Prisoner health and well-being in historical perspective, 1850-1900: Exploring experiences of illness and disability in the Victorian convict system.

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10 - 12,000 words inc. abstract, tables, figures, notes, and references (footnotes).

Abstract

Using historical and archival methodological approaches, this article provides an interdisciplinary empirical study of health experiences of prisoners in the Victorian convict prison in England and Wales. It explores the challenges of doing historical criminological work on prisoner health and disability. The article examines the health of long-term prisoners, those serving sentences of penal servitude and their interactions and treatment by the Prison Medical Officers in the system. Reflecting society outside, the prison population was drawn from populations that had experienced childhood illness, workplace accidents and war and therefore had to accommodate those suffering from both short and long-term health issues. Using historical documentation and case studies of individual prisoners, this article highlights the deep scepticism the system had for those they saw as 'malingerers', but also the recognition that some people could not endure the full force of the prison labour regime.

Biographies

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Introduction

Prisons are harsh, brutal places both culturally and architecturally. They are built essentially to hold able bodied, healthy people. With stairways, small cells, bunkbeds, and few medical facilities, for example, prisoners with health problems or disabilities, either mental or physical, are less able to navigate and best manage their time in prison.[1] This situation has worsened in the second half of the twentieth century, in most countries, as people are sentenced for ever increasing periods and more

[1] Moran, D., Jewkes, Y. and Turner, J. (2016) Prison design and carceral space in Y. Jewkes, B. Crewe and J. Bennett (eds.) *Handbook on Prisons*, 2nd edition, Abingdon: Routledge, pp. 114-130; Hancock, P. and Jewkes, Y. (2011) 'Architectures of incarceration: The spatial pains of imprisonment', *Punishment & Society*, *13*(5), pp. 611-629.

people are incarcerated for historic offences. The prison population is, therefore, ageing which has led to an increase in worsening health amongst those incarcerated.[2] In recognition that some prisoners will enter prison with, or develop whilst incarcerated, medical problems, most prisons have medical facilities and personnel. In the United Kingdom (UK), it is only recently the contemporary prison system has been forced to respond in a more systematic manner to the needs of disabled prisoners due the Disability Discrimination Act 1995 and the subsequent Equalities Act 2010, as a group with 'protected characteristics'. However, many older prisons are still in use, and these do not specifically cater for people with bodily disabilities or ill health affecting their practical ability to navigate the physical space.[3]

Given that the modern prison was conceived (philosophically and in architecture) in the early to mid-nineteenth century, how did prisoners with health conditions or disability fair in the past? To illuminate the experiences of long-term prisoners with physical disabilities or ill-health, this article takes an historical view and examines how the British Victorian penal system dealt with such prisoners, with the prison simultaneously defining our population and having an impact on this populations' health. In so doing, this article draws on evidence from two empirical projects, the first used 'whole-life' history methodology to reconstruct the lives of 645 male and female convicts in the second half of the nineteenth century.[4] This gave us a unique insight into a daily lives, health and experiences of hundreds of convicts. It demonstrated that just under one-third (28 percent) of convicts had some kind of medical treatment during their long-term prison sentence. [5] Whilst nearly all convicts' health, both physical and mental, was assessed and recorded as 'good' by the medical officer on admission to prison, 95% and 97%, respectively, the records suggest about 78% as good health, 15% as indifferent and 6% as poor. Of the 645 convicts, assessing the type of illness or disability and proportion of time spent in the prison infirmary, we determined that about 18% of convicts experienced acute illness, 8% chronic ill health and about 7% a combination of the two.[6] The second project focused on the specific institutional practices used in prisons and followed up in detail the development of policies with regard to the physical health of prisoners.[7] Therefore, we also explore the role of the prison medical officer,

[2] Ridley, L. (2022) No place for old men? Meeting the needs of an ageing male prison population in England and Wales, *Social Policy and Society*, vol, 21, no.4, pp. 597-611.

[3] For a detailed discussion of the persistence of infrastructure from this era today see: Moran, D., Houlbrook, M., Jewkes, V. (2022) The Persistence of the Victorian Prison, *Space and Culture*, vol. 25, no. 3, pp. 364-378; Crawley, E. (2005) 'Institutional thoughtlessness in prisons and its impacts on the day-to-day prison lives of elderly men'. Journal of Contemporary Criminal Justice 21(4): 350–363; The New Zealand Office of the Inspectorate report (2020) *Older prisoners: the lived experience of older people in New Zealand prisons* suggests that whilst the needs of older prisoners in New Zealand and comparable jurisdictions such as the UK are being generally met, a comprehensive Older Prisoners' Wellbeing Strategy to respond to the age-related needs of older prisoners should be developed, appropriately resourced, and implemented https://inspectorate.corrections.govt.nz/reports/thematic_reports/older_prisoners_the_lived_experience_of_older_people_in_new_zealand_prisons.

[4] *The Costs of Imprisonment: A Longitudinal Study*, funded by the Economic and Social Research Council (ESRC) (ES/I028889/1. See also, Johnston, H., B. S. Godfrey & D. J. Cox (2023) *Penal Servitude: Convicts and long-term imprisonment, 1853-1948*, McGill-Queens University Press.

[5] The rate of illness or disability in the general population is not known. There was no state funded health service at this time to record admissions and many people with health problems or disabilities may not have accessed the largely privately funded medical facilities and professionals.

[6] Johnston et al, 2023.

[7] *Invalids, physical disabilities, and the modern prison, 1850-1930*, funded by a British Academy Leverhulme Trust small research grant (SRG 170334). This second research project built on the previous ESRC funded *Costs of Imprisonment* research. See also Johnston, H. and Turner, J. (forthcoming 2024) Unfit for labour: Histories of disability and ill-health in the Victorian prison in D. Peacock and S. MacDonald (eds.) *Handbook of Disability, Crime and Justice,* Abingdon: Routledge; Johnston, H. and Turner, J. (2017) Disability and the Victorian Prison: Experiencing Penal Servitude, *Prison Service Journal*, 232, pp. 11-16. This research is about physical health and disability, but mental health in prison has been written about extensively, notably, with regard to separate confinement, most recently by C. Cox and H. Marland (2022) *Disorder Contained: Mental*

the development of Woking Invalid Convict Prison and, using case studies of individual prisoners, interrogate the British Victorian penal system's attitudes and the policies towards prisoners with physical disabilities and illnesses.

Methodology – doing historical prison research

Much historical criminal justice research generally, and prison history research specifically, relies on what survives in the form of archival and governmental records about institutions, processes, and the people they targeted. In the case of health issues and wellbeing of prisoners, there are deficiencies in what might help us to understand individual prisoner experiences and, in many cases, the voices of those who were subject to such practices are absent. There were essentially two types of prisons in England during the nineteenth century – local prisons and, later in the century, convict prisons.[8] In the local prison system, different forms of records about infirmaries, hospital wings, and surgeons reports often do not survive. In such cases, local prison registers might tell us names, sentence, sometimes indicate if the person has been reconvicted, the court they were committed by, sometimes (for example in the case of Manchester Prison Registers online) next of kin or living family, but anything about their health is often completely absent. Annual reports from individual prisons were submitted to the government in various forms, but often this might only summarise in official parlance and focuses predominantly on statistical information on whether there was any outbreak of disease, infectious cases, any deaths in the prison that year. They only rarely tell us about the individual prisoners involved. If prisoners did die in custody, then it is also possible to access reports from Coroner's Inquests, which might also provide some insight into what had occurred, but they are similarly patchy in survival across the country. Later after the centralisation of local prisons in 1878, these annual reports on each prison are often truncated and contain only a summary paragraph or two on the preceding year events. Inside the local prison system, the turnover of the population was high, short sentences often of less than 28 days predominated and few staff, officers, governors, or medical professionals, left memories which might support our understanding.

