboard births and which facilitates an intimate study of events and conditions on board the *Steadfast*, as well as being a journal of the ship's voyage.

4.3. The *Steadfast*

The *Steadfast*, built in 1847, was a small new barque of 535 tons. The ship was to have an inauspicious start for this journey to the colony of New South Wales. It left the London docks on 24 October 1848 to arrive at the Downs at 5pm. Adjacent to the English coast, the stretch of water known as The Downs is situated south of the Thames estuary, between the towns of Deal and Ramsgate. This roadstead was a relatively safe anchorage area for sailing ships to wait out storms or for the advent of Easterly winds to launch them into the English Channel. Due to inclement and adverse weather conditions of strong south-west gales and rain, the *Steadfast* anchored at the Downs for six days before it was able to catch the easterly wind and sail down the coast to Plymouth. On reaching Plymouth Sound, however, the Colonial Office ordered the ship into quarantine. The immigrants disembarked and occupied the Plymouth Depot while the ship was fumigated with sulphuric acid and the decks thoroughly washed and cleansed as infectious disease had already occurred amongst the passengers. After a week at Plymouth, the *Steadfast* given permission to leave the Port was free to continue its voyage. At 9am on 24 November 1848 with 12 cabin passengers and 213 immigrants, the ship finally set sail for its destination (Sydney Morning Herald 1849, 2). The voyage under sail to New South Wales was not for the faint hearted as unfortunately, the immigrants soon confronted more severe weather conditions causing the ship to relentlessly roll and pitch with the result many of the passengers were soon the victims of seasickness. At the time, the accepted treatment for seasickness was a glass of brandy. Dr Read documented that most of the passengers had recovered by 1 December (Read, 1849). It had not been a propitious start to a journey that was to prove even more calamitous for the medical and midwifery and nursing staff and their patients.

4.4. The health care staff

Sarah Ann Hopkins was about 19 weeks pregnant when she boarded the *Steadfast* at Deptford in London with her husband and children. It is possible that Sarah Ann, a multipara, had already felt the baby *quicken*ing. This term refers to the fetal movements a pregnant woman feels usually between the 16th and 20th gestational week, confirming her pregnancy. At the start of the voyage therefore, Sarah Ann was aware of the difficulties that might lie ahead of her as her own movements became more cumbersome with the advancing pregnancy. The daunting probability of giving birth in cramped conditions on board the ship en route to their destination, together with the care of her other two small children was not an encouraging prospect. Despite her pregnancy, as a trained midwife, Sarah Ann accepted the position of Matron on board work-

ing under the supervision of the surgeon superintendent. Dr John Henry Read's selection of Mrs Hopkins was a wise choice. As a trained midwife from a respected and recognised lying-in hospital, Sarah Ann Hopkins would have been of great assistance to a naval surgeon with little firsthand practical experience of obstetrics and the treatment of childhood diseases (Tenth General Report of CLEC, 1850, 9). Two nurses, Elizabeth Sutherland and Mary Ann Oldfield, and a male nurse attendant were selected to assist Sarah Ann in caring for the patients on board the ship.

5. Diseases and confinements on board ship

The need for this assistance became obvious, as 192 cases of illness were recorded during the voyage. This number involved more than half the total of passengers. Infectious diseases such as dysentery, typhus fever, measles and scarlatina (scarlet fever) were the most prevalent conditions necessitating many hours of nursing care (Smith, 1979, pp. 238, 239, 244). There were 16 deaths and seven births during the passage with two more babies born in the lazaretto at Spring Cove. A lazaretto is a building or place for housing and isolating people with infectious diseases. Of the 16 deaths, 14 were infants. Hugh Wilson, a constable on the *Sarah* remarked in his diary that 'in almost every case where a mother died, she [was] followed by one or two of her youngest children'. (Wilson, 1849).

Dr Read's logbook does not state how many women on board the *Steadfast* were pregnant and likely to deliver but chronicles those women who gave birth on board or in the lazaretto. It is possible, as in the case of Matilda Humphreys, there were women on board who did not divulge they were pregnant until they were about to deliver. Refusal of an assisted passage for a woman who was pregnant, particularly if she were in the last trimester, was a powerful reason for not divulging a pregnancy (McDonald & Shlomowitz, 1990, 97). As well, women in this era were often unaware of early signs of their pregnant condition as the diagnosis of pregnancy at this time was an imprecise skill (McClive, 2002, 209–227).

