THE HISTORY OF YARRA BEND LUNATIC ASYLUM, MELBOURNE.

A MINOR THESIS COMPLETED TO FULFIL REQUIREMENTS FOR THE UNIVERSITY OF MELBOURNE DEGREE MASTER OF MEDICINE (PSYCHIATRY) SUBMITTED NOVEMBER 1995.

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SPECIAL NOTE: LANGUAGE AND TERMINOLOGY.

Modern readers may be surprised by my usage of seemingly pejorative terms, such as "lunatic", "insane", "idiot", "imbecile", "inebriate", etc. In the nineteenth century these were medically accepted terms, used to describe and classify patients suffering from psychiatric illness or intellectual disability. These terms were also used in governmental reports and legislation. In writing, it was often difficult to find exact equivalent modern terminology. For example, an "asylum" was quite distinct from a "hospital"; and the "incarcerated lunatics" were not really considered simply as "inpatients". However, at times I have also used such modern terms, where it seemed appropriate.
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INTRODUCTION

"The morning after her arrival, she drove out to the asylum. The way lead through lovely Toorak, with its green lawns and white houses, up Richmond Hill, and down into the unattractive purlieus of Collingwood. The carriage came to a standstill... it could go no further, between them and the complex of houses, cottages and huts - which formed the asylum, flowed the unbridged river... The houses, overhung by the melancholy gums, looked shabby and neglected; one and all in need of paint."[1]

This is the description of the Yarra Bend Lunatic Asylum in Henry Handel Richardson’s fictional biography of Dr Richard Mahony. Yarra Bend was the first lunatic asylum in Melbourne, being established in 1848, only 13 years after the founding of the city. It remained as the only asylum in Victoria for 20 years, and as such it was central to the early history of care of the mentally ill in Victoria. It also holds the distinction of being the only Victorian asylum that has completely disappeared. A trip to the Yarra Bend area, now a public park with sporting facilities, reveals no traces of the original asylum buildings. They were demolished and removed in the 1930’s, shortly after the final closure of the asylum. A visitor can still differentiate a line of old deciduous trees, which mark the course of the original main driveway through the asylum - there are no other traces of the 80 years that the site provided care and treatment
to the mentally ill of Melbourne. To me, the absence of any physical reminders makes the preservation of the history of this significant institution even more important.

The importance of the history of psychiatry

Recently there has been an increasing awareness of the importance of history within the study and practice of psychiatry.

I am thankful to Roger Mulder, who has expressed many of my own views of its importance. In a recent article in the Australian and New Zealand Journal of Psychiatry, he stated: "Psychiatry cannot ignore the past since it profoundly affects all aspects of our clinical practice. To adequately teach our trainees, we must attempt to explain our theoretical beliefs by tracing their intrinsic relationship to other theories and events and locating them in their historical context. This requires analysis and evaluation of past events and actions in order to make current practice more intelligible"[2]. Sadly, Mulder also noted the lack of formal teaching of history in the training of psychiatrists. I have found this to strangely contrast with the considerable interest that many psychiatrists, trainees, and my fellow candidates have expressed concerning this thesis topic.
The recent prominent expression of the importance of psychiatric history has not been unique to Australia. A recent editorial in the American Journal of Psychiatry was critical of what it called the "ahistorical fallacy... the peculiar failure to have a sense of the past from which some individuals or institutions suffer." It continued, "To be ahistorical is to lack the capacity to see things within the context of the broad sweep of time, with all the ensuing richness of associations and sense of humility that result from perceiving things within a larger context"[3].

In Europe, the Association for the History of Psychiatry commenced publishing a quarterly journal in 1989; and conducts a triennial conference. I was fortunate to be able to attend the most recent conference, in London in 1993, which further stimulated my interest in the area.
METHODOLOGY

Historical research does not exactly fit the hypothetico-deductive method commonly employed in scientific research. Nonetheless, the methodology of historiography is no less rigorous, and includes objectives, methods, results and conclusions.

My objective was to develop a chronological history of the asylum from its inception. From this I hoped to develop hypotheses about why events had happened, and explore their relevance to both the evolution and the current practice of psychiatry in Victoria.

The method employed was an exhaustive literature search of primary and secondary sources. Primary sources unearthed included original documents from Yarra Bend Lunatic Asylum; annual reports of the asylum, prepared by its various superintendents; the proceedings and reports of the staggering number of government enquiries into the asylum; reports by journalists in the local press; journal articles of the time; and rare first-hand reports of patients of the asylum.

The greatest source of original documentation was the Victorian Mental Health Library (Royal Park Hospital, Parkville). The collection of documents (originally held at the Charles Brothers Museum, Parkville) were not catalogued at the time of writing, and therefore required
individual reading to reveal the contents. The collection included some of the original medical and administrative records of the asylum, although only a small number remain. The fate of the other records is unknown. A computer search of the Victorian State Library and the Royal Australian College of Physicians History of Medicine Library (Sydney) unearthed the many government reports listed in the references. I also individually searched copies of the Australasian Medical Gazette, Australian Medical Journal, and British Medical Journal for the period in question. These journals are held at the Brownless Medical Library, University of Melbourne.

Secondary sources included a wide variety of texts, and articles found at the above libraries. In addition to standard references, The University of Melbourne holds a number of unpublished theses and essays on the topic.

The major methodological shortcoming was the lack of surviving original documentation. In addition much of the available literature was formal government reports, with their own inherent biases in content and style. These did allow the history of events to be clearly established, and gave some inferred insights into the personalities, thoughts and conflicts of the key historical figures. However, the lack of case notes or records prevented a clear picture of the day to day running of the asylum. The thoughts of the so-called lunatics also remains largely a mystery.
A PREVIEW OF CONTENTS.

The thesis is in three major sections, plus a brief conclusion. The first section provides essential background by describing the care of the mentally ill in England and New South Wales (including the Port Phillip district) in the period prior to the establishment of Yarra Bend Lunatic Asylum in 1848.

The second section is a chronological history of Yarra Bend, particularly focussing on the period from its inception in 1848 until the Royal Commission of 1884; with some extension to describe the other psychiatric services within Victoria during the same period.

The third section discusses at length a number of key issues identified within the chronological history.
PART A: SETTING THE SCENE

The various colonies established in Australia in the eighteenth century were outposts of the British Empire. The society was a replica of contemporary England, transposed 12000 miles to a landscape completely unlike the British Isles. The population of free settlers, convicts and soldiers were almost exclusively Anglo-Celtic. The colonies were ultimately ruled from London, and all public institutions looked to England for direction. Not surprisingly this held true for the care of the mentally ill. Practitioners, theories and architecture were all imported from the "mother country".

Victoria's first lunatic asylum did not arise in a vacuum. To meaningfully examine Yarra Bend Lunatic Asylum it must be placed in the context of the contemporary English experience of care and treatment of the insane.
In England in 1788, the year of the first European settlement of Australia, the majority of those whom we would recognise today as severely mentally ill were housed, together with paupers, vagrants, idiots and criminals, in a variety of institutions - workhouses, prisons and private madhouses. Others were cared for by families, or wandered the city streets and country lanes.

The beginnings of this situation dated back to the Poor Act of 1601. This had empowered each administrative area (parish) to form a committee, consisting of representatives of locally influential families and the church, to levy financial assistance "towards the necessary relief of the lame, impotent, old, blind and such other among them, being poor and not able to work"[4]. Increasingly the severely mentally ill fell into this conglomerate of flotsam. The physical embodiment of this law was the work-house, the first being established in Britain in 1697. By 1770 there were 126 overcrowded establishments housing their inmates in squalid conditions. The inmates were an undifferentiated mix of criminals, those who disturbed the public peace, the unemployed, discarded wives and widows, and the insane. The principle, on which these institutions were
founded and run, was that social uselessness was a sin which could only be overcome by work. This was enforced with discipline, which at times degenerated into inhuman brutality - solitary confinement, enforced starvation and beatings were common-place. The motto of one workhouse in Mainz, Germany, exemplified this: "If wild beasts can be broken to the yoke, it must not be despaired of correcting the man who has strayed" [5]. General medical attention was haphazard, usually provided by a local doctor for a per-capita annuity. Recognition and treatment of inmates with mental illness was practically nonexistent.

Some workhouses did develop a more enlightened view, recognising that some inmates were unable to work due to their mental illness. This removed from the sufferer the taint of immorality, and allowed a more humane approach to this group, whilst still working within the accepted ethos. Some workhouses, such as The Mint Workhouse in Bristol, established separate wards for lunatics within the institution. In the case of The Mint this ward later evolved to become the general lunatic asylum for Bristol.

The insane were frequently unable to understand or comply with legal strictures, which included very strict vagrancy laws in 18th century England. For example, it was unlawful to wander from the legal place of settlement (usually the village of birth) without means of support.
Naturally this caused many with mental disorders to fall foul of the judiciary. Although an Act of 1763 stated "persons of insane mind and outrageous behaviour are not to go in common with other prisoners"[4], this was widely ignored; in no little part due to the absence of an alternative. The result was many lunatics being housed in the overcrowded gaols, and presumably many were later transported to the Australian colonies.

The recognition of "furiously mad and dangerous lunatics"[4] in an Act of 1714 (the first legislation specifically pertaining to the insane) hastened the rise of private institutions for care of the insane - the so-called private madhouses. These were under the registered proprietorship of lay and medical people. From limited beginnings they proliferated and by 1848 there were 148. Some provided opulent accommodation, individual care and treatment, and extensive choices of recreation for the insane members of the wealthy, upper classes. However, the majority of private madhouses displayed a disgraceful neglect, housing their charges in sub-human conditions. Allderidge [6] has provided a description given to a Parliamentary Select Committee of Mr Spencer's private establishment in Wiltshire: "Part of the accommodation consisted of six cells about 9 by 5 feet opening onto a passage which in turn looked out onto a pig-sty and dungheap. The walls were unplastered damp greenstone; there was no light or ventilation except when the cell
door was open...The patients were chained to beds...Of the 14 male patients only one was not confined in irons".

