

‘On the town’ and after: health and mortality of convict women transported to Tasmania

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Around 12,000 of the 73,000 convicts transported from the British Isles to Tasmania, 1803–1853, were women. Although prostitution was not a transportable offence, more than a quarter of these women were listed in the convict records as being ‘on the town’. ‘On the town’ had the general meaning of prostitution, but more broadly meant that these were women without a family and without a household. Most had been transported for stealing from their clients.

Using the convict records and a variety of other historical sources, we trace a sample of around 5,500 convict women from transportation through their life course under sentence and after emancipation. Controlling for other variables, we find that—under sentence—women who had been ‘on the town’ had more conduct offences, more alcohol-related offences and were more likely to react against the system with bad language, threats or violence. ‘On the town’ women were just as likely as other female convicts to marry after transportation, but were less likely to have children. They also had significantly higher mortality than other female convicts, who, in turn, had higher mortality than both free-settler and locally born women.

We investigate the circumstances leading women to a life ‘on the town’ in nineteenth-century Britain, and why the life outcomes after transportation of these women differed so much from those of other female convicts.

Land of the long white life

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From the time when we first have semi-reliable data, in the 1870s, to about 1940, non-Māori life expectancy was the highest in the world. Others have commented on this; we offer an epidemiological perspective.

Four reasons stand out, in our view. First, immigration was the dominant demographic force in this period, and new settlers were drawn commonly from rural and relatively healthy regions of Britain. Selection processes, mostly informal, tended to accentuate the better than average health status of those who travelled from Europe. Second, the new settlers benefited from aspects of the New Zealand environment. A plentiful and protein rich diet, lack of crowding and scarcity of health-damaging industry stand out as likely

contributors to (relatively) low mortality. Third, in the late 1800s fertility reduced earlier among New Zealand women than elsewhere, leading both to improvements in maternal health and lower child mortality. Fourth, colonisation transferred health generating resources such as land from Māori to non-Māori: one group's gain was at another's expense.

Other factors played a part in pushing New Zealand non-Māori to the top of the world rankings, but we believe they were less important. Public health measures such as sanitation and protected water supplies were introduced, on average, no earlier in New Zealand than elsewhere. Child health programmes, including the Plunket movement, and strong public health legislation were 20th century innovations and cannot explain low mortality in the preceding century, but they may have helped New Zealand retain world-leading life expectancies up to World War II. Medical services probably made little difference to longevity until the 1940s, as coverage of the population was patchy, and treatment for the diseases that were most common and most serious was seldom effective. There is no consistent short-run association between economic indicators and mortality decline. At times during this period New Zealand had the highest GDP per head of population in the world, but the country also experienced severe economic depressions during the 1880s-90s and 1920s-30s. Perturbations in trade, employment and national wealth made no perceptible difference to the continuous improvement in life expectancy.

This was a time of radical transition in New Zealand. The population pendulum swung abruptly in favour of non-Māori, and land and other natural resources passed from indigenous ownership to the new regime. Farmers cashed in a stock of ecological credits, applying disruptive agricultural methods to virgin soils to obtain (short-lived) high yields. Then came the value-add of refrigeration, and the agricultural dividend is now the basis of a global food industry. Finally, it is notable that this period of New Zealand settlement featured a strong egalitarian ethic and a relatively equal distribution of resources (among the non-Māori population), and we argue this led to larger health gains from public investments than would have been the case otherwise.

Growing incomes, growing people: a Tasmanian puzzle?

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The stature of men and women released from Tasmanian jails 1850-1920 follow three distinctive patterns corresponding to those who were transported to the colony as prisoners, those who migrated freely and those who were born in Tasmania. Our principal interest is the latter, those born in the colony, whose stature followed a somewhat unexpected pattern over time. If we ignore apparent short cycles, mean stature increased markedly for those born from the early 1840s to the late 1870s, after which point no further increases are visible. The early experience contrasts with that of Canada, the United States and those born at the same time in New Zealand. Also puzzling is the

cessation of growth c1880, well before the Australasian economic difficulties of the 1890s. In this paper we investigate if some or all of this pattern might be an artifact of different subpopulations selecting into the data in different years. Multivariate analysis allows us to control for known determinants of adult stature (rural vs urban birthplace, and social class represented by occupation and type of crime). We also consider the potential influence of labour market conditions at the time of offending (real wage fluctuations, periodic mineral rushes and locality of conviction). Identifying the birth records for the Tasmanian-born affords a view of intergenerational and life-cycle influences. We conclude that steady increase in physical well-being over 35 years was real rather than a misleading artifact of shifting selection bias or other foibles of the evidence. We offer preliminary hypotheses to explain Tasmanian exceptionalism.