The case of Elizabeth Blott demonstrates the presence of bias in the account as it is only recorded in the official log of the surgeon-superintendent. The voice of Elizabeth Blott is not heard as her side of her story is not recorded. Although the official account records she was taken advantage of by the cook while the passengers were quarantined in Plymouth, the circumstances surrounding this incident are not known. Dr Read considered that Elizabeth Blott lived a dissolute life while on shore, because of her condition, a judgement too easily made of single females by male officials. What is known is that when Elizabeth Blott returned to the ship from the enforced quarantine of immigrants in Plymouth. She was extremely ill: she had been exposed to the cold and damp, was fitting (said to have epilepsy), vomiting with a headache, delirious and lapsing into unconsciousness. These were symptoms typical of typhus fever and Elizabeth Blott was diagnosed as suffering from this disease. Typhus fever was endemic in the nineteenth century. It was often named gaol fever or ship fever and caused by a microorganism; *rickettsia* carried by lice. Effective treatment was the delousing of a person and their clothing. Typhoid fever, on the other hand, is caused by ingesting food infected by a bacillus, *salmonella typhi*. Typhus fever and typhoid fever were not distinguished as separate diseases until 1869. Significantly, the cause of typhus fever was unknown at this time so the correct treatment, delousing the patient, was not implemented. Elizabeth Blott and her lice, as well as other lice infested immigrants, would continue to be a source of infection on board the ship. She was also constipated, requiring purgatives and with retention of urine required repeated catheterisations. Cupping was the treatment of choice and blisters of mercurial ointment were applied to her neck. Until the 1870s, the treatment for lowering temperatures in cases of fevers was bleeding, leeching, cupping, a

low-calorie diet and confinement to bed (Smith, 1979, 243). With good nursing care and nourished with a diet of port wine, arrowroot and chicken broth, Elizabeth Blott recovered. Dr Read's concluding comment that this had been a hopeless case, the patient's fortunate recovery due to the mercurial treatment!

As previously mentioned, there were seven confinements at sea. Recorded in Dr John Henry Read's Journal, Case No. 27 was the first birth to occur. Lydia Lever (24) went into premature labour on the 26 January 1849, some three months into the voyage. Frequent attacks of dysenteric diarrhoea triggered the start of her labour. Lydia Lever was seven months (about 28 weeks) when she gave birth to a baby girl. This premature baby survived for ten days, dying on the 5 February from convulsions. The care available for premature infants on board the ship and how they were nourished when their mothers were desperately ill is unknown. Certainly, any form of artificial feeding was hazardous and unsuitable for premature babies as likely to be deficient in vitamins increasing the risk of malnourishment and susceptibility for dehydration from diarrhoea (McDonald & Shlomowitz, 1990, 98). Lydia Lever was described as delicate with a previous history as an asylum inmate. Whether her treatment in this asylum was for mental illness or because she was destitute and needed support in a charity asylum or workhouse is unclear. Lydia, recently confined, also developed an abscess of unknown origin that burst at the end of January. This infection and her continued dysentery must have resulted in septicaemia and with no antibiotics to treat the infection, Lydia Lever's condition deteriorated and she died on the 1 March 1849. One can only imagine how the nursing staff managed with a fitting, irrational woman with uncontrolled bowel motions in the confined space of the ship's hospital. Dr Read had assessed her as a lunatic, but her erratic behaviour and convulsions were more likely due to the rampant septicaemia coursing through her body.

On the same day that Lydia lever gave birth, Jane Calder (26), Case No. 28, went into premature labour and a female infant was born following eight months gestation. The baby was named Henrietta Read Calder, after the surgeon superintendent. He recorded that the mother was doing well. However, this was to be a demanding and arduous few days for the doctor and midwifery staff attending day and night the newly delivered mothers and the two premature babies. The Calder baby did not survive, for Henrietta Calder died at five days old on the 31 January 1849. The emotional grief and stress were compounded for the Calder's as their one-year old child died the next day on the first of February.