In addition to those interred in the private and public institutions, there were many mentally ill whose fate was not officially recorded. These are the shadowy figures, kept as embarrassing secrets by their families hidden for a lifetime because of their level of disturbance. They are recorded in the literature of the day. In "Jane Eyre"[7], the narrator describes one such case: "In the deep shade at the further end of the room, a figure ran backwards and forwards. What it was, whether beast or human being, one could not at first sight tell". Later in the novel the identity and circumstance of the "figure" are revealed: "...but I daresay you have many a time inclined your ear to gossip about the mysterious lunatic kept there under watch and ward... I now inform you she is my wife, whom I married fifteen years ago". Such were those lunatics described as kept "under stairs" - due to the common place of their imprisonment being the cramped triangular space under the stairway.

Wynn's Act, 1808.

At the end of the eighteenth century the psychiatric illness of the reigning monarch, George III, created an
atmosphere encouraging public debate and resulting in a series of legislative reforms leading to the establishment of public asylums. George III suffered intermittent, but debilitating, episodes of madness from 1788 until his death in 1820. Medical historians [8] have suggested that the diagnosis was porphyria - the predominant symptoms were those of insanity. Public knowledge of the king's illness first appeared in 1788, and from 1801 he was confined in Windsor Palace, frequently restrained by a strait-jacket. His illness meant he was unable to effectively reign and a Regency Bill (which gave full power to the Prince Regent) was enacted. Thus, mental illness became a topic of public debate, and demands for improved care and treatment ensued.

This period of history also provided a background of changing social fabric. There was a mood of developing social conscience against injustice. Time was ripe for English society to examine the care of the insane.

Charles Williams-Wynn, a young under-secretary for the Home Department, took advantage of the mood of social reform and established a Select Committee to "Inquire into the State of Criminal and Pauper Lunatics in England, and the Laws relating thereto"[9]. The committee included many powerful reformers, including William Wilberforce, the slavery abolitionist. The findings of
the Select Committee were put into statute as the County Asylum Act of 1808, colloquially known as "Wynn's Act" [10]. This was a practical piece of legislation authorising justices of the peace from each county to build an asylum, which would admit pauper lunatics free of charge. The ongoing costs were to be covered by magistrates raising county rates or by voluntary public subscription. Private patients could be admitted, and charged an appropriate fee. It was also an humane Act, outlining the requirements of the asylums to provide "dry and airy Cells for Lunatics of every Description" in an "airy and healthy situation" with a "probability of constant medical attention" [4].

However in the 20 years following the Act of 1808, only nine counties built asylums. The Lunatics Act of 1845 [3], repeating that of 1808, required each county to build an asylum; however on this occasion it was compulsory. An 1828 Act [11], establishing the Metropolitan Lunacy Commission, empowered its commissioners to inspect all asylums and madhouses. Under the leadership of Lord Shaftesbury the Commission exerted a consistent influence over many decades that culminated in a massive asylum building program across Britain in the second half of the nineteenth century.
Bethlem and The Retreat.

At the time of the 1808 Act a small number of institutions existed which provided models for the establishment of public asylums. These included hospitals such as Bethlem; and a unique institution in York, the Retreat.

Bethlem Hospital holds a unique position in the history of care of the mentally ill in England. Although other monastic hospitals, at various times in history, may have specialised in the care of the insane, none had the durability of Bethlem. In the corrupted form of its name the hospital has bequeathed the English language the expression "bedlam"[12].

The Priory of St Mary of Bethlehem was founded by Simon Fitzmary in 1247 in Bishopsgate, London. In 1375 it was seized by the crown and converted to an institution for the reception of those suffering a severe mental illness. In 1547 the City of London acquired the custodianship of Bethlem, which it retained until the inception of the National Health Service in 1948. Although it became a wealthy institution, through shrewd investments of legacies and donations, the patients were financially supported by relatives or parish subscription. Those discharged from Bethlem were in a special position. Colloquially known as Toms o' Bedlam
they were given identifying badges and allowed to beg around the countryside, free of vagrancy or poor laws.

In 1674 the original Bethlem, by then crumbling and overcrowded, was burnt to the ground. The new building was designed by Robert Hooke, a friend and collaborator of the great architect Christopher Wren. The facade was based on the French royal palace, the Tuileries; although intended to house 120 patients, it was also an ornament to the City of London. During the eighteenth century Bedlam was one of the great tourist attractions of the capital. Visitors reported having to pay a penny to the attendants to gain admission to the spectacle. The eighth plate of William Hogarth's biographical series, "The Rake's Progress"[13], drew upon the artists visits to Bethlem. The painting depicted the central figure, Rakewell, restrained by leg-chains, his head shaved to allow his over-heated brains to cool, and surrounded by a bizarre collection of the insane, is being observed by a fashionably dressed young lady and her maid. Such were the conditions and treatments in Bethlem during the late 18th century.

The Retreat, established at York in the late 18th century, heavily influenced the type of care and treatment provided in the public asylums of England and Australia during the 19th century. It was established following the unexplained death of a young Quaker girl
admitted to the York Lunatic Asylum in 1791. This incident aroused the concern of William Tuke, a philanthropic York tea-merchant, and himself a member of the Society of Friends, the so-called Quakers. The Quaker philosophy blended a mixture of Christian principles with practical common-sense. Tuke's drive, plus these factors, spurred the rapid development of a non-profit institution aimed at caring for "those in a state of lunacy that greatest of human afflictions"[14]. Tuke drawing on these Quaker principles, developed a form of care which became known as moral treatment. Its principles were demonstrated in the selection of the name of the institution. William Tuke's daughter-in-law bestowed the name "The Retreat": being "a quiet haven in which the shattered bark may find the means of reparation or safety"[14]. Moral treatment drew on the rationale that patients could be logical and controllable, if unaggravated by hostility, cruelty and harsh restraint. In practice the patient was given no excuse for feeling that his mental condition precluded him or her from participation in normal human activity and congress. Rather than punishment there were rewards for displays of controlled behaviour. Patients were requested to take tea with the Tuke family, observing all the appropriate formalities and social graces of the day. These teas were described by Samuel Tuke, William's son: "The best fare was provided and guests were treated with all the attention of strangers. The evening usually passed with
the greatest harmony and enjoyment"[14]. Activity was stressed; female patients were expected to sew or knit, male patients to garden, and patients of both sexes to improve themselves by reading selected works of literature, attending church services and keeping up correspondence with friends and relatives. Restraint, the mainstay of management of violence at that time, was virtually eliminated. Manacles, irons and chains were not used, and the strait-jacket only rarely. Their replacements were adequate nutritious food, fresh air and activity. The only medication was port-wine, used as a sedative, as Tuke had a suspicion of doctors and their forms of treatment. This was not unreasonable given the "therapies" of the day. At Bethlem it was standard practice to bleed patients at the beginning of June and the end of July, and to administer a series of emetics in Spring.

Pinel and Connolly.

The rise of moral treatment in England paralleled developments in Paris. Phillipe Pinel was appointed as physician to the Bicetre(1793) and Salpetriere(1795). Utilising the moral and social principles of the French Revolution, Pinel argued for a new respect for the insane, a liberation from physical bondage which destroyed their dignity. It became legend that Pinel
entered a cell in the Bicetre and released a manacled English sailor from his chains. The reality may have been less dramatic but the views of Pinel [15] on non-restraint became available in England in 1806, and heavily influenced the care of lunatics in the new English public asylums.

The moral treatment of Tuke and non-restraint of Pinel received general medical acceptability following the publication of works by Dr John Connolly [16,17] Connolly, a doctor of impeccable academic pedigree, having studied at Edinburgh, and held a chair at London University, made the then unusual move to psychiatry. He was appointed Resident Physician to Hanwell, the largest asylum in England in June 1839. Connolly was the dominant figure in British psychiatry at the time of the establishment of Yarra Bend Asylum in Melbourne, and indirectly influenced its subsequent history. He helped establish The Asylum Journal (later to become The British Journal of Psychiatry), and the The Association of Medical Officers of Asylums and Hospitals for the Insane (ultimately to become the Royal College of Psychiatry). He also published an enormously influential text on the construction and management of asylums in 1847 [18].

These systems of non-restraint, and moral treatment, in the ascendancy in English asylums from the 1840's
onwards, were those aspired to by the asylums of Victoria.

Hanwell and Colney Hatch Asylums.

The Act of 1808 resulted in the establishment of two public asylums to serve Middlesex and London - Hanwell and Colney Hatch. These institutions by their size and location acted as models for psychiatric care in England. They also loom large in the story of Yarra Bend Lunatic Asylum, and the later Victorian asylums and psychiatric hospitals.

Hanwell was opened in 1831. It was in a direct lineage with the Retreat from an architectural and treatment viewpoint. Its design followed a competition which was won by a Quaker, William Alderson, who had consulted heavily with Samuel Tuke. It rapidly filled, trebling its population between 1831 and 1846. By 1848, the year of the establishment of Yarra Bend Asylum, it was overcrowded with 900 patients. By the early 1880's it contained over 1800 patients, and the growth in numbers necessitated the opening of Colney Hatch in July 1851. Its design was heavily influenced by Connolly, and was considered the most modern institution for the insane in Europe at the time of its opening. It can still be visited in North London, having been renamed Friern
Barnet Hospital. It remains to this day a stunning building externally, with its Italianate style and enormous monumental dome over the ornately-facaded, central building. It was even provided with its own railway siding, and its connecting corridors could be measured in miles. However, this external opulence masked an interior of gloomy wards, inadequate facilities and poor design. This was the archetypal barracks-asylum style that so influenced the building of Kew, Ararat and Beechworth asylums in Victoria.

Dr Frederick Manning [19], Inspector of Lunatic Asylums in NSW, recorded that as early as 1857 the English Commissioners in Lunacy were sceptical that Colney Hatch and Hanwell provided environments conducive to cure. Likewise, the Lancet Commission [20] which examined these institutions in the 1870's was outspoken in its criticism, Describing Colney Hatch as "a colossal mistake". Ironically the exact same words were used to describe the building of the similar barrack-style asylums in Victoria. Unfortunately, these two enormous London asylums, with all their inherent faults in design, and consequent compromised quality of care, provided the model for institutions in Victoria during the second half of the nineteenth century.
This was the state of the care of the mentally ill in England in the years leading up to the first European settlement in Australia.
TARBAN CREEK LUNATIC ASYLUM, NSW.