In the convict prison system, the records are quite different, and there is a wealth of material held on individual prisoners in the form of the Home Office and Prison Commission (PCOM) series 3 and 4 – the Prison Licensing records for, respectively, men and women released on licence from a sentence of penal servitude. The originals are held in the National Archives in Kew, London. However, only a proportion of all the licences issued between the 1850s and 1940s have survived and are open to the public to view. For women, only the 4,435 licences issued between 1853 and 1871, and then between 1882 and 1887, are available. For men, 36,700 licences issued between 1853 and 1887 are available. A proportion of the male and female licences have been digitised for FindmyPast and Ancestry, both global databases for researching family history. These records provide us with a considerable volume of material – despite some deficiencies, missing, incomplete or obscure information – that we can use,

Breakdown and the Modern Prison in England and Ireland,1840-1900, Cambridge: Cambridge University Press; Cox, C., and Marland, H. (2018). "He Must Die or Go Mad in This Place": Prisoners, Insanity, and the Pentonville Model Prison Experiment, 1842–52. *Bulletin of the History of Medicine* 92(1), 78-109.

[8] The penal system in nineteenth-century England was incredibly complicated. While convict prisons were under the direct control of the Home Office, local prisons were, until the 1877 Prison Act, managed by a whole host of different local authorities, from counties and boroughs to liberties and even cathedrals. Moreover, included among convict prisons were penitentiaries, public works prisons and prison hulks (also known as floating prisons), while local prisons included gaols, bridewells and lock-ups. See R. Crone, L. Hoskins and R. Preston (2018). *Guide to the Criminal Prisons of Nineteenth-Century England.* London: London Publishing Partnership for the most up-to-date information about operational dates, locations, jurisdictions, population statistics, appearances in primary and secondary sources and lists of surviving archives for 844 English prisons - including local prisons (419), convict prisons (17), prison hulks (30) and lock-ups (378) - used to confine those accused and convicted of crime in the period 1800-1899.

in conjunction with other archives to explore issues of long-term health conditions or disability in the prison system.

Licence documents provide a wealth of information about the prison experiences of each convict. At the most basic, they contain the name and known aliases of the convict, the sentence they received, where they were convicted, and to which prisons they were sent. Sometimes, the licence document held newspaper clippings detailing a convict's trial. Other personal details include the convict's age, marital status and number of children, previous occupation, their literacy - whether they could read or write, and their religion. The licence document always also includes details of the prisoner's previous convictions and the sentence received. As this was a period in which photography was developing, sometimes the licence document contains a photograph of the convict, in addition to the written physical description of the convict including their height and weight, and a note of any scars, tattoos or unusual features. Regarding the internal workings of the convict prison and the convict's experience, the licence document also contains all the dates of every prison the convict had been committed or to which they had been transferred, the work to which they had been put, as well as information on their progress with any education provided, and a report on their behaviour. In addition, the licence document contains details and sometimes the actual letters that convicts sent out and received, whether they made any special requests, any petitions for early release, and whether the convict had any visitors. The licence document meticulously recorded whether the prisoner broke any of the rules and regulations of the prison, and if so, how they were punished. Finally, and importantly for the illumination of disabled convicts' experiences, the licence document also recorded any illnesses, injuries, infirmary admissions, and, sometimes, treatment provided. Therefore, the records of the British convict prison system offer a window into the everyday prison life of those who experienced penal servitude and enable the illumination of convicts' experiences, many of which would otherwise be invisible or lost.

In the original *Costs of Imprisonment* research, we used the Prison Licenses and Penal Record documents as an information spine and then created 'whole life' histories of 645 convicts, male and female, who were released from prison in the 1850s, 1870s and 1880s.[9] In order to explore the convict's life from 'cradle to grave' we added to this penal record material information from birth, marriages and death records, Census materials, newspaper reports and other institutional records, for example, workhouses, asylums. This allowed us to look at individuals' interactions with the criminal justice system as well as their experiences in prison and through to their time on licence outside and their lives beyond. The *Costs of Imprisonment* research was concerned with the prison population as a whole but we found that there were disabled people imprisoned and other people who fell ill during their sentence. It was an interest in how this disabled or ill prison population fared that led to the later British Academy funded research. The prison as an institution and imprisonment as a practice is therefore important because it both defines a population and has an impact on the health of prisoners.

Subsequently we used a raft of other documents to specifically explore the particular institutions we had then established as holding convicts with ill-health or disability. With funding from the British Academy, we collated a wider range of case studies materials and to explore the day-to-day operation of the largest 'invalid' prison in Victorian England: Woking Invalid Convict Prison. The long-term convict

[9] This methodology was originally used by B. Godfrey, D. J. Cox and S. Farrall (2007) *Criminal Lives: Family, Employment and Offending*, Oxford: Oxford University Press and B. Godfrey, D. J. Cox and S. Farrall (2010) *Serious Offenders*, Oxford: Oxford University Press, and has subsequently been utilised to explore young offenders and institutionalisation in B. Godfrey, P. Cox, H. Shore and Z. Alker (2017) *Young Criminal Lives: Life Courses and Life Chances since 1850*, Oxford: Oxford University Press. The Dunedin Study, a study of human health, development and behaviour, uses a similar 'whole-life' history approach About Us | The Dunedin Study - Dunedin Multidisciplinary Health & Development Research Unit (otago.ac.nz).

prison system was established in the 1850s and existed until 1948, prisoners served a minimum three-year sentence of penal servitude. During the late 1860s, one convict prison was allocated as an 'invalid' prison; it held those, who due to physical and mental health issues, could not endure the full rigours of penal servitude, notably, labour on the 'public works'. In the latter years of transportation, at least one hulk, *The Defence* (prison ship moored at Woolwich, until it was destroyed by fire in 1857) was allocated for invalids; then invalids were sent to HMP Lewes, whilst the government built HMP Woking. HMP Dartmoor also held prisoners who were unable to carried out the arduous labour for the 'public works' prisons, during the latter nineteenth century. These institutions are also explored to create a picture of how the prison administrators dealt with prisoners with ill-health and physical disabilities. Before exploring case studies of individual prisoners with health conditions or disability, wel first provide some context on disability in Victorian society and in the convict prison system.

Disability and Victorian social policy

How long-term prisoners with physical disabilities fared within, and were treated by, the penal system is a largely under-researched area, hampered by both the limitations of historical records of prisoners and the lack of interest in social histories of disability. Borsay suggests that this lack of interest is due partly to the relatively recent development of social history, but also that social history has tended to focus upon the social experiences of everyday life directed towards the socio-political inequalities of poverty, class, gender and race.[10] Histories of disability have thus continued to be marginalised and 'social exclusion has been matched by intellectual exclusion'.[11] Social policies aimed specifically towards people with disabilities were virtually non-existent during the nineteenth century in Britain. Drake argues that 'the first chink in the wall came through the medium of education'.[12] Initially section 42 of the Poor Law (Amendment) Act 1868 allowed the guardians of any union or parish, with the approval of the Poor Law Board, to send any 'deaf or dumb' child to any school able to accommodate them. However, the Royal Commission on the Blind, Deaf and Dumb, set up in 1885, reported in 1889 that many children with such impairments had not been educated due to a lack of requirement in the system - education of such children had been seen as a 'charitable concession rather than a duty'.[13] Following the report, Parliament for England and Wales passed the Elementary Education (Blind and Deaf Children) Act 1893 which enforced school boards to accommodate such children. The Elementary Education (defective and Epileptic Children) Act 1899 further empowered - but did not require - school boards to provide for the education of 'mentally and physically defective and epileptic children'.[14]