Fifteen days later, on the 10 February at 6.30 pm, Janet Bryce (24) safely gave birth to a girl. Case No. 33 was the third birth on board the *Steadfast*. This was a happy occasion and the child was privately baptised the following day. Janet Francis Steadfast Bryce was named after her mother and the *Steadfast*. The naming of newborn babies after the ship on which they were born was a common practice. In this case, both mother and baby progressed well and survived despite the presence of infectious diseases, measles and scarlatina amongst the passengers. These infections were particularly deadly for babies and young children. Acute infectious diseases quickly spread among passengers because of close contact and crowded conditions of shipboard life with minimal or no ability to isolate the infectious (McDonald & Shlomowitz, 1990, 98). Nevertheless, as much as the birth of this newborn daughter would have brought joy to her parents, they were grieving the death of their one-year-old daughter, also named Janet, from bronchitis two months earlier in December.

Twenty-year-old Matilda Humphreys was the fourth confinement, Case No. 34. Her pregnancy was only discovered once the *Steadfast* was at sea. Matilda was treated with castor oil (a purgative) and opium (for pain relief and as a sedative) and safely gave birth. However, poor Matilda was diagnosed as suffering from epilepsy, which progressed into a diagnosis of mania. Dr Read and

presumably the nursing staff spent another sleepless night as they attended to her, at first in her steerage berth and then in a fore-castle cabin to which she was removed, much to the relief of the other passengers, disturbed by her manic behaviour. Epilepsy was often the diagnosis for eclampsia, a condition associated with pregnancy but a condition little known or recognised in this period. The aetiology of this condition has had a protracted history with effective treatment only recognised in the twentieth century (Bell, 2010, 510–518). As Chamberlain (2006, 562) commented, 'it was hard to designate a cause of maternal death to a disease until it had been discovered'. Matilda Humphrey's epilepsy could have been the result of untreated pre-eclampsia and eclampsia, serious maternal complications with often poor outcomes for mother and/or baby. Matilda Humphrey's baby did not survive, dying on the 22 February 1849 from convulsions. Added to Matilda's mania was her grief for her dead child. There is no mention in the surgeon superintendent's journal of any emotional support or sympathy given to grieving parents, so it remains indeterminate whether the need for such comfort was considered or indeed recognised at this time. The records are silent on this aspect of care, so important in the maternity care of the twenty-first century.

Despite the succinct clinical notes made by Dr Read concerning Matilda Humphreys there are many gaps regarding the medical and nursing treatment she was given. There is no mention of her husband or lover so had she, like Elizabeth Blott, fallen prey to some predator or had she taken the option of immigration as a way of eluding the social disgrace of an illegitimate pregnancy? The historian is left to ponder the intimate circumstances of Matilda Humphrey's life.

During these calamitous confinements and untimely deaths, the matron, Sarah Ann Hopkins was the fifth woman to give birth on the *Steadfast*. A daughter, Henrietta Mary Ann was born on 22 February 1849. Another Henrietta named after Dr Read. His concise notes concerning Sarah Ann Hopkins' confinement provide evidence of her frailty and her continuing attention to duty:

1849 Case Number 35, Labour. Feb. 22 at sea Sarah Ann Hopkins age 24 is a delicate woman (is a midwife). Encienté in her full-time was this day taken ill with labour pains and in 2 hours was safely delivered of a daughter which was privately baptised – mother and child doing well – the usual treatment attended to – she is now attending to her duties as Matron – 18th March/49 (Read, 1848–1849, np).

Sarah Ann was also diagnosed on 3 April with epilepsy having had an epileptic fit and despite attending to her matronly duties remained *delicate* and was one of the persons admitted to the lazaretto in Spring Cove (ARNSW: NRS 905, 49/4826).