Governor Phillip landed with the first fleet at Botany Bay on 26 January 1788, to establish the colony of New South Wales. Amongst his duties as governor of the colony was a commission from George III to "entrust you with the care and commitment of the custody of said lunaticks and their estates and Wee do by these presents give and grant unto you full power and authority without expecting any special warrant from Us" [21]. The control of all issues to do with the care of the mentally ill remained entirely at the discretion of the governor until the 1843 Lunacy Act [22].

The first asylum was established in 1811 at Castle Hill, Sydney. It was housed in an old barn, and accommodated 20 patients. It rapidly became overcrowded, provided a poor standard of care, and ultimately the buildings fell into disrepair. It was closed in 1825 following a judicial enquiry, which reported its inadequacy.

The Tarban Creek Asylum was built at the aptly named Bedlam Point, on the Parramatta River in 1838. In addition to being the asylum for NSW, it also provided care to those in the Port Phillip Colony until the opening of Yarra Bend Lunatic Asylum. Despite access to
Tarban Creek, large distances and primitive transport meant the majority of the insane in the Port Phillip district were dealt with by other means. These are further described below.

Tarban Creek Asylum was a model for the establishment of asylums in the other colonies dotted around the continent. Its early history was typical of many of the institutions and has been extensively described by Bostock [21] and McDonald [23,24].

The first superintendent appointed at Tarban Creek, Joseph Digby, was not medically trained, but had worked at St Luke's Hospital London. He had absolute control of the asylum, and the planned moral therapy of the patients. The first medical officer, Dr Thomas Lee, provided medical treatment but was of secondary importance. Within one year of establishment there was a need for additional accommodation. In 1854 a Commission of Enquiry on the Lunatic Asylums of NSW, set up by the Legislative Council, reported that treatment fell short of standards established in British asylums, delays in admission meant patients remained in gaols for lengthy periods, and there was no division between different categories of patients. Overall the report showed "evidence of government neglect and indifference towards the lot of lunatics"[24]. Many of these criticisms sound sadly familiar today; as will be seen they even more
closely paralleled the early difficulties at Yarra Bend Asylum.

In addition to the NSW asylums at Castle Hill, and Tarban Creek, asylums had been established in the colonies of Van Diemen's Land (New Norfolk 1829, and Port Arthur 1842) and South Australia (Colonial 1846) prior to the opening of Yarra Bend Lunatic Asylum.
MANAGEMENT OF LUNATICS IN THE PORT PHILLIP DISTRICT PRIOR TO THE OPENING OF YARRA BEND LUNATIC ASYLUM.

The Port Phillip district of the colony of NSW was first settled in October 1803. Lieutenant Governor Collins' settlement at Sorrento soon returned to its origins in Van Diemans Land. The first permanent settlement was established at the present site of Melbourne in 1835.

During the 1830's a number of sites served as gaols: a thatched slab hut in Spencer Street, a wattle-and-daub hut in Great Collins Street, a house belonging to the settlement's founder John Batman, then the Collins Street West Gaol. The latter included a small attached apartment, termed a lunacy ward. These provided the first accommodation for the mentally ill of Melbourne.

Much of the early descriptions of fledgling Melbourne come from Edmund Finn's "Chronicles of Early Melbourne"[25], written under the pseudonym "Garryowen". In this he described the first attempts to "treat" the mentally ill: "originally the provisions made for the unfortunates afflicted with insanity was, after committal by the Police Bench, to be immured in some part of the
wretched gaols of Melbourne, sometimes separately, but oftener mixed with the other prisoners".

As a part of the colony of NSW (the colony of Victoria did not come into being until 1851) there was access to the various lunatic asylums of Sydney. This was generally reserved for the more dangerous, violent or troublesome who were shipped to Sydney. Dax [26] has provided his impression of departures of the lunatics: "the inquisitive public watched them being loaded and the newspapers recorded their names".

A general move to independence from NSW, and the undesirable nature of the above transportation arrangements resulted in public pressure to build a lunatic asylum in Melbourne. In September 1841, the Port Phillip Gazette produced an article entitled "Lack of Asylums" [27], and pursued the issue over the following months.
PART B: THE YARRA BEND LUNATIC ASYLUM, MELBOURNE

The Establishment of Yarra Bend Lunatic Asylum.

In 1845 the NSW Legislative Council appropriated 1000 pounds towards building the first lunatic asylum in the Port Phillip district. In August 1846 a Melbourne newspaper, The Argus, reported: "A site of 620 acres has been selected for the establishment of the new lunatic asylum at the junction of the Merri Creek and Yarra River, adjoining the aboriginal ground reserve at Dight's Mill" [28]. Two months later the same newspaper reported: "the new Lunatic Asylum is now open for the reception of its unfortunate visitants... One wing only of the Lunatic Asylum is at present completed, but the keeper's quarters are in progress and will be finished in about four months. The building at present will accommodate 25 patients... ten of the cells are fitted up for the reception of violent lunatics" [29]. Plans of the first building have survived and Bostock [21] has reproduced them from the originals held by Dr Ernest Jones (Inspector General of the Insane 1905-1937). They show a building along the lines of a
cell-block, divided into male and female sections, with
cells and wards opening off two small central day-rooms.

At the time of opening, the asylum was known as the
Lunatic Asylum, Merri Creek, and it was designated as a
ward of Tarban Creek Asylum. In 1851, with the separation
of Victoria from NSW, it became known as the Yarra Bend
Lunatic Asylum, an asylum in its own right.

The superintendency of the new asylum was advertised
in the Argus in April 1848 [30]. A retired military
officer and ex-clerk of Tarban Creek Asylum, Captain
George Watson, was appointed the first superintendent;
and his wife the first matron. This followed with the
custom of non-medical control in NSW, which had
contributed to problems noted previously. Even in England
medical superintendency was a controversial issue.
Hanwell Asylum had appointed two medical superintendents,
before trying a lay superintendency, albeit unsuccessful
and for only a brief period. Medical superintendency was
not enshrined in English legislation until 1890. Yarra
Bend, which was predominantly controlled by a medically
qualified superintendent from 1852 onwards, was in
advance of the general trend in England in this respect.

A visiting medical officer (Dr Cussen, the Assistant
Colonial Surgeon) was appointed. His tasks included
visiting the asylum 3-4 times per week, travelling from
Melbourne in his wagonette. The earliest admissions were transferred from Melbourne's gaols, apparently often transported personally by Dr Cussen when making his visits. In 1849 a Board of Management was appointed - it consisted of the Colonial Surgeon, the Asylum Superintendent, and an appointed Visiting Magistrate.

The problem of overcrowding arose within a year of opening. With patients earlier transported to Tarban Creek now returning, and an increasing number of admissions, the gaols soon refilled with lunatics. It was to be more than 20 years before all the lunatics in the colony would be housed in asylums.

At the time of the opening of Yarra Bend Asylum the methods of admission and discharge were modified versions of the contemporary English system. In England the admissions and discharges were ultimately sanctioned by the parish magistrate. This system remained in place until 1959. At Yarra Bend the final decision on suitability for admission was made by the Governor of the colony. Similarly discharge could only be granted by the Governor, following the presentation of a certificate of sanity signed by two medical practitioners.

This system entailed some complexity, as the "Governor" quoted above, was the Governor of NSW, based 600 miles away in Sydney. Not surprisingly there was frequently considerable confusion over the legalities of
certification. It was only in 1849 that an Act of the NSW Parliament [21] vested Latrobe (the Superintendent of the Port Phillip district) with the same powers as the Governor. He continued to hold these powers as the Lieutenant-Governor of the newly formed colony of Victoria after its establishment in 1851.

Patients were admitted to Yarra Bend Asylum as either paupers or supported patients, as was the tradition in England. The families of patients able to pay were expected to provide 1s4d per day - a considerable sum of money given the superintendent's annual salary of only 100 pounds. Not surprisingly, many relatives decided that admission as a pauper (with all costs paid by the government) was preferable.

On December 31, 1850 industrial unrest struck the asylum. All but one of the male attendants resigned because of inadequate pay, and the authorities failure to consider their requests for an increase.

It is saddening, but perhaps not surprising, that within a few years of opening, the asylum had suffered some of the difficulties that have subsequently blighted care of the mentally ill in Victoria - lack of facilities causing overcrowding, "private patients" in "public beds", disinterest of politicians, confusion over
regulations for admission, interdisciplinary staff conflict, and staff unrest over wages and conditions.

The Select Committee of 1852.

In January 1852 the first resident medical officer was appointed. This was Dr Thomas Embling, who had held a position as visiting medical officer at Hanwell Lunatic Asylum, London. His salary was 200 pounds per annum. Almost from the first, his position was undermined by the non-medical superintendent (Watson), colluding with the displaced visiting medical officer (Cussen). This was the crux of the problems which resulted in the first government enquiry (1852) into the running of Yarra Bend Asylum. The enquiry was precipitated by concerns expressed in the local newspaper, The Argus. For not the last time, public pressure through the press was the most effective form of drawing government attention to problems within the mental health system. As on many occasions today, the response to public criticisms was to establish a Select Committee of the Victorian Legislative Assembly. The committee received the broad mandate "To enquire into the Yarra Bend Lunatic Asylum and take evidence"[32].