Thus, philanthropy and inclusion were the chief motive, rather than containment. However, legislation concerning disabled adults provided little more than regulation - itinerant disabled people continued to navigate the Poor Laws and admission to the workhouse. As with prisons now, people sent to prison in Victorian Britain were drawn from populations that had experienced childhood illness, disabilities, workplace accidents and war for example and, therefore, all prisons had to accommodate those suffering from both short and long-term health issues. Consequently, all prisons had some form of infirmary or hospital, mainly for people with short-term illnesses. The British Victorian penal system was, though, a two-tier situation. Local prisons held people sentenced to prison for two years or less with or without hard labour for less serious offences, those held prior to conviction and, while transportation to Australia was in practice, prior to removal to the hulks and subsequent transportation. They also held those sentenced to death until such sentences were carried out. For

[10] Borsay, A. (2002) 'History, power and identity' in C. Barnes, M. Oliver, and L. Barton (eds.) *Disability Studies Today*. Cambridge: Polity Press, pp. 98-119.
[11] Borsay, 2002, p. 101.
[12] Drake, R. F. (1999) *Understanding Disability Studies*. Basingstoke: Macmillan, p. 46.
[13] *The Egerton Report* (1889) Report of the Royal Commission on the Blind, the Deaf and Dumb etc., London: HM Stationery Office, p. 12.
[14] The Elementary Education (defective and Epileptic Children) Act 1899, p. 115.

Classification: Restricted

those with serious health conditions or either mental or physical disabilities there was the potential to remove these prisoners to other institutions. For example, they might be removed to the county lunatic asylum, workhouse infirmary or local hospital, usually on release from what were quite short prison sentences, or early in their sentence on compassionate grounds. These local prisons continued to be used throughout the nineteenth century, and beyond, even as the second tier of incarceration, the convict prison system, developed. The British convict prison system dealt differently with disabled prisoners or those with ill-health.

The British convict prison system

The British convict prison system originated in the early 1850s at a time when the transportation to Australia was coming to an end. Transportation to Australia had involved the deportation of almost 170,000 convicts, people sentenced for indictable offences, from Britain between 1787 and 1868.[15] However, by the 1850s, the transportation of convicts was becoming increasingly impracticable as an option for several reasons, including the Australia's resistance to the deportation of offenders at a time when free settlers were increasingly choosing to emigrate to the country. Consequently, the British government needed to construct what became known as convict prisons to house such offenders who would have previously been transported. Using these convict prisons, a system of 'penal servitude' was developed, whereby such offenders were sentenced to a minimum detention period of three years and a maximum period of life.[16] This established a system of long-term imprisonment which would operate until 1948. This sentence of penal servitude gradually and then completely replaced the sentence of transportation between the early 1850s and 1868. By the mid-1850s, the average daily convict prison population (both male and female) was around 7000 but this grew fairly quickly from the mid-1860s to a height of over 10,000 convicts by the early 1880s. Subsequently, the population declined to around 3000 by the early twentieth century.[17]

A sentence of penal servitude was made up of three parts.[18] The first part was separate confinement, usually at Millbank or Pentonville prisons, which could be up to twelve months' relative isolation in prison, where convicts only left their cells for chapel and exercise, and where all communication between inmates was prohibited. The second part was labour on the 'public works', which involved arduous physical labour working for the government or in the interest of the prison. Male convicts for example laboured at constructing dockyards and roads or undertook excavations, whilst female convicts worked in the laundry for their own prison and others, as well as sewing for the whole convict system. In serving a five-year sentence of penal servitude, for example, the offender might serve up to twelve months in separate confinement before being moved to the public works. The final part of the penal servitude sentence was release on licence or, what was then known as, a 'ticket of leave'. Despite media and public concern about serious offenders being released from prison and the potential for them to commit further offences,[19] the majority of convicts were released early to serve the final thirty or forty percent of their sentence in the community, under the watch of the police.[20] This system of releasing convicts on licence was an early form of parole and had been used in Australia to encourage

[15] See Godfrey B. and Cox, D. J. (2008) 'The "Last Fleet': Crime, Reformation, and Punishment in Western Australia after 1868, in Australia and New Zealand, *Journal of Criminology*, vol. 41 no. 2, pp. 236-58 for further details of the ending of transportation.
[16] Johnston, H., Godfrey, B. and Cox, D. J. (2022) *Penal Servitude: Convicts and Long-Term Imprisonment, 1853-1948*, Montreal, McGill-Queen's University Press.
[17] Ibid.
[18] See Johnston et al (2022) a comprehensive discussion of the convict prison system between 1853 and 1948 including the range of punishments and regimes used within the convict system.
[19] J. Davis (1980) 'The London Garotting Panic of 1862: A Moral Panic and the creation of a Criminal Class in mid-Victorian England' in V.A.C. Gatrell, B. Lenman and G. Parker (eds) *Crime and the Law: A Social History of Crime in Western Europe since 1500*, London, Europa, pp. 190-213.
[20] Johnston et al (2022).

the resettlement of convicts released there before being transferred for use in Britain. On licence, the released convict prisoner was subject to certain conditions. They had to report to the police after release and thereafter monthly, were expected to find employment, and to lead an honest life including not re-offending. Those who did not report themselves to the police, who committed further offences, or who were suspected of leading a dishonest life had their licence revoked and were returned to prison for the rest of their sentence.

Such convicts sentenced to transportation who were identified as 'invalids' were often pardoned early or were held on 'invalid' hulks - former ships, modified and used as prisons - such as the *Defence* which was moored at Woolwich and destroyed in a fire in 1857, and previously, the *Stirling Castle,* moored at Portsmouth.[21] Until 1857, between 350 to 420 invalid convicts were held in these two hulks.[22] As the convict system developed an entire prison was built and allocated to take those unsuitable for labour on the public works for the bulk of the second half of the nineteenth century; this was Woking Invalid Convict Prison.[23]

Woking Invalid Convict Prison

Until the construction of Woking had been completed in 1859, invalid convict prisoners were housed either in the naval prison at Lewes or at Dartmoor. Dartmoor was originally conceived as an Invalid Convict Station due to the perception that the clean air of the moor would help with the medical rehabilitation of convicts suffering from respiratory diseases such as tuberculosis. Despite the fact that it later received more able-bodied men, even by the 1870s, a significant percentage of the convicts there were still classed as suitable for what was known as 'light labour' – tailoring and sewing for example. The main difference between Woking and Dartmoor was that Dartmoor took prisoners able to undertake light labour, whereas Woking was built as a hospital. Subsequently the invalid population was also housed at Parkhurst prison and in the later decades of the century at Wormwood Scrubs Prison. Lewes held 732 prisoners over the two years between 1857, when the Defence was destroyed, and 1859, when Woking could receive invalid prisoners. These 732 male prisoners ranged in age from 12 to 76 years old, and all had disabilities.[24] Some were recorded as having overt physical disabilities, for example, ‘cripple’ or ‘lame’ or ‘lost arm’ or ‘blind’. However, most prisoners were recorded as being ‘very infirm’, ‘infirm’, ‘very delicate’, ‘delicate’; and a few were recorded as being ‘healthy’.[25] This population that was moved from Lewes were described as 'afflicted with such severe ailments and diseases as to render them unfit, in most cases, for performing any kind of labour or being subject to those ordinary punishments by which some prisoners are alone restrained from committing offences'.[26] They were described as prisoners who as a body were 'submissive, uncomplaining and respectful and show much thankfulness for the care taken of them and the consideration shown them in their sick and infirm state’.[27] Those who were able to undertake some kind of light occupation worked at knitting, washing, needlework, tailoring, oakum picking, and shoemaking for example.

