...of 'unsound mind'

Introduction

In 19th-century Victoria, the Government established a series of asylums for those 'of unsound mind'. The first was built in 1848 at Yarra Bend, separated by some miles of bush from the new town of Melbourne. Later, large hospitals were erected at Ararat (1867), Beechworth (1867, see figure 1) and Kew (1871). Other regional centres, including Sunbury and Ballarat, also had psychiatric institutions by the end of the century.

The asylums were run by the State. Benevolent Asylums for the indigent poor, hospitals for those unable to afford private nursing care, homes for babies and children, were all run by committees of private citizens who raised money and erected buildings to help those in need. But there was no thought that lunatics could be financially supported by private benevolence. Lunatic Asylums, or Hospitals for the Insane as they were later termed, shared with prisons the dubious honour of being supported almost entirely by the government. Privately-run asylums were generally opposed by the medical profession, as it was thought to be inappropriate for any individual to make a private profit out of the sufferings of the insane. Because they were government-run, the asylums were dependent on government monies and subject to official oversight.

The asylums housed a large population - by 1905, there were 4768 patients within the six Victorian institutions. The buildings were generally huge, built to accommodate some hundreds of people. In 1905, Kew, which was originally planned for 435 people, was home to 1108 patients, and Beechworth housed 623 people. Each asylum straddled the illusory boundary between an institution with an obvious punitive character and one with an ostensibly non-punitive character. As a hospital, it professed to be able to cure the sick; as a place for those whose behaviour was not acceptable outside, it was a place of incarceration, of confinement.

A number of different types of confinement were imposed upon patients who entered Victorian psychiatric institutions. These institutions were manifested in a variety of

Elizabeth Willis

Elizabeth Willis is a senior curator in the Australian Society Program at Museum Victoria. Elizabeth is a historian particularly interested in public institutions and has published on Australian religious history, the iconography of World War One, 19th-century Melbourne International exhibitions and Phar Lap.
built forms and incorporated a material and an emotional environment to order, control and even re-make him or her.1

Yarra Bend Asylum

The first building at Yarra Bend was a single-storey bluestone rectangular structure with high walls; down the centre was a dark corridor which doubled as a day-room, and it was flanked by dormitory wards on one side and cells on the other. A partition across the corridor separated the females from the males. The day rooms and dormitories had high ceilings and windows set just below the roof line, making it impossible for patients to see outside. The arrangement, in various combinations, had been common in England and the United States since the late-18th century and was similar in internal character to contemporary penal establishments. Indeed, the first patients were brought with some ceremony to Yarra Bend from the Melbourne Gaol.

Yarra Bend Asylum, set in its extensive grounds, was essentially a world apart. Even before the first patients arrived, the grounds had been fenced and a gatekeeper's cottage built to control entrances and exits from the asylum. Some patients were allowed to walk around the grounds and to work in the vegetable garden, but they were otherwise mostly separated from the outside world. There were two reasons for this separation, one perhaps more 'benign' than the other. The asylum could be conceived of as a place which gave sanctuary from society outside the walls, a place where the psychiatric patient could be protected from the changeableness and excitement of the world. The asylum could also be seen as a place where dangerous and uncomfortable 'deviants' could be kept away from 'normal' society. At Yarra Bend, the 'incarceration' aim of the asylum was initially predominant. However, within about twenty years, administrators influenced by new theories of treatment erected smaller buildings — 'cottages' — in the grounds, and developed a system of 'parole', whereby selected patients could move freely about the grounds and even visit the city of Melbourne.2

A new order

Within a few years of its opening, Yarra Bend's isolation, its prison-like buildings and the gloom of its setting were being criticised by medical men and others who wanted a new asylum to be built. The old building and its extensions were not appropriate for the introduction of the new 'moral therapies' which were being tried with success in England and Europe. The three new asylums built between 1867 and 1871 were constructed on a different principle: one of imposed order and of self-regulation by the patient. They were situated high on prominent hills with extensive views, away from the contagion of the towns but in large grounds which were soon landscaped into extensive gardens and farmlands. The aim was to impose an ordered existence on chaotic minds. If anxious patients could be brought into a controlled environment, surrounded by beautiful grounds and given a peaceful environment, then it was hoped that their minds would be restored. Wide corridors and airy verandahs were designed to promote smooth and unhurried movement around the asylum, and billiard rooms, libraries, recreation halls and workshops were provided. Patients were to be encouraged to take responsibility for their own state of mind, and to become regulated in their relationships so that they remained within the bounds of permissible behaviour.4

In spite of the good intentions, the new Victorian asylums were never able to achieve the ordered regime or the calm and peaceful days envisaged by 'moral treatment' theorists.
like England's Dr Batty Tuke. As the definition of 'lunatic' in Victoria shifted and changed to include those with intellectual disabilities, very soon all the asylums were crowded with a varied population. The criminally insane were housed with intellectually disabled people, and depressed and suicidal people shared buildings with those suffering from dementia or the final stages of syphilis. In response to the need to care for, manage and control such a crowded institution, administrators and doctors developed a plethora of rules and regulations, which eventually governed most of the actions of daily life. Each day's activities were strictly programmed, detailed instructions were given for the conduct of each action, and meals, baths and recreation were organised with little variation from week to week. (At Sunbury after 1905 the asylum bell rang 16 times a day, organising patients and staff from dawn to lights out.)