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The report of the Select Committee [32] outlined the conditions of "the unhappy lunatics", who had been subjected to all the coercion and punishment usually had recourse to in the Madhouses, at the will and caprice of the uncontrolled Attendants". This included the "straitjacket", "handcuffs" and "gloves" apparently applied indiscriminately by the attendants. Also more subtle forms of punishment including drenching and being left sopping wet in the bathrooms for many hours. The report also cited the lack of employment; the patients being left to simply roam the airing yards all day, no matter the weather. With the moral indignity of the Victorian era the report quotes "practices of the filthiest, vilest, most immoral and most sinful nature" were allowed to continue unchecked amongst the patients. Other sections suggested the asylum was a den on iniquity and scandal. Cussen, the Colonial Surgeon, was accused of "immoral conduct" towards an unmarried, female attendant, and behaving in an "ungentlemanlike" fashion towards Embling, the resident medical officer. The Visiting Justice, who was supposed to play the equivalent role to a modern-day Official Visitor, claimed to be ignorant of these abuses and scandals. He was accused of being "of an easy unobservant disposition" and "of such limited powers of observation as was scarcely fitted for an office of so much trust". The most important criticism was of Watson, the non-medical superintendent, who had opposed Embling the medical officer at every turn, embezzled funds from
the asylum for his own comfort, and was derelict in his duties towards caring for the patients. It declared that "Mr Watson has been grossly negligent as well as highly culpable". Dr Embling, who gave evidence to the committee was heaped with praise - "It is with extreme regret we observe the efforts of this gentleman to promote the efficiency of a valuable institution, and to check the abuses that so seriously affected its usefulness..."

Overall the government was extremely reluctant to make known the outcome of the committee's enquiries. The report was presented to the Legislative Assembly on 12 December 1852, but was not available for press publication until 12 February 1853 [31]. The Argus [33,34] published two editorials which were highly critical of the findings. Despite the findings Embling was dismissed from the Public Service, perhaps for his outspoken revelations in letters to the Argus [35,36]. Ironically, he later became a long-serving parliamentarian, and sat on a later Asylum Board of Enquiry.

Dr Robert Bowie, the first medical superintendent.

Even before the conclusion of the 1852 Select Committee Governor Latrobe had dispensed with the services of Watson. He was replaced by a medical
superintendent - Dr Robert Bowie. This brought Yarra Bend into line with Tarban Creek, which had appointed a medical superintendent following an equally disclosing enquiry a few years previous.

It was Bowie who received the greatest benefits of the 1852 Select Committee, including an annual salary of 500 pounds for himself. His reputation in England, and on the goldfields, had been made as a sanitary reformer and his interests and expertise lead to improved physical conditions at the asylum. He oversaw the drainage of swamps and the construction of roadways using patient labour. This fitted with his philosophical adherence to the value of moral therapy, and also addressed the criticism of the lack of employment of the patients. He demonstrated himself a forward thinker, particularly stressing the importance of proper discharge planning, and the need for suitable employment and accommodation at the time of discharge.

He was rewarded with enthusiastic support in the local press. The poet and dramatist "Orion" Horne wrote a lengthy correspondence to the Argus following a visit to the asylum. Horne concluded "that under the present management at Yarra Bend the kindest feelings and the best systems are in actual operation"[37].

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During 1853 Dr William McCrea was appointed as the Colonial Surgeon. He had previously served for many years in penal institutions, and took a custodial view towards care. Following petitioning of the Governor (Sir Charles Hotham), he established considerable power over Yarra Bend Asylum; having both direct control of the superintendent, and being Head of the Asylum Board of Official Visitors (which had replaced the position of Visiting Justice). Despite their philosophical differences on treatment of the insane, McCrea initially praised the work of Bowie. In his 1855 Report, as Chairman of the Board of Visitors, he stated: "The patients are treated with kindness by the Surgeon Superintendent, who is zealously devoted to the execution of his duties"[38].

By the end of 1853, five years after its establishment, it seemed the initial teething problems of managing the asylum had been addressed and overcome. The asylum was developing a model of care, based on the modern and humane principles of moral therapy, under the direction of a medically qualified and practical reformist superintendent. However, this rosy period of renewed optimism was not to last. The problem of the need for further accommodation, mentioned only in passing in the report of the 1852 Select Committee, had not been addressed.
Overcrowding.

Overcrowding at the asylum was again a problem with lunatics being accommodated in the gaols of Melbourne. Dr Richard Youl, a medical officer with the gaols, suggested quartering "incurable, harmless and quiet lunatics" outside the hospital [31]. Certainly in Victoria this was the first suggestion of community-based care. Perhaps the idea was simply one hundred years too early, and lacked a reformer with vision and energy, such as Dax in the 1950's [39]. The concept proposed by Youl was opposed by Bowie, and was not pursued.

The asylum had opened with a capacity for 25 patients. Bowie's report of 1857 [40] indicated the population had grown to over 300. As early as 1853 the government recognised the need for additional accommodation and granted 5000 pounds for an additional asylum, but all was spent on alterations and building at Yarra Bend. The additions reflected a decrease in the quality of building fabric, and in the attitudes of the authorities. The new wards were in makeshift wooden buildings (unlike the original blue-stone structures), tents were used to accommodate some patients, and some of the money was used for increasing the number of cells for disturbed patients. This suggested both a subtle shift in
philosophy, and a realistic response to the difficulties inherent in increasing numbers.

The increased accommodation at Yarra Bend was only a brief stop-gap measure. A cycle had developed: by the time new accommodation was made available it was already inadequate.

A new asylum.

It was in 1854, only six years after opening that the first suggestion to close Yarra Bend Asylum was made. McCrea supported replacing it with a new asylum. Rather than solving the problems within the existing framework, building on the strengths of the existing asylum, the suggested approach was to build a completely new asylum - as if this change would magically solve the problems inherent in care of the mentally ill.

In the 1855 Report of the Board of Visitors [38] McCrea, the chairman, claimed the high land at Studley Park (directly across the Yarra River from Yarra Bend) blocked the prevailing cool winds in summer. This may seem a fairly poor reason for closing an asylum and building a new one, but McCrea felt it adequate. On this basis he petitioned the Victorian Legislative Assembly to form a board of enquiry. The result was a Board of
Enquiry into the suitability of Yarra Bend, chaired by Dr J. Palmer, and including McCrea himself as a member.

The Board's two page report [41] detailed 23 recommendations, including one stating "that the present asylum and its grounds might be sold or applied to some other purpose and that a new asylum be built on such a site as may be determined on". The recommendations specifically mentioned Colney Hatch as a model. Many of the recommendations indicated an almost mindless wish to transplant the English system to Melbourne. Another read: "That a medical man, thoroughly conversant with the most modern improvements in the arrangement and management of lunatic asylums be brought out from England, and paid an adequate salary to superintend the erection of the new asylum, and afterwards to conduct it".

McCrea remained a strong advocate of a building along the lines of the great English barrack-asylums (Hanwell and Colney Hatch), located directly across the river from Yarra Bend. Presumably it would catch the prevailing summer winds! The ultimate result of McCrea's views, and the recommendations of the 1856 Board, was that the only two asylums in Melbourne were to be located about 300 yards apart. This same phenomenon occurred 100 years later when Larundel Psychiatric Hospital, then Plenty Psychiatric Hospital, were built in the grounds of Mont Park Psychiatric Hospital - and from this single site
serviced the majority of Melbourne's widespread population. This has especially caused difficulties in an era when increased coordination between hospital-based and community-based services is essential. Although the relationship between these events is vague, it is fair to speculate that had the suggested site for the second asylum been elsewhere, then perhaps this process of centralising inpatient psychiatric services may never have taken place.

The Argus newspaper responded to the proposal to dispense with Yarra Bend by vigorously supporting it with a lengthy article by an anonymous reporter [42]. This reiterated much of the earlier praise of "Orion" Horne [37].

The Public Works Department architect, G.Vivian [43], prepared plans for the proposed new asylum at Kew. The design was clearly based on the Colney Hatch asylum. Work began on the Kew Lunatic Asylum in 1856. However, events conspired so that it was 14 years before a patient was admitted to Kew, and another 70 years before Yarra Bend finally closed.

Construction at Kew was halted in 1857. The Legislative Assembly refused further funds after hearing of the high cost of the initial buildings (described by McCrea as "two handsome and expensive lodges to house the
clerk of works and his assistant during the building of the asylum"[44]). It certainly must have been excessive as the state coffers were bulging with revenue from the fabulously wealthy Victorian goldfields, and extravagant government buildings in Melbourne were becoming common. The "handsome and expensive lodges" remain as a legacy to their quality of construction.

Following the cessation of building, a Board of Enquiry, chaired by McCrea, was brought together to resolve the uncertain future of Yarra Bend. It found Yarra Bend to be "wholly unfit for the reception and treatment of lunatics"[44], and suggested a new 300 bed asylum at the cost of 100,000 pounds [44]. A further Select Committee was brought together in 1858 "to enquire into the state of the Yarra Bend Asylum and the proposed new site of Kew"[45]. The committee focussed on conflicting architectural styles rather than the practicalities of simply providing enough accommodation. In comparing the cottage-style wards of Yarra Bend with the massive single building planned for Kew, it decided a combination of both was optimal. The Committee's report [46] recommended a new asylum at Kew with a central building of moderate size, surrounded by cottages. In the report of the 1857 Board of Enquiry [44] McCrea drew attention to the seeming preference of admitting paying patients. I wonder if the plans for Kew were of a central barracks for poor patients, with more
spacious accommodation (with access to work and better staffing) in the cottages for paying patients.

The public must have felt the cost of these various enquiries was money poorly spent, when they repeatedly resulted in contradictory conclusions. However, the issue was not yet settled. The recommendations put forward by the Select Committee to the Legislative Assembly were not accepted. A possible explanation was the opposition from the residents and council of Kew, who petitioned the government on the unsuitability of Kew as a site for a lunatic asylum \[47,48\]. The not-in-my-backyard syndrome was apparently alive and well in Melbourne in the 1860's.

The inconclusive recommendations and legislative confusion created a reprieve for Yarra Bend. In fact it was expanded during 1858-1860, with the construction of two new large buildings, ten stone cottages and a hospital ward. Total accommodation was now 682, but within two years there were again mentally ill being housed in the gaols of Melbourne, and many others were in country general hospitals. The well seemed bottomless.

The Select Committee of 1861-2.

Despite McCrea's initial enthusiastic praise of Bowie, the relationship had soured, eventually turning into a
"long-standing feud"[31]. This was probably precipitated by their opposing views on asylum management, and care of lunatics. Bowie's opposition to McCrea's strongly held desire to close Yarra Bend, and open a new asylum at Kew, worsened the situation.