Woking was built to hold, and was designed to be suitable for, all invalids with both physical and mental disabilities and illnesses, who were incapable of the light work regime at Dartmoor prison and needed constant care, though in 1863 Broadmoor prison also opened to hold those with mental illnesses.[28] Located in the Surrey countryside and designed by Joshua Jebb, the surveyor-general of convict

[21] McConville, 1981.
[22] Brodie, A., Croom, J. and Davies, J. O. (2002) *English Prisons: An Architectural History.* Liverpool: Liverpool University Press.
[23] Hereafter referred to as ‘Woking’.
[24] The National Archives (TNA), PCOM 7/2131.
[25] Ibid.
[26] TNA, Home Office (HO), Reports of the Directors of Convict Prisons (RDCP), for the year ending 1859.
[27] Ibid., p. 302.
[28] Woking did also hold some able-bodied convicts.

prisons, and the architect Arthur Bloomfield, Woking was built by about 80-90 able bodied convicts. Architecturally, Woking had many features of the standard convict prison. Like all Jebb's convict prisons, the prison building itself was an imposing building and dominated the surrounding landscape. It was a new type of convict prison, different from the already established type of prison, such as Pentonville prison, in that it did not have some of the characteristic architectural features, such as wards radiating out from a central area, or enforce either of the separate or silent systems.[29] Woking did follow similar policies where possible in that work was still an integral part of the penal servitude sentence. However, the labour regime at Woking was distinct in individualising work to account for the suitability of the work for the convict and their disability or health condition and conceiving certain tasks – specifically farm work and market gardening – as a form of patient therapy.[30] When Woking was nearly completed in 1861, it was described as being in 'every respect eminently suitable for the confinement and treatment of invalid convicts ... cells, rooms and corridors are large and lofty; the lighting, ventilation and heating are admirable in every way; and the exercise grounds ... are all that could be desired and will doubtless contribute, as they were intended, to the more speedy convalescence and ultimate recovery of the patients'.[31] The overall goal of Woking was the treatment of the prisoners under their care and to restore their health and return to them to other prisons in the system. However, there was an acknowledgment that there was a group of prisoners through aged, disability or chronic disease that would be permanent inmates of the prison.[32]

At Woking, all prisoners were overseen by the chief prison medical officer John Campbell who spent thirty years working for the prison medical service from 1850 to 1880, starting as the chief medical officer at Dartmoor prison in 1852, then spending twenty years from 1860 at Woking.[33] Campbell's memoir displays his concerns and attitudes about the treatment and heath provisions for prisoners, which reflected the broader trends in opinion expressed in medical journals at the time.[34] In his general practice, Campbell believed fresh air was the best cure for most physical and mental illnesses. In addition, he felt penal servitude benefitted not only society, but convicts themselves by removing temptation and providing food, clothing, and routine which they might not otherwise have had.[35] Although holding typical contemporary views, Campbell was in a unique position to comment as the chief prison medical officer in Britain's only invalid prison. He admired the convict system, but his memoir acknowledges the failings of convict prisons and their staff to reform convicts.

Architecturally and philosophically, Woking reflected its intended function as a hospital rather than a prison. It was, therefore, different from other convict prisons as it encapsulated a penal policy that

[29] The separate or the silent systems under which prisoners were kept either in isolation or in silence as an attempt to prevent moral contamination within the prison predominated in the 1820s and 1930s but were dropping out of favour by the second half of the nineteenth century. Classification of prisoners into groups was the mechanism which prevented moral contamination, with separate confinement being the most extreme example of this. But a more important aim of separate confinement was for prisoners to reflect on their offending, and - with penal servitude - there is also notable work that suggests this stage was used to subdue (or change the behaviour of prisoners), which was deemed important prior to the associative stage of public works (see, for example, Johnston et al (2022)). Such experiments have been the subject of much discussion relating to the mental health of prisoners under such regimes. See, for example, Ignatieff, M. (1978*) A Just Measure of Pain*, London: Macmillan; Sim, J. (1990) *Medical Power in Prisons*, Milton Keynes: Open University Press; Marland, H. (2019) 'Close confinement tells very much upon a man': Prison Memoirs, Insanity and the Late Nineteenth- and Early Twentieth-Century Prison, *Journal of the History of Medicine and Allied Sciences*, Vol. 74, Issue 3, pp. 267–91.

[30] Bethall, B. (2022) *'Star Men' in English Convict Prisons, 1879-1948*. Abingdon**:** Routledge**.**

[31] TNA, RDCP, 1861, p. 314.

[32] Ibid.

[33] Medical Officers held much sway and power in British Victorian prisons. Sim, 1990.

[34] Campbell, J. (1884) *Thirty Years' Experience of a Medical Officer in the English Convict Service*. T. Nelson and Sons. Reprinted Leopold Classic Library (2015).

[35] Campbell, 1884, p. 105.

considered the convicts' health. Most significant was the hospital and space for the infirm. Woking's hospital covered a much larger space and had more staff than was usual in a convict prison, having 162 beds in four large wards along with a dispensary.[36] Campbell describes a basement floor 'which was intended for the aged and crippled, was subdivided into rooms varying in size, for accommodation of from seven to twelve occupants, as to admit of good classification'.[37] The hospital in Woking was a departure from the cellular system regime incorporated in other convict prisons, both architecturally and philosophically given that the prisoners were expected to stay in the hospital wings for some time. Sickness or insanity made association necessary, not necessarily for healing or treatment but because the practical need for supervision meant separation was impossible. As with asylums, prisons removed an individual from their everyday life so they could recover or reform.[38] It is likely that the organisation and architecture of Woking was influenced by trends in asylum construction in that fresh air and productive work were part of the healing process.[39]

Often the hospital was a place for recovery and bed rest, but also occasionally for surgery. Campbell reported that 'operations were occasionally required, and when [he] had occasion to amputate for disease of the large joints leading to complete destruction, the issue was as satisfactory as in the case of the minor operations, which were more frequent occurrence'.[40] In 1867, a female wing was built by able bodied male prisoners to further segregate men and women. The separate female prison, which was for some able-bodied but mainly disable-bodied women, opened in 1869, initially with seventy female inmates making a total 1,400 inmates in Woking by 1869.[41] The separation of men and women was important on moral and managerial grounds, the architecture therefore enforced morality, order, and rules.

Although Woking was a convict prison for invalids and built with care and treatment in mind, the prisoners were still offenders, and their criminal status was given as much, if not more, emphasis than their health. Woking had to follow most of the standard regulations, including being subject to the usual prison reporting standards of the period such as providing annual updates to the Government on the health and behaviour of its inhabitants.[42] Woking also conformed to the usual penal policies for convict prisons. Although waning by the second half of the nineteenth century, a tempered version of the principle of 'less eligibility' continued to be applied throughout the penal estate including at Woking. Formulated by Bentham in the late eighteenth century, this principle states that 'saving the regard due to life, health and bodily ease, the ordinary conditions of a convict doomed to punishment' shall not be made 'more eligible than that of the poorest class of citizens in a state of innocence and liberty'.[43] In other words, those convicted of offences should not enjoy conditions more favourable than those enjoyed (or endured) by the poorest independent labourer. It was also important that prisoners should not cost the state too much money. Therefore, diet, living conditions, work tasks, and socialisation were all regulated at Woking according to the principle as in other prisons. However, from a health perspective, this was problematic and, in practice at Woking, the implementation of the principle was frequently compromised.[44]