This regulated structure had many effects. The detailed instructions constrained how people, staff as well as patients, behaved. They effectively repressed informal expressions of human relations based on things like shared values, kinship, fraternity and religious belief. Such regulation made it difficult for any individuality to be shown, and hindered the exercise of initiative. It would also have had psychological repercussions, as patients would have found it more difficult to retain a private notion of their own individuality.

This emotional confinement was reinforced by the use of space. Although they were not always successful, the medical superintendents tried hard to differentiate patients, and some patients were 'more confined' than others. Each asylum had its 'back wards' which contained the most chronic, long-term and troublesome cases. The level of security, and possibly the level of abuse, was highest there, and these wards were rarely visited by family members or the state-appointed official visitors. Isolation cells were built in most wards, especially for destructive or troublesome patients. Although this was against the rules, a time in isolation was sometimes used to punish recalcitrant...
Figure 3 Keys use in the Yarra Bend Asylum. (Museum Victoria)

behaviour, as well as to calm and protect a disturbed patient. Confinement within the walls of an isolation cell, or a padded cell as at Sunbury, could be a frightening experience. The patient could be shackled by the wrist to the walls, and could also be confined within a straitjacket. At Sunbury, the two padded cells were constructed by the asylum’s upholsterer, and the doors had a surveillance peep hole similar to those used in prison cells.¹

Patients were physically confined within the asylum grounds, which were surrounded by high walls or fences. At some asylums, like Kew and Beechworth, some of the boundaries were marked by a ha-ha, a retaining wall built into a ditch. These gave an ‘uninterrupted’ view of the landscape while still preventing patients from escaping outside the grounds. A gatekeeper at the front gate regulated access to and from the asylum. The patients were kept under surveillance: warders did regular rounds of the wards, at night as well as during the day, to check that all patients were present and that all was well. They were disciplined if they missed a round.² If patients did escape, they were generally re-captured by the police and brought back, often in handcuffs.³

The environment was crowded, often dirty, and generally oppressive. The design of the buildings allowed patients to be watched at all times. Staff could easily survey the open airing-courts, which had no nooks or crannies where patients could meet each other undetected. Males were separated from females, and could not overlook each other’s spaces. Inside the wards, there were no partitions or tall cupboards, so the attendant could see all the patients at once. Meals were eaten under the control and supervision of the attendants, and baths, toileting, work and recreation were also supervised. The attendants were called keepers, or warders; they wore severe uniforms almost identical to those worn by warders at Pentridge Prison. Keepers carried bunches of keys which jangled as they walked (figure 3). For many patients, the most common sound would have been the noise of doors being unlocked and locked again.

There were other forms of confinement within the asylum, as well as those obvious ones evidenced by rules, regulations, locked doors and regular, if not constant, surveillance. The Museum of Victoria holds a collection of artefacts which were in use in Victoria’s psychiatric institutions in the 19th and early-20th centuries. Among the pieces of furniture, tools, medical and surgical instruments, drugs and clothing in the collection are many items which indicate the forms which confinement could take.⁴

Clothing and drugs

When patients were admitted to an asylum, they were photographed, then bathed and dressed in asylum-issue clothing. Often they lost access to their own clothes, which were stored until they were released. The museum has examples of some of the asylum clothing, which was manufactured within the asylum workshops. Little attempt seems to have been made to individualise the clothing, or to keep up with fashions outside the walls. Women’s dresses were often made of blue and white striped galatea, and their undergarments of white cotton, grey flannelette or calico. Men wore moleskin, cotton or flannelette. In the 1940s, oral testimony indicates that there was no individual allocation of underclothing: clean clothes came back to the ward in unsorted heaps, and patients had to rummage through the piles to find some clothes which fitted. Every-day wear was heavy, dark and warm, confining and covering all the body, serving to further differentiate patients from those outside the asylum walls.
Before the introduction of tranquilizing drugs, disturbed, destructive and manic patients were confined more directly, inside restrictive clothing, to prevent them hurting themselves and others. Within the medical profession in Victoria, the extent of such restriction was criticised and lamented, but the use of this method of confinement, which was often accompanied by some use of force, was a clear indication that the ‘moral treatments’ were not working. The museum’s collection includes examples of many different types of restrictive clothing. The best-known type is the canvas straitjacket, which came in different lengths. These confined the patient’s arms behind or in front; they had lockable metal fastenings or leather straps in the front, and they could only be put on by two or more attendants (figure 4). Canvas restrictive clothing came in other guises: hobbled petticoats and trousers, a hobbled boiler suit, and quilted dresses and bed-coverings which resisted tearing and cutting. The attendants kept records about the use of restraint, and medical approval was required, preferably before the event but at least within a few hours of its occurrence.