Largely from this feud a Select Committee was set up in October 1861 to "enquire into the condition and management of Yarra Bend Lunatic Asylum"[49]. An unstated aim was to closely examine the roles and relationship of McCrea and Bowie. The proceedings were extensive and thorough, with three progress reports [49,50] before the final report [51] was presented to parliament in May 1862. The final report completely vindicated Bowie, stating: "...the Surgeon Superintendent (Bowie) has at all times, and under all circumstances, conducted the institution... with credit to himself and with advantages to the lunatics committed to his care."

Bowie had not been without critics in other quarters. Surprisingly the Argus, which had earlier been extremely supportive of Bowie's superintendency, published a series of highly critical articles during 1858-1861. The articles alleged cruelty and excessive use of restraint. Immediately following the completion of the 1862 Select Committee, Bowie sued the Argus for libel. The case, known as Bowie vs Wilson [52], lasted nine days in the
Supreme Court, and enjoyed considerable public interest. The result was Bowie receiving 100 pounds damages.

Although completely vindicated by the findings of the Select Committee and the court case, Bowie was asked to stand down from his superintendency. The McCrea-Bowie feud, and its outcome, had similarities with the earlier destructive conflict between Watson and Embling. Ultimately it was the institution (and its patients) that suffered at the hands of these conflicts of personal philosophy and interference from above. Given the many positive comments related to Bowie’s superintendency, it seems that his resignation could only have worsened the care of the patients in Yarra Bend. The doyen of English asylum management, Dr John Connolly [18] stated the importance of sound administration within an asylum as essential to good patient care – the Victorian record of administration was poor and perhaps partially explains the frequent criticisms of the quality of care and treatment.

The establishment of Kew, Ararat and Beechworth Asylums.

The somewhat premature retirement of Bowie left Yarra Bend without a superintendent. Administration was given to a management board, which included Mr James Harcourt. Harcourt was proprietor of a private asylum in Richmond,
and claimed friendship with Connolly and a number of other prominent English asylum superintendents. With these friendships came a strong advocacy of the latest English methods of asylum care. Harcourt criticised Yarra Bend for not conforming to the large barrack-style asylums in vogue in England. At his drive the newly established Victorian Lunatic Asylum Commission was asked by parliament to again examine accommodation. The Commissioners Report [53], presented in 1863, recommended the closure of Yarra Bend, and its replacement with a new 500 bed asylum in Melbourne, and two 500 bed district asylums in regional Victoria. The need for the latter was presumably driven by the rapidly increasing populations in such goldfield centres as Beechworth, Wangaratta, Ballarat and Bendigo. All these councils expressed interest in building an asylum in their towns. The honour was given to Ararat and Beechworth, as they had no rail-link with Melbourne (which prevented easy transportation of lunatics to a Melbourne asylum).

One can only speculate on the debilitating effect on the Yarra Bend Asylum of being under constant scrutiny and seeming imminent closure. The sword of Damocles was continually hanging over the heads of staff, patients and the institution. If a collective apathy, resulting in custodial care in place of treatment, took hold, then the various bureaucrats involved in the on-again, off-again decisions were at least partly to blame. This may be
worth special note in the current environment of multiple hospital closures, moves, and amalgamations.

Harcourt was replaced in February 1863 by Dr Edward Paley. A representative of the Victorian Legislative Assembly was sent to England specifically to find a medical replacement for Harcourt. This was a conscious decision to chose someone acquainted with the English methods of care and treatment, in preference to promoting one of the medical officers at Yarra Bend. Thus the scene was set for imitating the English model in the following years.

The 200 extra beds at Yarra Bend, commissioned during 1858-60, were soon filled. Overcrowding was again a problem. In the 1870 Annual Report of the Inspector of Lunatic Asylums [54] Paley proposed a number of alternatives. The most far reaching was the establishment of two receiving houses - one on the site of the previous Collins Street gaol, the other in Royal Park (not the site of the current hospital). The absence of a receiving house for initial treatment, and the separation of acute from chronic cases, had been frequently blamed for the increased number of asylum inpatients compared with NSW. Admissions to Yarra Bend were infrequently reviewed and often left in the asylum unnecessarily for many years. A receiving house potentially allowed initial assessment, treatment, observation of progress, and discharge of many
patients with short lived disorders. Also additional accommodation for 150 "quiet and harmless lunatics", as Paley called them, was provided at the Carlton Stockade (a building which still exists as the Lee Street North Carlton Primary School).

This was the first attempt to separate acute and chronic patients, and the implicit recognition that the two populations required different treatment. The extra resources allowed the gaols to again be emptied of lunatics.

The magnitude of the population at Yarra Bend at the time was incredible. In his 1870 Report [54], Paley commented that Yarra Bend with 1043 patients was the eighth largest asylum in the world behind Hanwell, Colney Hatch and Wakefield in England, the Bicetre, Salpetriere and Clermont in France, and the New York City Asylum. Quite staggering when you consider the respective populations served by these asylums.

The situation was temporarily relieved by the opening of three asylums and the gazetting of district lunacy wards during the 1870's. The three new asylums were all built in the style of the large English asylums. All were remarkably similar to the building earlier proposed for Kew. All three remain as living examples of Victorian, gold-rush funded, public buildings. In October 1867
Beechworth and Ararat Asylums opened within 5 days of each other. Dax [55] has recorded that the final cost of Ararat was 138,000 pounds, and Beechworth 163,000 pounds (the original estimates had been a total of only 140,000 for the pair). Given that Dr Ernest Jones [56] reported the cost of establishing Mont Park in the early years of the twentieth century as 230 pounds per bed, the sums expended were enormous. Ararat received 135 patients from Yarra Bend during its first year. Similarly Beechworth received most of its patients from the over-crowded wards of Yarra Bend.

Kew Asylum had lain untouched from 1857 until 1865, when work recommenced. The process was delayed by a Board of Enquiry [57], an industrial dispute requiring arbitration, a further Legislative Assembly Select Committee[58], and a re-letting of the construction contract. A section of Kew was finally opened, initially as a ward of Yarra Bend, in December 1871. It was gazetted as Victoria's fifth asylum in October 1872. At this time it had 272 patients, all transferred from Yarra Bend. Kew and Yarra Bend both accepted admissions, with the dividing line of the respective catchment areas being the Yarra River.

From 1869-1875 five district lunacy wards were gazetted at Castlemaine District Hospital, Geelong Infirmary and Benevolent Hospital, Bendigo Gold District
Hospital, Upper Goulburn Hospital at Woods Point, and Gippsland Hospital at Sale. I think the most interesting of these is Woods Point. Today it is a ghost town near Jamieson, but in the 1860's it was a thriving mining settlement. In stark contrast to other institutions, Woods Point received an average of only four admissions per year during its life (1869-76). The others treated greater numbers of patients, with Bendigo and Geelong remaining open until the 1920's. In general they were considered of questionable value because of the lack of specific psychiatric treatment. The experiment of the mentally ill being admitted to wards, staffed only by generally trained medical and nursing staff, and located within district hospitals, has some similarities with the current concept of "mainstreaming" psychiatric services into general hospitals [59]. Examination of the rise and fall of these district lunacy wards may offer valuable insights to the potential pitfalls of integrating psychiatric services into general hospitals. However, such an examination falls outside the scope of this study.

The opening of Kew heralded the end of the era when Yarra Bend was the only, and premier, psychiatric institution in Melbourne. In fact, it was the beginning of the end, yet the final patient did not depart Yarra Bend for a further 55 years.
Different settings, same problems.

Within a few brief years of opening as a magnificent edifice to the modern methods of psychiatric care, overcrowding at Kew, with upward of 1000 patients, lead to the almost inevitable governmental response - the 1876 Board of Enquiry [60].

For the first time this enquiry addressed some of the reasons for overcrowding, which I will discuss later. Other problems noted during the enquiry included the excessive use of rough treatment by attendants, the lack of suitable employment and recreational opportunities for patients, and the lack of staff discipline due to the management structure. This would have sounded familiar to those acquainted with the findings of the various enquiries into Yarra Bend Asylum during the 1850's and 1860's. The only major difference between Yarra Bend and Kew Asylum was the contrasting architecture. In fact many thought that Yarra Bend provided a more therapeutic environment. The criticisms were less harsh now that there was something with which to compare it.

The final 29 recommendations in the Board's Report [60] included the abandonment of the barrack system of construction (Kew, Beechworth, Ararat) with a
consequent return to the cottage system (in use at Yarra Bend); and the introduction of a boarding-out system for suitable patients. These negative conclusions concerning the barrack-style were supported by the popular press. During 1876-77 a series of articles on Melbourne life, and its public institutions, appeared in the Argus newspaper under the pseudonym "Julian Thomas". The author was Stanley James, a roving American reporter, and the articles were later published together as "The Vagabond Papers" [61]. "Thomas" had posed as an attendant at Kew, and then Yarra Bend, before producing "Our Lunatic Asylums: a record of the experiences of a month in Kew and Yarra Bend". In this he was highly critical of the type of care provided at Kew, in comparison to Yarra Bend. He blamed the barrack-style of construction for the poor care at Kew.

Inebriates, idiots, and the criminally insane.

One of Paley's major bequests was the separation of so-called imbeciles, inebriates and criminal lunatics from general psychiatric patients. His 1872 Annual Report included a chapter "Peculiar Position of Victorian Asylums with regard to Imbeciles and Drunkards"[62]. The recommendations made in the report resulted in legislative and practical changes. The Victorian Inebriates Act [31] was enacted by the Legislative
Assembly in 1872. It revoked the section of the 1867 Lunacy Act [63] which allowed inebriates to be kept in asylums for 12 months. The first inebriate asylum, the Northcote Retreat, was opened in the same year. It was located on the Merri Creek, just a little upstream from Yarra Bend and Kew asylums. Apparently this was the first such inebriate asylum in the world - either Victoria was forward thinking or the problem with alcohol in the colony was enormous.

The Ballarat Asylum for idiots and imbeciles was opened in August 1877 and during the first two years 136 males and 31 females were transferred from Yarra Bend. The staff at Ballarat did not include medical officers, as nursing care alone was considered adequate. The current general disinterest of Victorian psychiatrists (and doctors) in intellectual disability services, as noted by Einfeld [64], may have been born in this initial decision.