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[36] Campbell, 1884, p. 47.
[37] Ibid., p. 46.
[38] Stevens, M. (2013) *Broadmoor Reveals: Victorian Crime and the Lunatic Asylum*. Barnsley: Pen and Sword Social History.
[39] Sellers, L. M. (2017) *Managing Convicts, Understanding Criminals: Medicine and the Development of English Convict Prisons, c.1837–1886*. Unpublished PhD thesis.
[40] Campbell, 1884, p. 63.
[41] McConville, S. (1981) *A History of Prison Administration, 1750-1877*. London: Routledge Kegan Paul.
[42] Every quarter all prison registers were collated. These were known as Quarterly Returns and were compiled together alphabetically in large leather-bound books called Convict Prisons Attested Lists.
[43] Bentham, 1791, quoted in McConville, *A History of English Prison Administration*, p 115.
[44] For a discussion of famine, see Blum, Mathias, Christopher L. Colvin, and Eoin McLaughlin "Working Paper 2017-08: Scarring and Selection in the Great Irish Famine" Appendix A: Crime, Law Enforcement and

In addition, as at other convict prisons, the class to which a convict belonged dictated how much contact they could have with other people, as well as how much labour they had to do and of what difficulty. The class a prisoner was allocated to also affected which diet plan an individual was on and how they could have their hair or facial hair. These were regulations to enforce uniformity and consistency during the sentence of penal servitude but, again as in other convict prisons, towards the end of the sentence individual style could be expressed again so that upon release the convict did not stand out as an ex-convict and therefore unemployable.[45] Both the mark system and work continued to be an essential part of the punishment regime, but the public works stage of penal servitude was less arduous than in other convict prisons.[46] Men were primarily employed on the farm while women were usually engaged in tasks such as cooking, cleaning, gardening, or sewing mailbags and prison clothes or uniforms for the boys at Greenwich hospital. Some inmates were employed in craft workshops, including making mosaic tiles and panels for churches, museums, and St Pauls Cathedral.[47]

The prison population at Woking was varied. Woking and Campbell, therefore, saw different types of people, including able-bodied men and women, physically disabled and mentally ill convicts, and the young and old. In 1868 Woking male prison population was listed in the prison register as consisting of men predominantly found guilty of murder, manslaughter, rape, forgery, larceny, burglary, or theft, which were similar crimes to all other prisons.[48] In most cases prisoners' health was described as 'delicate' or 'rather delicate', some were 'infirm', and occasionally some prisoners were recorded as being 'healthy'. In no instance was a prisoners' mental health commented on. Some prisoners died whilst at Woking, others reached their licence date and were released on licence, women might be released earlier than men on a conditional licence.[49] The population, the Governor argued, were 'in a more transitional state than other convict prisons, they were there to be medically treated and those restored to health will be moved on as the invalid prison is no longer the place for them'.[50] The establishment, he maintained, was constructed on a model different to other convict prisons, it was a 'criminal hospital for the cure of its casual inmates'.[51] But the administrators were also acutely aware of how these individuals fared outside the penal system, noting the difficulties that this group faced,

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Punishment (Belfast: Queen's University Centre for Economic History, September 2017) https://www.quceh.org.uk/uploads/1/0/5/5/10558478/wp17-08.pdf

[45] Sellers, 2017. For a discussion of how women were prepared for release, see Turner, J. and Johnston, H. (2015). 'Late nineteenth century residential provision for women released from local and convict prisons', *British Journal of Community Justice*, 13(3), pp. 35-50.

[46] Originally developed by Alexander Maconochie around 1840 in the English penal colony of Norfolk Island just east of Australia, the 'mark system' was a penal system whereby transported convicts instead of serving fixed sentences, were held until they had earned a number of 'marks' ('marks of condemnation'), or credits, fixed in proportion to the seriousness of their offence. Convicts were informed of the number of marks to be earned at the start of their sentence and a convict became eligible for release when he or she had obtained the required number. Marks were earned through good behaviour and hard work but lost through idleness or misconduct; thus, encouraging reform by placing convicts in control of their own fate. Crofton, chair of the Board of Directors of Convict Prisons for Ireland between 1854 and 1862, implemented Maconochie's mark system in British convict prisons when transportation ceased; simultaneous development led to a similar system operating in the United States. In particular, influenced by the use of the mark system in Britain, Zebulon Brockway established Elmira Reformatory in New York for young felons in 1876. Brockway added a new regimen of moral, physical, and vocational training. Similar to penal policy in Britain, the Elmira system also classified and separated various types of prisoners, used individualised treatment emphasising vocational training and industrial employment, used indeterminate sentences, rewarded good behaviour, and released early inmates under supervision.

[47] Crosby, A. (2003) *A History of Woking*, Sussex: Phillimore.

[48] TNA, HO 8/174 Quarterly Returns, December 1867. Also see TNA, HO 8/192 Quarterly Returns of Prisoners, June 1872.

[49] For a discussion of conditional licenses and the use of refuges for female convicts, see Turner and Johnston, 2015.

[50] TNA, RDCP, 1860, p. 320.

[51] Ibid.

it was remarked that 'I am therefore not surprised to see an old face back again. If the state of their health and their inability to earn a livelihood be taken into account, it will not be the cause of much wonder if a disabled criminal let loose on the world should fall back upon this criminal course'.[52]

In 1886, it was decided Woking should close. Less harsh sentencing beginning in the 1880s, meant the number of prisoners across the penal estate was falling and there needed to be a reshuffle of British prisons; the invalid convicts at Woking were to be transferred to other sites as part of the reshuffle. In addition, in the case of Woking, the army needed barracks and it was decided that the whole estate at Woking was to be transferred to the War Department. It was subsequently developed to become Inkermann Barracks. In 1895, Woking eventually closed, and the few remaining invalid prisoners were transferred to a former local prison in Aylesbury, which had been converted to hold convict prisoners between 1890 and 1895,[53] and the insane at Woking could be housed at Broadmoor.[54] The changing views on disabilities, insanity and morality were reflected in the architecture and management of Woking. Of all the convict prisons operating at this time, Woking was the prison most influenced by medical concerns and the health of convicts. But by the end of the century, Victorian views on lunacy and insanity had changed.[55] In particular, how the criminal invalid and criminal lunatic should be viewed and cared for was under scrutiny.

Power and the Medical Officer

The medical officer in the convict prison wielded a huge amount of power in the prison environment in a period in which medical discourses were increasingly woven into the disciplinary regime.[56] It was the medical officer who deemed who was or was not unwell, who may be excused from labour, who might receive given extra dietary supplements or additions rations or treatment.[57] Further than this, the medical officer could also, in certain cases, recommend the early release of prisoners due to ill-health. However, this must be set against a context in which, as the convict system developed, there was a deep scepticism for those seen as 'malingerers'.[58] The administrators were at pains to prevent any prisoner 'getting out' of the full daily routine through feigned illness and the daily rollcall of prisoners asking to see the medical officer was treated with high degree of suspicion and distrust. As McConville notes convicts went to great lengths to avoid labour and this was met by 'medical authorities who responded to this with a profound scepticism and a certain callousness in respect of any claims to sickness'.[59] Campbell explained that at Woking, 'where we had at all times serious and

[52] TNA, RDCP, 1859, p. 313.
[53] Brodie et al, 2002.
[54] Broadmoor had opened in 1862 as an asylum for the criminally insane.
[55] See Stevens 2013; Shepherd, J. (2016), "I Am Not Very Well, I Feel Nearly Mad When I Think of You': Male Jealousy, Murder and Broadmoor in Late Victorian Britain', *Social History of Medicine*, pp. 277–298 and Wallis, J. (2017) *Investigating the Body in the Victorian Asylum*. London, Palgrave Macmillan for recent studies of Broadmoor.
[56] Sim, J. (1990)
[57] The medical officer was also required to be present when serious punishments for breaches of the prison rules were carried out, namely when men were flogged for serious offences such as mutiny or serious violence against prison officers. Corporal punishment could be given out by the courts for adults in a small number of offences, but inside convict prisons they were directed by the Director of Convict Prisons, then the Board of Visitors, but by the twentieth century also had to be approved by the Home Secretary.[57] In the period under examination here, men were flogged on the back with a cat of nine tails, whilst tied to a triangle or block. Out of the 645 convicts we examined, across multiple sentences served, there were four instances of flogging, three were cases of serious violence to officers or escape attempts, the other four lashes for after multiple and persistent lower-level breaches of the rules. See Brown, A. (2018) 'The Sad Demise of z.D.H.38 Ernest Collins: Suicide, Informers and the Debate on the Abolition of Flogging', *Cultural and Social History*, 15:1, 99-114.
[58] Priestley, P. (1999) *Victorian Prison Lives*. Pimlico: London; Sim, 1990.
[59] McConville, S. (1981) *A History of English Prison Administration, Vol 1, 1750-1877*. London: Routledge and Kegan Paul, p. 415.