In March 1849 following Sarah Ann Hopkins's confinement, two more women were confined. The first, Case No.52, was Lucy Mason (30), who although described as having a dyspeptic constitution and subject to hysteria, safely gave birth to a premature female infant. The second, Case No. 53, Ann Lincoln (35) birthed her sixth child apparently without complications. This made seven confinements on board the *Steadfast*. Ann Carpenter and Mrs Black were two more confinements to occur in the lazaretto in Spring Cove in April (Read, 1848–1849, statistics).

All the births appear to have been normal, for there is no mention of complications apart from the prematurity of the neonates. Complications revolved around aspects of antenatal care or happened in the postnatal period. It also seems that misdiagnosis (according to today's standards, though not of the period) occurred concerning definitions of epilepsy and lunacy. Shipboard conditions dictated the response of those responsible for the health and wellbeing of the passengers. The conditions for confinement were generally inadequate. Some women were confined in their berths, which in steerage space would have been extremely limited, with little if any

privacy. Some women were moved into the ship's hospital. Whatever the location there was restricted space, lack of hygiene and limited ventilation plus contending with the pitching and rolling of the ship. Dr Read's list, at the end of his report, of the 'medical comforts' available suggest extremely limited supplies for medical purposes. On this list food items feature as both a comfort and nourishment: oatmeal, arrow broth, barley, sago, *pec* beef, mutton, lime juice and sugar. Preserved milk and vinegar were also available. Alcohol, in the form of port wine, sherry, wine, porter, brandy and rum, seems to be the basis of pharmaceutical prescriptions. We also know that purgatives, mercury and opium were available. Opium was used for pain relief and as a sedative though how frequently it was used is unknown as its use is only mentioned once in the doctor's journal.

It is notable that all seven confinements took place in the latter months of the voyage in the heat of a southern hemisphere summer, between January and March 1849, as the ship was sailing up the east coast of Australia. High temperatures together with lack of ventilation for steerage passengers would not only increase the discomfort for women in labour but also increase the risk of dehydration for newborn infants and young children (McDonald & Shlomowitz, 1990, 98). Examining the circumstances of the women who gave birth on the *Steadfast*, a picture emerges of the stress, anxieties, strenuous nursing, and midwifery care that confronted Dr Read, Matron Hopkins and the other nursing staff. In addition to these birthing episodes was the nursing care required for all the other ill passengers for there were physical injuries and infectious diseases to treat. Twenty-one of the ship's crew, including officers, succumbed to various illnesses, such as dysentery, typhus fever and scarlatina. All the crew, however, recovered before they reached their destination.

6. Arrival and quarantine

On a fine sunny day with a southerly wind blowing, the *Steadfast* sailed through the Sydney Harbour heads at daybreak on the 26 March 1849. The relief and joy of the crew and passengers at the sight of the tranquil water of the harbour in the bright sunlight was obvious. Their joy, however, was quickly curtailed as the ship was ordered into quarantine at Spring Cove on the protected western arm of the northern headland of the harbour. This was necessary because of the number of deaths and infectious diseases that occurred among the passengers and crew during the voyage.

Between 1838 and 1850, increasing numbers of immigrant ships arrived in the colony and quarantine became an important public health issue (Curson, 1985, 14). The *Steadfast* arriving in 1849 was thus on the cusp of epidemiological developments in Sydney. Other ships, such as the *Beejarpore* which arrived three years later in 1852, had an appalling record of mortality. There were 56 deaths en route with a further 68 passengers dying whilst the ship was in quarantine (Curson, 1985, 14–15). Despite the limited understanding in this period how communicable diseases were spread, colonial health and government officials were aware of the necessity to prevent infectious diseases from entering the colony. The Legislative Council of New South Wales passed the first Quarantine Act in July 1832 (3 William IV, no.1, 1832). This Act authorised the isolation of ships arriving from ports notorious as centres of infectious diseases or that had a history of infectious diseases during the voyage. This legislation encompassed quarantining such ships, their cargos and passengers. The Act also authorised the establishment of quarantine stations within Port Jackson, which gave legitimacy for the first time to the station at Spring Cove (Foley, 1995, 20).