The advocacy of Paley laid the ground-work for the current clear division in Victoria between psychiatric, intellectual disability, and drug and alcohol services. Some would argue that ultimately this has been to the detriment of patients, and is only now being addressed with the current psychiatric interest and awareness of patients with dual diagnoses.
Paley also advocated that criminal lunatics be kept in separate wards or in gaols. This heralded the beginnings of the first sub-specialty of psychiatry - forensic psychiatry. The separation suggested by Paley continues to this day in Victoria, where forensic psychiatric services remain administratively allied to the prison system, rather than general psychiatric services.

These were not the only changes advocated by Paley. He strongly encouraged the establishment of a group of female volunteers to visit patients at both Yarra Bend and Kew. They also later assisted with finding suitable employment for discharged patients - the after care of discharged patients being a particular interest of Paley. He also encouraged and allowed the establishment of a resident chaplain at the Kew-Yarra Bend complex. In many ways he was a radical thinker for his time. Perhaps unfairly his place in history has been tainted by being Inspector of Lunatic Asylums during the building of the asylums of the 1870's, and the retrospective opinion that this was an ill-considered decision. Paley retired in 1883 from his dual posts as Superintendent of Yarra Bend and Victorian Inspector of Lunatic Asylums.
Dr Thomas Dick.

Paley was replaced in both posts by Dr Thomas Dick. In contrast to his predecessors he was a local medical officer, who had progressed to the superintendency at Beechworth and then Kew. In his first (1883) Annual Report as Inspector [65] he complained of the dilapidated conditions in all asylums. At Yarra Bend gas mains had been laid, but a lack of funds had prevented connecting-pipes to the wards being completed. Thus, lighting was still with oil lamps. A footbridge across the Yarra River, which had connected Yarra Bend with Kew, had been closed as unsafe. Inadequate funds prevented the necessary repairs, so a punt was the only link between these institutions.

With the establishment of medical control over the individual asylums, and of the infant Department of Lunacy, it was natural that the local medical association would be finally embroiled in controversies at the Yarra Bend Asylum. The Victorian Branch of the British Medical Association (BMA) sent a deputation to report on the Yarra Bend and Kew Asylums. The principal concern at Yarra Bend appeared to be that of the status of the medical officer, rather than the general conditions at the asylum. In March 1880 The British Medical Journal recorded correspondence received from the Victorian Branch: "We have received permission to visit the Yarra-
Bend Lunatic Asylum... A complaint is made from this institution, that the lunatics are placed under a head warder in charge, and that the medical officer is but second in rank"[66].

Following on from the visit to Yarra Bend, a deputation was sent to Kew. A meeting of the Victorian Branch of the BMA [67] reported that the chairman Dr Gilbee was highly critical of Kew, stating it was unlikely that an insane patient would be cured in such a setting, and that Kew was inferior to Yarra Bend as a curative institution. The local branch of the British Medical Association was so concerned with the findings that it approached the Chief Secretary of Victoria with a report [67] outlining the failed attempts to achieve the goals outlined in the 1861-2 Select Committee Report. For the first time a medico-political body had bought into the controversial area of the care of the mentally ill. Perhaps because of the source of concern a Royal Commission was convened, rather than the "usual" Select Committee.

The Zox Commission.

The Royal Commission of 1884 was commonly known as the Zox Commission, after its chairman Ephraim Zox. The others forming the Commission were H.Bell, C.Blackett,
D. Davies, R. Jacomb, C. Officer, R. Reid, D. Sterey. The Commission sat for nearly two years from 7 May 1884 to 29 April 1886. It was the most comprehensive review of mental health to that time (and possibly subsequently). In many ways the Zox Commission represented the zenith of Victorian public concern for the mentally ill in the nineteenth century; questioning why the massive injection of funds and extensive asylum building program of the 1870's had not created a satisfactory level of care. Fortunately for the historian, much of the proceedings, and the comprehensive conclusions of the commission, are available [68, 69, 70].

The terms were, to say the very least, broad: "to enquire into and report upon the state and conditions of Asylums for the Insane and Inebriate, both public and private; their mode of management and supervision; remedial treatment and its results; the classification of the inmates; the policy of continuing large metropolitan institutions; the advisability of licensing patients to private individuals; the due classification of the imbecile and the insane; the proper position of medical officers in relation to the system of management; the special qualifications necessary for all officers and employees before appointment; the mode of their appointment; the system of official visitation and inspection; the mode of obtaining supplies; and to further report generally on any and every matter which
may appear important and desirable" [69]. The terms themselves suggest the areas of perceived controversy within the system.

The final report [70] was divided into the following sections: boarding out and asylum farms, the difficulty of correctly diagnosing insanity, responsibility of medical men in signing certificates, post mortems, private asylums, inebriate asylums, high proportion of the insane in Victoria, the government of asylums, treatment of the insane, dual authority, criminal lunatics, medico-psychological training, buildings and classification, and land endowment for hospitals for the insane. Whilst each section is of great significance in understanding the later development of psychiatric services in Victoria, it is the last two that are of particular relevance to Yarra Bend.

The Zox Commission clearly recommended the sale and closure of both Yarra Bend and Kew. The reason being that the land was extremely valuable, and the profit could be utilised by the department. This statement reminds one of the frequently expressed (but perhaps cynical) supposition that the current trend for closing large psychiatric institutions is a manoeuvre by cash-strapped governments to free capital (I have personally heard this view expressed in both the United Kingdom and Victoria, and it is probably not unknown elsewhere). The planned
closure provided a ready excuse for further reducing maintenance work on the buildings of both asylums. This lead to considerable and rapid deterioration. In his 1889 Annual Report [71], the Inspector (Dick) indicated that the deterioration of two wards built at Yarra Bend in 1887 (a ward of 18 single rooms, and an isolation ward for infectious diseases) was so rapid that new buildings would be required in five to ten years. Ultimately the end of the land boom and the sudden drop in real estate values, including the sites of Yarra Bend and Kew, prevented the planned sales.

The Zox Commission supported the view that the cottage or village style asylum, as exemplified by Yarra Bend, was markedly superior to the barracks style asylums of Kew, Beechworth, and Ararat. The importance of establishing a receiving house was again stressed, and it was thought that Yarra Bend should become a specialised institution for the reception, care and treatment of acute cases. This meant that the idiot cottages, initially planned for Yarra Bend, were instead built in the grounds of Kew. Had they been built at Yarra Bend it may have survived as an institution into the second half of the twentieth century. The first of the Kew Cottages was opened in May 1887. Their establishment was a first in Australia, and was at the world forefront in the care of the mentally handicapped. They were lavishly praised
at the Psychological Section of the 1889 Medical Congress held in Melbourne; with a special visit arranged for delegates. This sat strangely in comparison with the poor standard of general psychiatric care in Victoria at the time.

The Final Chapter.

The Zox Commission, provides a good endpoint for this exploration of the history of the Yarra Bend Lunatic Asylum. The asylum was to operate for a further forty years, but had been effectively emasculated by the closure recommendation of the Zox Commission. The dreadful recession of the 1890's, which followed the Victorian land boom, meant there was almost no funding available for any government venture. Care of the mentally ill was not high on the priority list during these years. The physical structures at Yarra Bend deteriorated, as prophesied by Dick.

In many ways the closing decade of the nineteenth century was similar to our own decade: a government in an economic recession making vast cuts in expenditure to pay for the profligacy of the preceding economic boom. A study of this period may repay the researcher with some profound insights of relevance to the 1990's.
The end for Yarra Bend was slow and painful. The deterioration from 20 years of neglect was apparent by early in the new century. On taking over as the first Inspector-General of the Insane in 1905, Dr Ernest Jones began the process of finally closing Yarra Bend. In "The Dawn of Australian Psychiatry" Bostock has included a personal contribution from Jones describing the death knell: "It fell to my lot to disintegrate Yarra Bend and the old original bluestone building was still in use when I took over in 1905 and it took twenty years hard work before the evacuation of what the older hands called the "dear old Bend" was completed. This building must have been designed on the lines of prison galleries and the airing courts were very small and damnable, with high bluestone walls, preventing all view of the outside country. There was also a row of outside cells, with earth closets or pans, two dark padded cells and an all pervading smell of poor mad humanity"[21].

The last patient was transferred to the "modern psychiatric facility" at Mont Park in 1925. Today, Yarra Bend is a public park. Those playing at the various sporting facilities, or picnicking on the picturesque banks of the Yarra River, would be largely unaware of its place in local history.
Yarra Bend Asylum Revisited.

Seventy years after the closure, I note the headlines "Yarra Bend asylum plan" [74] on the front page of the Age newspaper. They report a proposed forensic psychiatric unit on an identical site to the original Yarra Bend Lunatic Asylum. No mention is made of the earlier asylum. This is an almost too-perfect example of what Allderidge described as "cycles in the care of the insane"[5]. I can only hope that the upcoming debate on the proposed facility is informed by the earlier history of Yarra Bend, and the "ahistorical fallacy" [2] does not prevail.
PART C: DISCUSSION.

From my examination of the early history of the Yarra Bend Lunatic Asylum, I felt there were two major, recurrent themes worthy of further examination: the issues of overcrowding, and the repeated government enquiries.

The rapid increase in the number of insane housed in the asylums of Victoria had destroyed the ideals of treatment and care on which they had been established. Yarra Bend Asylum exemplified this problem. I will explore the issue of the increasing asylum population, and discuss its effects on the conditions and treatment at Yarra Bend.

During the period I have described, a cycle developed with regular and frequent official reviews of Yarra Bend, and the other asylums. The enquiries identified problems and shortcomings, and suggested improvements which could be made; but with little positive outcome. From my research, I believe there were a number of missed opportunities which arose from these. Grasping these opportunities may have changed the course of management of the insane in Victoria, and broken this seemingly endless cycle. I will specifically explore the missed opportunities in the areas of asylum architectural design, and of community care of patients.
The core of the criticisms levelled at the Yarra Bend Asylum by the multitude of enquiries, reports, articles etc. was overcrowding. Undoubtedly this was contributed to by a lack of funding, although the enormous outlay to build three large asylums, opening almost simultaneously in 1870, seemed to only stem this problem for a very brief period of time.