fatal diseases under treatment, it was painful to have also to contend with imposters of the most determined description'. Many illnesses, he noted, were feigned but most commonly vomiting food or spitting blood but also conditions like paralysis, epilepsy, and insanity. The former he described as a 'deception is sometimes carried on to such an extent as to endanger life.' Citing numerous examples of 'malingering', he explained that such feigning was the 'consequent trouble, anxiety, and responsibility devolving on the medical officer, which cannot be well realised by those who have not experienced them'.[60]

Twenty-seven-year-old Richard Toft was a typical convict who was seen as a malingerer. Having been sentenced to five years' penal servitude for forgery in 1866, he was transferred to Dartmoor prison just a year into his sentence.[61] Richard was 'crippled in his left leg', the medical officer noting on his transfer that his 'right hip has been dislocated, one leg longer than the other, wound mark below left hip, lame in consequence'. He was duly assigned to light labour only. During his stay in Dartmoor, Richard was admitted several times to the infirmary at Dartmoor with 'rheumatism' (what would now be referred to as arthritis). Most probably, Richard's arthritis was linked to his hip condition, and ensuing poor posture. However, even at Dartmoor, he was accused both of malingering and admonished for idleness despite being most probably in pain and unable to carry out even the light labour allocated to him. Thus, the power of the medical officer to classify a convict as 'only fit for light labour' or indeed, no labour at all, had a significant bearing on the prison experience for that individual. For example, Sarah Parker, sentenced in 1881 to five years' penal servitude for larceny, was designated by the medical officer as suitable for any labour on admission to Woking but later designated 'only fit for light labour in consequence of developing a systolic basic murmur'.[62] Amongst many other examples, Mary Hardyman, a 54 year old widow who was sentenced to five years' penal servitude in 1886 for stealing beef, was similarly put to 'light labour' by the medical officer at Woking. Mary was employed in mainly knitting and sewing, and 'excused all hard work' as she had 'weak lungs' following a bout of bronchitis.[63]

Prisoners were also able to petition the Home Secretary, on certain grounds, for example, to reduce their sentence or for early release on licence. The role of the medical officer was also crucial in this process as when prisoners petitioned on the grounds of health, the petition had to include a statement written by the medical officer about the convict and their current health. The central question with which the authorities were concerned was the extent to which imprisonment might be injurious to the health of the convict – invariably the answer to that question was 'no'. For example, Jane Field, whilst serving a ten-year sentence in Woking for larceny, petitioned for early release on medical grounds five times.[64] Jane had epilepsy and spent much of her time in the prison infirmary and was unable to work. None of her petitions were successful, most probably because the medical officer indicated that 'she is subject to epileptic fits of a mild form. Her general health is good and it is uninjured by her imprisonment'. Similarly, Maria Taylor, a 51-year-old widow was sentenced in 1884 to five years' penal servitude for larceny and receiving.[65] Maria had spent much of her time in Millbank prison infirmary and Woking infirmary with 'debility and delusion of spirits'. After having become 'so depressed in spirits that she attempted to destroy herself by cutting her throat', Maria petitioned the Home Secretary for early release on medical grounds, a petition again not supported by Woking's medical officer, his report saying that 'she had improved in every respect very much. Her health is not injured by imprisonment'.

[60] Campbell, p.65-71.
[61] TNA, PCOM 3/272.
[62] TNA, PCOM 3/4300.
[63] TNA, PCOM 3/4344.
[64] TNA PCOM 4/347.
[65] TNA, PCOM 3/4348.

Occasionally, the medical officer supported a petition for early release on medical grounds, but that support was to no avail. For example, Elizabeth Harris, was sentenced at the age of thirty-nine years in 1882 to five years' penal servitude for 'larceny as a servant: stealing a bag, three aprons, a bottle, and a pint of wine, in Leeds by Borough of Leeds Session, Yorkshire West Riding'.[66] Elizabeth spent much of her time in Millbank prison in the infirmary. Due to her asthma, she was excused all work, given a daily dose of whisky, fed a 'milk' diet, and given coffee instead of tea. In 1883 Elizabeth petitioned the Home Secretary for early release on the grounds of ill-health. The medical officer supported her petition; he wrote that Elizabeth was 'subject to severe attacks of asthma and they are so frequent during the colder months as to necessitate her detention in hospital. Her treatment can only be palliative and she is unfit for labour'. The reply was that there were 'no grounds' for early release. Elizabeth unsuccessfully petitioned again in 1884 and was finally released on licence in 1886 just one year and one month early.[67] She died six months later. Mary Wallace, on the other hand, was one of the few convicts in our samples who was successful in her petition for early release.[68] Having been sentenced in 1866 to seven years' penal servitude for larceny, Mary was very ill with ascites, a condition caused by damage to the liver. Following a petition to the Home Secretary, which the medical officer at Woking supported, Mary was released on medical grounds just two and a half months into her sentence, all of which was spent in a prison infirmary. Mary's case is a rare example of both a medical officer supporting a petition and a petition being successful, and it is clear that the medical officer's support for a petition to the Home Secretary for early release on medical grounds was essentially for that petition to be successful, though it did not always work.

Case studies

Surprisingly there is little written about how prisoners with disabilities fared in during sentences of penal servitude. However, by examining the licence documents of convicts released from these long-term sentences, we can begin to understand convicts' experiences and provide some insights into the operation of these sentences and of the treatment of those under its care. Drawing on detail contained within the licence documents, the following case studies show how convicts with disabilities or chronic illnesses that rendered them disabled moved through and were treated by the penal system. Each case study provides an insight into a specific feature of penal policy to which we want to call attention. The first case study discusses the case of a female convict who quite clearly had a disability prior to being sentenced to penal servitude and demonstrates not only that she was already ill when imprisoned but that she did not receive any favourable treatment considering her health problems. Mary Ann Roberts was born in 1852 in Liverpool. On her licence document, she was recorded as being single, her next-of-kin being her brother, but she could not provide an address for him.[69] Mary could read but not write, she had no occupation and in prison was put to in sewing when not in infirmary. Physically, Mary was described as five foot tall and weighing eight and a half stone on her first admission to prison but nine and a half stone on final release; Mary had gained about a stone in seven years.

Mary had already clocked up forty-six summary convictions in ten years between her first in October 1867 when she was fifteen years old to November 1878. Aged 27 years, in 1879, Mary was sentenced to ten years' penal servitude by Lancashire Assizes, Liverpool, for wounding a policeman by stabbing him with intent to do grievous bodily harm. She was first held in Walton prison, a local prison, then sent to Millbank when sentenced. Whilst in Millbank, Mary's health problems became apparent. After assaulting another prisoner, she was 'remanded as she is under medical treatment' and not punished

[66] TNA, PCOM 3/4336.
[67] This was a standard length of time for women release early on conditional licence. See, Turner and Johnston, 2015.
[68] TNA, PCOM 3/696,
[69] TNA, PCOM 3/4302.

for that offence in prison. The medical officer at Millbank recorded that Mary was 'very excitable and there cannot be a doubt that the extensive injury to the skull and brain makes her at times unreasonable'. After just four weeks in Millbank, Mary was sent to Woking. This transfer was clearly due to her health concerns. Not only did Mary have a fractured skull and depression in the occipital region, but she also had syphilis, which was not at all uncommon in this period, and ulcers on both her legs. No injury had been recorded in these first four weeks, indicating that these health concerns pre-dated Mary's conviction.