In 1849, three ships were quarantined: The *Steadfast* (March), the *Midlothian* (April) and the *Emigrant* (May). Quarantine had economic consequences for traders and masters of ships. Each day spent in quarantine meant a delay in a quick turnaround for ves-

sels and masters hoping to trade with Asian or North American ports. Such delays resulted in loss of profit for their owners and often caused annoyance, discontent and friction between masters of vessels and government authorities. Ship's masters often conspired to conceal the presence of disease on their vessels and failed to report any passengers who had not fully recovered from any illnesses on arrival in Port Jackson (Curson, 1985, 15). Such actions necessitated the appointment of the first health officer in December 1838. Dr Savage the second appointed health officer, directed the *Steadfast* into quarantine at the refurbished quarantine station at Spring Cove (Foley, 1995, 44).

The *Steadfast* spent some 17 days in quarantine which was a relatively long period, indicating some justification for the medical decisions of Dr Read. Released from quarantine on 11 April 1849, the *Steadfast* slipped its anchorage and sailed down the harbour. The immigrants, no doubt, with uplifted spirits had at last reached their long-anticipated destination, Sydney Cove and Sydney town.

The lives of the midwifery, nursing and medical staff on the *Steadfast* did not end at the conclusion of the sea voyage but continued as they entered a new phase as citizens of the colony of New South Wales. Indeed, the voyage of the *Steadfast* was but an interlude and transition from a familiar to an unfamiliar environment, from well-known traditional customs to a new culture and to a completely different climate. The interesting colonial lives of Sarah Ann Hopkins and John Henry Read have been explored by the author but are not recorded in this article.

7. Conclusion

This article has primarily detailed the maternity cases that occurred on board the *Steadfast* to promote an understanding of the tasks that presented themselves to the health care providers. It does not detail what their roles and duties were as unfortunately these are not recorded in the research document.

Matron Sarah Ann Hopkins and Dr John Henry Read could not have fully comprehended the historical context or the significance of their participation in this immigration phenomenon. It would be a mistake to think they would be better informed about the colonial immigration period because they were intimately involved in it. Nevertheless, from an historical perspective, their care of the sick and maternity cases, both at sea and in quarantine, adds to an understanding of this aspect of immigration to colonial New South Wales.

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None.