Leather was also used to restrain and confine patients. Some of the isolation cells contained a metal railing to which a disturbed patient might be shackled by a leather wrist strap. Hourly surveillance was then needed to ensure the safety of the patient in the cell. Leather mittens, which were often lockable, were made in the workshops and used to limit the activities of destructive patients and those with a tendency to masturbation and hair-pulling.

Sedative drugs contributed to the experience of confinement - though often they also contributed to the healing of the patient. Bromides were often used, so often that in the 1920s it was discovered that large numbers of patients were suffering from bromide poisoning. Chloral hydrate was also used, and patients were encouraged to ‘sleep away their troubles’. Such drugs provided ‘time-out’ for some patients, and helped them recover an equilibrium. Other drugs were less benign: purgatives, for example, were often given by attendants, allegedly sometimes as a punishment. Very often throughout their history, the asylums were overcrowded and short-staffed; there were few doctors or trained attendants, and patients often went for months without a medical examination. The patient had little control over what drugs were given and what treatment was followed; this was a further area where confinement meant loss of individuality and autonomy.

The extent of direct abuse and the inordinate use of force within the asylum environment is hard to determine: no doubt it varied across the system. During the 19th century, there were regular Royal Commissions into the Victorian asylums, which, among other things, investigated allegations of cruelty and abuse; but in the first half of the 20th century, government and public interest in the conditions of the mentally ill waned. Warders were governed by regulations setting out the limits of their behaviour, and controlling the extent of punishment and confinement. Yet the museum’s collection includes a cudgel which has been fashioned by a warder out of a piece of rubber hose - clear evidence that the regulations were not always kept. The cudgel is definitely not official issue; it could easily be concealed under the jacket of a uniform, and it has been often handled. This object indicates that, for some, the experience of confinement within an asylum was darkened further by intimidation, bullying and abuse.

Like all institutions which are separated physically and emotionally from the wider world outside their walls, psychiatric institutions developed their own unofficial hierarchies, their own ways of operating on the edge of the regulations. Many patients,
as well as staff, found ways to function and to use the system to their advantage. At Beechworth Asylum, a tool of confinement once became a means for the exercise of compassion. The museum owns a canvas straitjacket, collected from Beechworth. Like the other articles of patients' clothing in the collection, it is marked only with the name of the ward: 'F2' for Female Ward 2. We know nothing of the wearer except that she was female. This straitjacket, more than the others in the collection, is much worn and much mended. It has been torn in several places, and has been mended at least three different times, in three different types of material. It is stained and dirty. But there is evidence of compassion and care here. Someone - we do not know who - has sewn a roll of stockinet around the collar of the straitjacket, to prevent the rough canvas chafing the neck of the wearer. This appears to have been a confining garment worn regularly by a patient, and somebody cared enough about her to make it a little more comfortable, a little easier to wear.

Conclusion

For patients in the Victorian psychiatric institutions, confinement has taken many forms. Patients have been confined within large and formidable buildings, and their movements have been limited to specified areas at particular times. They have sometimes been placed in isolation cells, chained by wrist or feet to metal rails. Their freedom of movement and action has been confined by the use of heavy and unfashionable clothing, and, in more drastic instances, by the use of restrictive clothing. They have been controlled and their behaviour has been modified by sedatives and other drugs. Now that most of the large institutions have been closed, the challenge for the medical profession, and for us all, is to ensure that only those types and degrees of confinement are used which are absolutely necessary, which show due care of the rights and needs of the individual, which exercise compassion, and which lead to stability and healing.

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1 Mark Sainsbery, From Sunbury Lunatic Asylum to Sunbury Hospital for the Insane: a study of an institution's structuring of time and space, MA (Public History) thesis, Monash University. 1993, p. 10.
5 Mark Sainsbery, op. cit, p. 146, 148.
6 See time clock in the Museum of Victoria's collection, item 92.3100, originally from Beechworth.
7 Edmund Chiu. 'Part Din 2: more about the plight of the mentally ill Chinese in Victoria, 1867 to 1879', in Medical Journal of Australia, 1977, 1, p. 596.
8 A full listing of the collection, with annotations and a bibliography, is found in Elizabeth Willis and Karen Twigg: Behind Closed Doors: a catalogue of artefacts from Victorian psychiatric institutions held at the Museum of Victoria, Melbourne, the Museum. 1994.
9 The most influential of these was the 1884–86 Royal Commission on Asylums for the Insane (the Zoo Commission). Other government inquiries on various aspects of the system were held in 1858, 1862, 1867, 1876, 1881 and 1883.
10 For a general history of the system, see C.R.D. Haines, Early Victorian Psychiatry, 1835 – 1905, Melbourne, c. 1958; E. Cunningham Dax, Asylum to Community: the development of the mental hygiene service in Victoria, Australia, Melbourne, Cheshire, 1961, traces the changes in the asylum system in Victoria after c. 1952.
11 See item 92.3186 in the Museum of Victoria’s collection.