Whilst in Woking, Mary was admitted three separate times to the infirmary; two weeks in 1880 for 'debility', a catch all phrase for physical weakness, one month in 1881 for neuralgia which was possibly linked to her syphilis, and one month for ulcered cartilage in her knee in 1884, then another fourteen months between 1885 and 1886 again due to an ulcerated knee. Mary never petitioned the Home Secretary for an early release on medical grounds, something many prisoners with health concerns did. Given that she did not have an address for her brother and did not write to any friends whilst in prison, it is likely that Mary did not have anywhere to go on release, which was an important consideration for the Home Secretary when deciding a person's eligibility for licence.

Mary's health concerns were not the only problem Woking prison officers had to contend with. During her six-year stay in Woking, maybe due to her irritability linked to her skull fracture or syphilis, an inherent violent nature or resistance to the prison regime, Mary notched up twenty-four offences, for which she was always punished. These offences ranged from Mary damaging her cell, the windows, her pan and lid, cell furniture, to 'putting herself in a violent temper and using threatening language towards assistant Matron Hadden and to prisoner Johnson', 'talking during solitary exercise showing temper', 'behaving in a most disorderly manner when checked', 'demanding to be taken to the penal ward' (she was afterwards held in the penal cell for twenty-four hours), 'behaving in an irreverent manner in the chapel', 'threatening the prisoners in the hall also making use of vile language when removed to the penal ward', 'impertinence to doctor and throwing her bed clothes into the ward also singing, screaming and using abusive and threatening language to doctor'. Mary was also violent in prison. She fought, bit, threw stones at and 'savagely' attacked other prisoners without provocation. The punishments for these offences ranged from time in the penal ward (solitary confinement), forfeiting marks, and being allowed only bread and water for periods of time.

Releasing Mary on licence was not the straightforward affair it was for most other prisoners. Mary could not give the Home Secretary or prison officers the name and address of anyone she could go to. However, Mary herself suggested she could be transferred to a workhouse, which often had hospital bays, or hospital. However, the prison officers could not find her a hospital bed. Mary was eventually released on conditional licence, aged thirty-four, in March 1886, to the East End Refuge three years and four months before the end of her sentence.[70] Eight months later, Mary was allowed to leave the refuge. Mary died 1896 aged forty-four years in Liverpool. The detail of where she went for those nine years, and with whom who she lived, has been lost. However, Mary did not re-appear in court or prison.

Mary clearly had health problems and it is arguable whether any type of institution could have ameliorated her conditions or behaviour. If untreated, syphilis remains in a person's body and may begin to damage the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. In about one in ten untreated people, this internal damage shows up many years later in the late or tertiary stage of syphilis. At this time, there was no treatment available and the violent and unpredictable behaviour exhibited by Mary could well have been as a result of long-term untreated syphilis. A skull fracture is a head injury where there is a break in the skull bone. While mild breaks can cause few problems and heal over time, severe breaks can lead to complications including

[70] See Turner and Johnston, 2015.

bleeding, brain damage, infection, and seizures. It is difficult to know how severe Mary's fracture and depressed occipital were – it was certainly noticeable. It may well have been the cause of her behaviour, certainly the medical officer in Millbank considered Mary's injury to be the cause. However, this was not the case in Woking. Here, the medical officer considered her to be 'excitable but in my opinion quite amenable to discipline'. That Mary was always punished for offences in Woking, suggests that the prison and medical staff there considered Mary's behaviour to be something she could contain, and punishment was what they thought would do the trick. There was little sympathy displayed.

This second case study shows the trajectory of a male convict who did have some amelioration of his sentence due an injury sustained whilst labouring on the public works during his penal servitude sentence but was not transferred to Woking as it had already closed by this point. John Proudfoot entered the convict penal system later in the nineteenth century when the invalid system was being dismantled. John was born 1858 in Burntshields, a small town in Dumfries in Scotland.[71] The eldest son of a 'head sheep farm manager', John was convicted of larceny (of letters) aged twenty-three years and whilst employed in the Inverness post office as a telegraph-counter clerk, or money-order clerk, in 1881. Although this was his first (and only) offence, he was sentenced to seven years' penal servitude. This first offence was by no means petty, hence the considerable sentence. In a position of trust, John had stolen a registered letter containing £900 which was being sent to the Commercial Bank of Scotland.[72] Initially imprisoned in the local prison in Inverness, John was sent first to Pentonville in London, then transferred to Chatham prison in Kent in 1882. Convicts undergoing the public works section of their sentence of penal servitude in prisons such as Chatham, Portland, and Portsmouth were put to work on various building and excavating projects similar to the work they were put to in Australia as transportees, all projects that involved hard, physical labour.[73] Amongst other projects, convicts imprisoned at Chatham worked on the construction of the dockyard. A young man deemed to have been in good health on committal to Pentonville, and then Chatham, it was not long before John suffered an injury. In a period when health and safety legislation was in its infancy, it was whilst labouring on the public works that John suffered his injury, whether that injury was self-inflicted or accidental.

Brown argues that the years from the mid-1860s to the mid-1890s were the most severe in terms of deterrence in the history of the prison and is a period that saw much violence and self-injury by convict prisoners.[74] Owing to the severe conditions in which convicts were held and treated, Brown further argues that among the most extreme cases of self-injury occurred within Chatham with convicts placing their limbs between the wheels of moving trucks or engines and the tracks they ran along.[75] In 1871, this had resulted in the medical officer at Chatham performing thirty-three amputations. The Medical Officer stated that 'prisoners never denied the fact, but said that they had done it intentionally, pleading a violent fit of passion which they could not restrain at the moment, on being placed to doing some work which they disliked.'[76] Authorities were willing to believe that convicts would go to considerable means to avoid labour and whilst these incidents were investigated by the Directors of the Convict Prison system, at the time, they were 'a form of malingering, which appears in recent years to have become the vogue among the convicts at Chatham'.[77] In the female convict

[71] TNA, PCOM 3/162.
[72] *Aberdeen Weekly Journal*, April 1st, 1882.
[73] Du Cane, E. F. (1882) *An account of the manner in which sentences of penal servitude are carried out in England.* London: Wentworth Press.
[74] Brown, A. (2003) *English Society and the Prison: Time, culture and politics in the development of the modern prison, 1850-1920*. Woodbridge: Boydell & Brewer.
[75] Brown, 2003.
[76] TNA, RDCP, 1872, cited in Brown, 2003, p. 95.
[77] TNA, RDCP, 1873, cited in Brown, 2003, p. 96.

prisons, authorities viewed self-harm behaviour in a similar fashion, one commentator observing that 'a woman would coolly pound a piece of glass to powder and bring on an internal haemorrhage, twist laces around their necks until respiration ceases or hang themselves in the hope of being cut down in time and taken to the infirmary'.[78]

John was admitted to the infirmary in Chatham in April 1883 and stayed there until October that year. The injury, although not specified, had obviously been to his right arm and he was admitted to the infirmary with 'acute necrosis of the right radius' (the lower part of the arm) for which his arm was amputated - probably above the elbow. It is likely that in dirty working conditions the injury had become infected, and, without antibiotics, it had necrosed. Once necrosed, gangrene would have ensued, and the only option was to remove the arm. No details are given in the licence document about the accident, so it is unclear how it occurred, whether it was accidental or self-inflicted, including where the blame for it lay. Even if it was due to a breach of what would now be considered health and safety rules, the protections afforded by the newly instituted Employers' Liability Act 1880 probably would not have extended to prisoners.