*Victoria -*"the maddest place in the world"

During the second half of the nineteenth century Victoria had a rapid growth in its asylum population, resulting in a seemingly disproportionately high rate of incarcerated insane in comparison to the other Australian colonies and to England.

Victoria had experienced a rapid increase in population after the discovery of gold at Clunes in 1851. Whilst this provided a much greater population from which to draw admissions to Yarra Bend Asylum, it did not provide an explanation for the increase in incidence of "insane under detention". This incidence grew steadily from 0.95 per thousand population in 1850, to 3.4 by
1880. During the decade 1861 to 1870 the Victorian population increased from 541,800 to 738,200, whilst the "total number of lunatics" had grown from 702 to 1,849. This was equivalent to an increase from one lunatic per 771 persons, to one lunatic per 397 person [31].

The comparison with other colonies and with England showed that in 1883 Victoria had 1 in 300 of its population incarcerated in asylums, whilst in NSW the figure was 1 in 374, in South Australia 1 in 427, and in England 1 in 346 [65]. One year later, during the Zox Commission, the chairman commented that these figures put Victoria "in the most unenviable position of being the maddest place in the world" [69].

The phenomenon of explosive growth in the asylum population in Victoria in the second half of the nineteenth century was paralleled by a proliferation in the size and number of asylums throughout the world during this period. Maudsley fell short of calling England the "maddest place in the world"; but writing in 1872 stated "there are a great many more insane persons shut up in asylums in this country now than there ever were at any other period of its history, or perhaps in any country at any period of the world's history" [73]. The "total insane" number in England in 1844 was 20,611 (the equivalent of 1 in 802), and by 1868 was 50,118 (or 1 in 432) [74]. Hare [75] has noted that in England
between 1827 and 1890, there was an increase in the number of asylums from 9 to 66; and the average inpatient population for each asylum swelled from 116 to 802. A similar phenomenon took place in other parts of the British Isles, France and USA.

One of the most remarkable pieces of Australian medical literature also demonstrated the world-wide proliferation of incarcerated lunatics. George Tucker, an interested layman, financed by the NSW government of Henry Parkes, embarked on a study tour of the world's lunatic asylums. The resulting volume, titled "Lunacy in many lands"[76], is a veritable atlas of asylums across every continent. Apart from its obsessional recording of data over more than 1500 tightly printed pages (and his admission that he had to severely edit the original to achieve this final length), one is struck by the enormous number of vast asylums he visited during his two year world trip in the 1880's.

**The English explanation**

A number of potential explanations had been provided to explain the phenomenon of increasing asylum populations in England. There was a rapid escalation in population during this period, but this did not explain the increase in incidence. The relatively pleasant nature
and widened availability of asylum care tapped a large, hitherto unknown, reservoir of insane - but the increases continued for such a prolonged period as to invalidate this as the sole reason. A number of more controversial theories have been offered. These include Hare's[77] suggestion of a possible world-wide increase in the incidence of schizophrenia during the nineteenth century; Kosky's[78] speculation on the role of ceasing transportation to Australia in 1840; and Scull's[79] view that the increase was a political response to fear of unrest by a paranoid English government who had experienced the American Revolution, and observed the French Revolution.

The establishment of the English asylums had been based on an optimistic assumption that early hospitalisation, and improved treatment, would increase cure rates. Writing in 1835 Prichard [80] suggested that 40-50% recovery was to be expected. But contemporary analysis shows that by 1850, only 20% of admissions to English asylums were being cured and discharged [81].

The wards became over-crowded with chronic and seemingly incurable cases, resulting in the provision of no more than minimal care of a custodial nature. Individuality was impossible and even patient's diversions were, by need, bureaucratic and organised around a timetable. Moral treatment had stressed the
importance of activity, the primary goal being the benefit of the patient. In the overcrowded asylums the only activities available to patients were jobs vital to the running of the institution: laundering, farming, repairing and cooking. A sizeable percentage were given no tasks, being simply left to rot. Scull[82], quoting the respected English asylum superintendent, W.A.Browne, has succinctly summarised the realities of 1864, "In vast asylums now extant... all transactions, moral as well as economic, must be wholesale".

Australian causes of insanity

Many of the hypotheses offered to explain the phenomenon of rapid growth in asylum populations in England, were equally relevant to Australia in general, and Victoria in particular. However, there were also a number of uniquely Australian explanations offered by local experts.

Early Australian psychiatrists attempted to explain the high incidence by invoking uniquely Australian phenomena such as "isolation", "sunstroke" and "gold mania". Edwards [83] has examined the listed reasons for admission to the Tarban Creek Asylum during the 1870's. "Isolation" was listed as a cause of "moral insanity", and leading to admission for 92 patients in the decade
1 January 1869 to 31 December 1878. Dr Frederick Norton Manning, the second medical superintendent of Tarban Creek Asylum, and later the NSW Inspector General of Lunatic Asylums, published widely his thoughts on the causes of insanity in Australia in the nineteenth century. Writing in 1880, he commented that half of the resident population of Tarban Creek Asylum were "absolutely friendless" [84]. However, I wonder if he was simply confusing cause and effect. Social historian Manning Clark [85] has taken a more positive view concerning the effects of isolation, postulating that the harshness and isolation of Australian life had actually enhanced social cohesion in the young colonies. Presumably this social cohesion would ameliorate against mental illness, or at least the need for care in public asylums.

During the same decade "sunstroke", causing "physical insanity", was listed as the reason for 134 admissions to Tarban Creek. "Sunstroke", as a cause of insanity, was unknown in England, but was accepted by a number of nineteenth century Australian alienists as aetiologically significant [83].

Whilst the unique Australian environmental conditions were considered by some as causes of insanity, these views were not unopposed. Speaking at the Intercolonial Conference of Medicine in 1891, Chisholm Ross has been
reported as arguing that the lack of real poverty, the climate, and the need for self-reliance had lead to "keeping up of physical, and therefore to a large extent of mental health" [86].

The single greatest quoted cause of admission to Tarban Creek Asylum during the 1870's was "intemperance". Even so, its importance may have been understated. Whilst heavy alcohol consumption was not uncommon in England; the growing wealth of the colonies, the historical use of rum as currency, and the hardships of isolation from "home", lead to very heavy consumption in all Australian colonies. Manning [84] suggested that the presence of adulterated beer, and the binge pattern of drinking in the colonies, considerably increased the incidence of alcohol-related insanity. In Victoria, the Inspector of Asylums, Dr Paley [62], reported that cases of delirium tremens were admitted to Victorian asylums, boosting numbers of admissions. These patients were not admitted to asylums in England or France. The effect of alcohol-related disorders on asylum admission numbers had been noted in Victoria as early as 1851. Embling, a Yarra Bend medical officer, has been recorded as stating his belief that 50% of admissions at that time were due to alcohol-related illness [87].
In a letter to the Journal of Mental Science in 1879, Manning [88] specifically quoted gold excitement, or gold mania, as a cause of admission. Edwards [83] has also noted that this theory was expounded in the local press of the day. Despite these bizarre sounding speculations the goldrushes of NSW and Victoria were of considerable relevance to the co-occurring increase in asylum populations. However, the greatest effect was not gold mania, but the sudden and rapid increase in population, and the hardship, dashed hopes, and poverty suffered by the immigrants.

"Modern science has discovered new realms of lunacy"

The high incidence of incarcerated lunatics in the Victorian population, compared to the other colonies, also excited many hypotheses and potential explanations. Manning placed a positive connotation on the higher Victorian incidence. He suggested that increased knowledge had lead to increased recognition, and thus, apparently, higher incidence. He stated: "modern science has discovered new realms of lunacy"[91]. He also felt that, in comparison to NSW, Victoria had higher rates because of a stricter practice of registration, with the Victorian figures including patients on leave (even when this was for prolonged periods).
The lay press suggested a number of colourful explanations for the Victorian figures. In 1877 the Melbourne Review blamed the increase on overwork, the unsanitary conditions of the city and "luxurious habits of life", producing "enervation and insanity"[89]. Even the supposed knowledgeable doctors of the colony expounded some far-fetched ideas. Foster [90] has commented that one doctor even blamed the local Salvation Army for boosting the numbers at Beechworth Asylum: he does not offer a proposed aetiological mechanism.

Immigration

I earlier noted that the cessation of transportation has been considered as a possible cause of the burgeoning asylum populations in England after 1840. At the other end of the transportation route an entirely different view prevailed. Dr Youl, the visiting surgeon to Melbourne Gaol in the 1860's, blamed immigration for a large number of those requiring asylum care. He believed that lunatics were taken out of workhouses in England, Scotland and Wales, dispatched by relatives to Australia and, shortly after disembarkation at Port Melbourne, were admitted to Yarra Bend Asylum. Brothers [31] has quoted him as stating, "The number was so great that I influenced the government of the day to put a clause in an Act of Parliament making captains of ships responsible
for the Lunatics they brought to the Colony". Twenty years later the Zox Commission noted the practice of dispatching mentally unstable relatives to the colonies. They cited the high incidence of English and Irish born in the asylum population, in comparison to native-born Australians, to support this claim [70]. The records of admissions to Victorian asylums in 1880 showed only 30% were Victorian-born, compared with the general population which was 60% Victorian-born [91]. The effects of immigration per se were not considered. This has been more scientifically studied in the 20th century, and findings have suggested a higher rate of schizophrenia in immigrants when compared to the native population [92]. This may be of great significance in a colony whose population expanded rapidly through immigration.