References

- Adams, D. (Ed.). (1985). *The letters of Rachel Henning*. Victoria: Penguin.
- ARNSW: NRS 5316, 4/4786, *Persons on bounty ships (agent's immigrant lists)*, 1836–1896.
- ARNSW: NRS 5317, 4/4914. *Persons on board ships to Sydney*. Newcastle, Moreton Bay, 1848–1891.
- ARNSW: NRS 905, 49/4826 [4/2850]. *Colonial Secretary's Correspondence, dated 19 May 1849. This document contains a 'Copy of Sick List – Steadfast Voyage 21 October 1848 – 26 March 1849', which lists the dates of all the women who delivered aboard the Steadfast*.
- Australian Medical Pioneer Index. 'John Henry Read', Retrieved from <http://www.medicalpioneers.com/cgi-bin/index.cgi?detail=1&id=2726>.
- Bell, M. J. (2010). A historical overview of preeclampsia–eclampsia. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 39(5), 510–518.
- Butlin, N. G. (1994). *Forming a colonial economy, Australia 1810–1850*. Cambridge: Cambridge University Press.
- Cable, K. J., & Marchant, J. C. (Eds.). (1988). *John Henry Read*. Sydney: ABGR in Association with Society of Australian Genealogists.
- Chamberlain, G. (2006). British maternal mortality in the 19th and early 20th centuries. *Journal of the Royal Society of Medicine*, 99(11), 559–563.
- Clarke, P., & Spender, D. (1992). *Life lines. Australian women's letters and diaries 1788 to 1840*. North Sydney: Allen & Unwin.
- Curran, P. H. (1985). *Times of crisis: Epidemics in Sydney 1788–1900*. Sydney: Sydney University Press.
- Curtain, E. (1995). Gentility afloat: Gentlewomen's diaries and the voyage to Australia, 1830–1880. *Australian Historical Studies*, 26(105), 634–652.
- Dawson, J. *Journal on ship 'Canton' from London to Sydney 30 April to 8 September 1845*. Mitchell Library, State Library of New South Wales, A456.
- Fidlin, P. G., & Ryan, R. J. (Eds.). (1979). *A journal of a Voyage from Portsmouth to New South Wales in the Lady Penrhyn 1787–1789*. Sydney: Australian Documents Library.
- Foley, J. D. (1995). *In quarantine: A history of Sydney's quarantine station 1828–1984*. Kenthurst, NSW: Kangaroo Press.
- Haines, R. (1994). Indigent misfits or shrewd operators? Government-assisted emigrants from the United Kingdom to Australia, 1831–1860. *Population Studies*, 48(2), 223–247.
- Haines, R. (1997). 'The idle and the drunken won't do there': Poverty, the new poor law and nineteenth-century government-assisted emigration to Australia from the United Kingdom. *Australian Historical Studies*, 27(108), 1–21.
- Haines, R., & Shlomowitz, R. (1991). Nineteenth century government-assisted and total immigration from the United Kingdom to Australia: Quinquennial estimates by colony. *Journal of Australian Population Association*, 8(1), 50–61.
- Hammerton, A. J. (1975). 'Without natural protectors': Female immigration to Australia, 1832–36. *Australian Historical Studies*, 16(65), 539–566.
- Hassam, A. (1995). *No privacy for writing: Shipboard diaries 1852–1879*. Melbourne: Melbourne University Press.
- Hopkins, S. A. (1849, June, p.1). Advertisement, *Sydney Morning Herald*. Retrieved from <https://trove.nla.gov.au/newspaper/article/12906981?browse=ndp%3Abrowse%2Ftitle%2F%2Ftitle%2F35%2F1849%2F06%2F09%2Fpage%2F1512818%2Farticle%2F12906981>.
- Legislative Council of NSW. *Second session of the third council*, 3 William IV, No 1, 1832.
- Legislative Council of NSW. *Votes & proceedings 25 June 1839, Report of the committee on immigration*, No.9.
- Madgwick, R. B. (1994). Immigration into eastern Australia, 1788–1851. In N. G. Butlin (Ed.), *Forming a colonial economy, Australia 1810–1850*. Cambridge: Cambridge University Press.
- McClive, C. (2002). The hidden truths of the belly: The uncertainties of pregnancy in early modern Europe. *Social History of Medicine*, 15(2), 209–227.
- McDonald, J., & Shlomowitz, R. (1990). Mortality on immigrant voyages to Australia in the 19th century. *Explorations in Economic History*, 27(1), 84–113.
- Nicol, J. (1822). Chapter 9. In *The life and adventures of John Nicol, mariner*. (np) Retrieved from <http://gutenberg.net.au/ebooks16/1600031h.html>
- Read, J. H. *Journal of John Henry Read, surgeon superintendent, 'Steadfast' 1848–1849*. Mitchell Library, State Library of NSW, MSS 991.
- Reid, R. E. (2011). *Farewell my children: Irish assisted emigration to Australia 1848–1870*. Sydney: Anchor Books Australia.
- Rushen, E. (2011). *Single and free, female migration to Australia 1833–1837*. Victoria: Anchor Books Australia.
- Ryan, T. (1885). *The history of Queen Charlotte's Lying-in Hospital: From its foundation in 1753 to the present time, with an account of its objects and present state*. London: Queen Charlotte's Hospital. August. Retrieved from lost hospitals of London. <http://ezitis.myzen.co.uk/generallying.html>
- Smith, F. B. (1979). *The people's health 1830–1910*. London: Croom Helm.
- Sydney Morning Herald*, (Sydney, NSW: 1842–1954). 27 March 1849, p.2.
- Tenth General Report of the Colonial Land and Emigration Commissioners. (1850). *Tenth general report of the colonial land and emigration commissioners, 1850*. Modbury, S. Australia: Archive CD Books Australia.
- White, H. (1987). *Tropics of discourse: Essays in cultural criticism*. Baltimore and London: John Hopkins University Press.
- Wilson, H. M. (1849). *Diary of a voyage from Granton in Scotland to Plymouth, and thence to Australia on the barque Sarah 15 August–9 December 1849*. State Library of New South Wales. CY1024 (B1535): Mitchell Library.