In May 1883, John's mother travelled the considerable distance from Dumfries to Kent to visit her son as he was 'dangerously ill'. Being a young man in otherwise good health probably contributed to John being able to survive this dangerous phase, but he was not automatically released from prison. He was, however, excused the heavy physical work of the public works and spent the remainder of his time in Chatham working as a tailor, although he would have found such detailed work difficult with one arm. Even given this reduced work, John's disability may have been taking its toll - during his prison stay, he lost one and a half stone in weight. He was recorded as weighing 155 pounds (roughly eleven stone), which for a man of five feet eight inches was a respectable weight, on reception at Pentonville in 1882, and just 137 pounds (roughly nine and a half stone) when John left Chatham five years later in 1887 (convicts' weight was recorded on the licence document at each reception and discharge, and when being transferred to other prisons).

Shortly after being injured, John petitioned the Home Secretary for remission of his sentence. Unlike, many other prisoner's unacknowledged petitions, John's was (partially) successful. The Home Office allowed him 'six months remission of sentence in lieu of amputation of arm'. John petitioned the Home Secretary for release twice more, but no further progress was made, and he was released on licence in March 1887 with two years of his sentence still to run. During his sentence John had corresponded regularly with his mother (prisoners were allowed to write every six months) which obviously contributed to his ability to return home. Indeed, aged twenty-nine years, given that under the Poor Law (Scotland) Act 1845 John would not have been eligible for any relief as he did have family to support him, he returned home to Dumfries to live with his parents and siblings. The 1891 census shows that he was still living at home with his family in 1891 but 'farmer's son' had been recorded as his 'employment' - it is unlikely that John was much help around the farm without his right arm. Following that record we lose track of John's whereabouts although his family remain at the same address in Dumfries.

This third case study of a convict of advanced years enlightens understandings of how those with poor health, most probably brought on by age, moved through, and were treated during, their sentence of penal servitude.[79] Having no previous convictions, William Coatman was sentenced to ten years' penal

[78] Cited in W. J. Forsythe (1987) *The Reform of Prisoners, 1830-1900*, London: Routledge, p. 129; also see W. J. Forsythe, *Penal Discipline, Reformatory Projects and the English Prison Commission, 1895-1939*, Liverpool: Liverpool University Press.

[79] Modern day studies have shown how their research participants with a history of antisocial behaviour had a significantly faster pace of biological aging by midlife, and this was most evident among individuals following the life-course persistent trajectory. See, Langevin, S., Caspi, A., Barnes, J. C., Brennan, G., Poulton, R., Purdy,

servitude in 1879 for wounding with intent to do grievous bodily harm to a policeman.[80] Aged sixty-one on conviction, William, who was recorded as being 'spare and weak', moved from Pentonville to Milbank to Chatham prisons within the first year of his sentence. Once at Chatham prison, William spent his year there in the infirmary with debility and senility, and 'bad attacks of syncope' (fainting). Consequently, William was transferred to Woking 'on medical grounds'. Other than occasionally being admitted to the infirmary at Woking, William spent an unremarkable five years, before being transferred back to Chatham in 1886 as Woking was closing. The medical notes on leaving Woking said that he was fit only for light indoor labour at Chatham. Although being excused labour at Chatham, William was once again in the infirmary with 'diarrhoea and an enlarged prostate'. There were no petitions made to the Home Secretary, but William was released aged seventy years, two years and three months before the end of his sentence. William did not go home to live with family but to an alms house back in his place of birth, dying six years later. That William was clearly of poor health and advanced years did not earn him much remission of his sentence (proportionally, William served as much of his sentence as other convicts), but the conditions of his incarceration may have afforded him comfort and treatment that he may not have received had he not been in prison. However, it is clear that he was moved to Woking because of his poor health and the medical officer communicated his opinion about William's suitability for work on his transfer to Chatham. That William did not petition for early release from prison on medical grounds might indicate that he did not have family or friends willing to receive him, even if the medical officer would most probably have supported any petition made.

Conclusion

The stories of Mary Ann Roberts, John Proudfoot, and William Coatman show that for neither those who entered prison with a disability or illness nor those who became ill whilst in prison was there much concession to the fact that they were not of good physical health. All served their respective prison sentences, being released on licence much the same as they would have been if they had not been ill. None were released earlier than they would have been without their disability or ill health. John and Mary Ann had petitioned the Home Secretary for early release on medical grounds. The medical officer, however, had not supported those petitions, stating that imprisonment was not further injuring their health. Those petitions were, consequently, unsuccessful. William did not petition the Home Secretary for reasons now lost to the historian. The only two concessions Mary Ann, John, and William (and many others) experienced, which would have been significant concessions given the brutal conditions of both Victorian life generally and convict prison life specifically, was that they were all admitted to an infirmary where they received medical care, and all were excused from the physically arduous experience of the public works. In a period before photography was used on a regular basis, licence documents always held written descriptions of those committed to prison. These descriptions would always have detailed height and weight, deformities, condition of the teeth, complexion, tattoos, scars, and so forth. It was in these descriptions that pre-existing disabilities were listed. Other than when listed in the description and when infirmary admissions began to be recorded, any disability and its effect or limitation was only recorded when necessary and not highlighted to indicate special treatment. People with disabilities, either pre-existing or acquired in the prison, did not receive special treatment unless absolutely necessary. Those with disabilities could not count on their limitations or difficulties to guarantee concessions. As with outside prison, Victorian life was hard for people with disabilities. But there was a recognition that some people, due to health, infirmity, age, or disability, could not endure the full force of the prison labour regime. These convicts were unable, for varying

S. C., Ramrakha, S., Tanksley, P. T., Thorne, P. R., Wilson, G., Moffitt, T. E., 'Life-Course Persistent Antisocial Behavior and Accelerated Biological Aging in a Longitudinal Birth Cohort', *International Journal of Environmental Research and Public Health*, 2022, 19(21) Life-Course Persistent Antisocial Behavior and Accelerated Biological Aging in a Longitudinal Birth Cohort (otago.ac.nz).

[80] TNA, PCOM 3/139.

reasons, to undergo the physically hardest and longest section of the penal servitude sentence on the public works. As with wider social policy, the ability to work or labour was a central concern for the prison authorities.

So, what can be learned from studying the experiences of people with disabilities or chronic ill health serving long-term prison sentences in the past? Very occasionally, prisoners seemed to have fared better in prison than out. Such people probably received medical care that they would not have otherwise received, and many people died shortly after release, suggesting that the medical care received in prison was superior to that they received when released. Out of the 645 licence documents in the previous ESRC sample, and the 732 prisoners held in Lewes prison for the two years it was used for invalid convicts, there were many people who appeared to have medical problems other than a physical disability. Some had learning difficulties and were deemed 'weak minded' or 'imbeciles'; some people had mental health problems such as depression and were diagnosed as having 'debility'; many had conditions related to (untreated) syphilis; and others were or became ill with conditions such as heart disease, cataracts, eye infections, and so forth. However, there were fewer people who appear to have been serving sentences of penal servitude with some form of physical disability. These disabilities ranged from 'defective' eyesight or blindness, hearing and speech problems, 'crippled' with deformities of legs, arms or hands, and several with epilepsy or asthma, both life-threatening and very disabling conditions in their untreated and non-medicated form. In a period before a welfare state and with little medical treatment available to ordinary working people, many people with major disabilities and chronic or life-threatening health conditions did not live long lives, infant and childhood mortality was high and this might go some way to explaining why, whilst today people with health problems are disproportionately represented in prisoner populations across the world, they were not as prevalent in the British Victorian prison system.

Classification: Restricted