**Inappropriately admitted and detained patients**

Social observers at the time noted the seeming inappropriate nature of some patients being housed in Yarra Bend and Kew asylums. "Julian Thomas", whilst working as an attendant at both Kew and Yarra Bend, commented: "I see... a number of poor, harmless men, who, imbecile to a certain extent, their minds having fallen into second childishness before the decay of their bodies, are certainly not, according to the ideas of the old world, fit inmates of a lunatic asylum. They are
those, who in England, would be maintained by their friends or in work-houses or alms-houses"[61]. There was also official support for this view. Paley's 1870 Annual Report [54] stated: "The Victorian Lunatic Asylums have gradually come to be the refuge for all who can be declared lunatics, idiots, or of a feeble or unsound mind in any shade or degree; without discrimination as to their suitability for asylum treatment". He claimed that one-third of those housed in asylums in Victoria would be housed in either "poor houses" or "boarded in private dwellings" in England. He did not provide any basis for this claim, but given the extreme vagueness of the Victorian Lunacy Statute of 1867 (and its inability to exclude those groups mentioned above by Paley), it would seem to hold a grain of truth. This Act defined "lunatic" very broadly - "The word lunatic shall be construed to mean any person, idiot, lunatic, or of unsound mind, and incapable of managing himself, or his affairs..."[63]. Foster [90] has quoted one member of the Zox Commission as stating that "this definition was so vague that you might make nearly every person who showed symptoms of being a muddler in his own business affairs a lunatic". The Commission concluded that the asylums contained many people who simply had difficulty in surviving "the struggle for life"[70].

Obtaining certification to Yarra Bend, or later, the other Victorian asylums, was by no means difficult. Two
methods of certification existed under the 1867 Lunacy Statute. Two magistrates and two medical men examining a person in custody could issue a certificate. Alternatively a friend of the patient (not necessarily a relative) could obtain certificates from two doctors, stating that the patient was an appropriate person to be detained. Once admitted, for a number of reasons, discharge was not so easy to obtain. Although reports of ex-patients can be biased, the well-written description by Farmer [93], a patient admitted to Kew Asylum, indicated that the medical assessment of new admissions was rudimentary, and subsequent follow-up infrequent and brief. The opportunities for the asylum doctors to convince themselves that a patient was fit for discharge were limited. There was also considerable reluctance by doctors to discharging patients, believing they were better off being housed indefinitely in the asylum. The incredulity of the superintendents, medical officers and attendants to the suggestion of discharge home to the care of relatives is well described by Henry Handel Richardson [1]. Some high-functioning, long-term patients were considered indispensable to the asylum because of the work they performed. Trusties, selected from amongst the patients by the attendants, carried keys and supervised unruly co-patients. Patients also provided much of the workforce required to run the asylum, and even the skilled trades required to perform capital works such as road-building. These patients were unlikely to be
discharged, although they were probably the most able to function in the wider community.

Wallace [94] has described a receiving house at Darlinghurst, NSW, in the nineteenth century. The absence of such a receiving house in Victoria was of considerable relevance. Brothers [95] has stated that in NSW 10% of patients did not go beyond the receiving house, and thereby did not appear on official asylum statistics. In Victoria the inability to separate recently diagnosed cases from the vast masses of chronic cases, hindered the ability to focus attention and treatment on those most likely to respond. The ability to quickly discharge those without a mental illness was also very much more difficult. Given the repeated recommendations of Select Committees, Asylum Superintendents and Inspectors, Official Visitors, etc. to establish a separate receiving facility it is surprising that this fairly simple, and potentially effective, measure was not taken.

I would add that the absence of alternative means of care, especially the absence of any resources encouraging community care, as being significant to the growing asylum populations in Victoria during the period under examination. Foster [90] has noted the absence in Victoria of other institutions, such as workhouses, which were available for housing the dependent members of English society.
Staffing

Whilst comparing Yarra Bend with its contemporary asylums is a difficult retrospective task, I gained the impression from reading Tucker's "Lunacy in Many Lands"[76] that Yarra Bend compared poorly with other asylums around the world, with respect to staff numbers and physical conditions. At the time the local press raised the issue of the effects of staffing levels and quality on the increasing number of insane: "...medical men contend that one of the chief causes for the increase in insanity in Victoria is the retrenchment policy which has been carried on in the Lunacy department"[31]. Although it is not spelt out, I assume the theory was that insufficient staff (or low staff morale) resulted in reduced quality of care, reduced cure and discharge rates, and ultimately an accumulation of patients. This view is of relevance to the 1990's as much as the 1890's.

The lack of financial constraints

The Victorian asylums, prior to the Zox Commission, were effectively free to all. Unlike England, where each parish was responsible for costs, the Victorian colonial government was responsible for all expenses in
establishing and running its asylums. Although in theory, those with the financial capacity to maintain their relatives in asylums were expected to provide payments, in practice many avoided this responsibility because of administrative inefficiencies at the asylums. Thus the financial arrangements encouraged, rather than discouraged, growth of the swelling asylum population. It is interesting to note that over one hundred years later, a similar situation has developed with respect to increasing demands on the public hospital system in Victoria, where there are publicly perceived financial disincentives against private hospitalisation.

Socio-cultural factors

Socio-cultural factors have been proposed as aetiologically significant in the increase in the English asylum population. The Australian colonies were distinctly different societies to England. These differences were utilised as explanations for the growth of the Victorian asylum population. The Victorian society of the gold-rush era reflected Australian society, as described by Manning Clark [85]. An egalitarianism had overcome the hereditary autocracy of the mother country. The values of frugality and industry allowed any able man to aspire above his station at birth. A society based on
this optimism and work ethic would poorly tolerate those
less able to get on because of physical or mental
infirmitly. In fact, they were an affront to the mores of
the society. These failures needed to be locked away from
the mainstream. At the same time the growing wealth
allowed a strong sense of social benevolence and personal
philanthropy. This demanded that those less fortunate
individuals in the society received adequate care. These
two contradictory, but parallel, phenomena provided a
drive to the increasing asylum population in the early
days of Melbourne.

Throughout the British Empire during the nineteenth
century there were great technological advances, and a
rapid expansion in scientific knowledge. This included
great interest in describing phenomenology, the
classification, speculating on the aetiology, and
trialling treatments of mental illness. There was a naive
expectation that technology could solve all problems,
this was particularly strong in the young Australian
colonies. There was a general expectation at the time of
the establishment of Yarra Bend Asylum that science could
cure (or at least substantially alleviate) mental
illness. This optimism tapped a seemingly bottomless
reservoir of previously untreated mentally ill, who were
sent by relatives to the asylums, in the hope of
receiving the benefits of modern science.
A concluding comment

As with most problems, where a clear-cut explanation is not apparent, the solution is probably multifactorial. The presence of institutions prepared to easily admit, and care for the mentally ill, the limited and largely ineffective treatments, the accumulation of chronic patients, decreasing tolerance of abnormal behaviour in an increasingly complex society, improvements in recognising and statistical recording of illness, and probably many other factors played a role in the phenomenon.

Whatever the reason, the increasing population overwhelmed Yarra Bend Asylum, and other psychiatric institutions around the world. This laid waste the ideals on which the institution had been established, caused the mutation of moral treatment to custodial care, and devastated any attempts to maintain the building fabric and staffing levels. But Yarra Bend was, and is, not alone in this scenario.

The effects of increasing numbers of patients referred to psychiatric services is as relevant today, as it was to the Victorian asylums of the 19th century. Like the establishment of asylum care, the establishment of modern community-based psychiatric services has provided more
accessible, available, and less stigmatised services than those they replace. There is a potential that the new services, like the asylums, may attract a large number of patients who have not previously sought help. As can be seen the effect of overwhelming numbers of referrals can be debilitating. Epidemiological studies suggest there is still a vast reservoir of untapped psychopathology in the community. Examining the issue of increasing asylum populations of the 19th century may be valuable in avoiding similar problems in the current era.
The actual day to day conditions experienced by the patients at Yarra Bend, and the various treatments used to ameliorate their suffering, are surprisingly poorly documented. A number of sources exist: documents of the asylum, official reports, and descriptions by visitors and patients.

An admission register still exists from the first decade of Yarra Bend [96]. This detailed the following for each patient: authority for admission; address and past addresses; paying or pauper patient; marital status; family; occupation; place of birth; religion; length of insanity; criminal record; cause of insanity and whether this was an inherited condition; form of mental illness; dangerous, destructive or lucid; state of bodily health; and if under restraint. Thus, there was a rich description of the demographics, past history, current mental state, and provisional diagnosis of the patient at the time of admission to Yarra Bend. In many ways this was similar to a psychiatric admission note of the present times. Unfortunately subsequent individual case notes, where they have survived, are scanty, providing little information about treatments and responses at the individual patient level. This documentation was probably
limited by the poor staff:patient ratios; a direct consequence of the problem of overcrowding.

The official reports of superintendents, inspectors, committees of enquiry, and official visitors provide some further insights into conditions and treatment. Often they focussed on the statistical aspects of treatment (eg. the percentage of patients engaged in occupational activities) and their outcomes (eg. rates of cure, or discharge). It should be remembered that these official reports were written for government use, and were generally bureaucratic in tone and nature. They provided little information about the day to day running of the asylum, and were biased by the views and position of the authors.

The richest source of information are publications in the local press. The writings of Julian Thomas, R.H.Horne, and other authors provided extensive descriptions of the Yarra Bend Asylum. I could identify no surviving reports written by patients treated at Yarra Bend during its earliest decades. The closest being the extensive narrative by Farmer [94] describing his short stay in Kew Asylum in the 1880's.

The first treatments employed at Yarra Bend were, like all other aspects of the asylum, imported from England. Treatment was either moral or physical. Moral treatment was a direct extension of the principles outlined by
Tukey, and put into practice at the Retreat, and then other English asylums. The first superintendent at Yarra Bend, Captain Watson, had initiated the use of inpatients as sources of free labour. Apparently his motive was not so much moral therapy as personal gain. The 1852 Select Committee [32] was critical of Watson making personal profit from pig and poultry farming performed using the asylum patients as workforce. Dr Bowie, a strong adherent of moral treatment, used labour and work as therapy – the first occupational therapy in Victoria. Bowie also stressed the important role of pastoral care and encouraged regular attendance by the lunatics at Sunday services [97]. The description of "Orion" Horne [37] in 1853 described the results of Bowie's efforts: "the patients are encouraged to do all the useful work they can... the house-keeper's assistant maids, the laundress, and the cook's assistant are insane patients... the outdoor labourers are insane... the man in charge of the cow is insane... the patients are all trusted with work, or employment of some kind". A further report in the Argus [42], by an anonymous author, described all 116 patients being engaged in gardening, road-making, cooking and clothes-mending. Julian Thomas reported "gardens the equal of any public gardens in Melbourne"[61], maintained by patients and attendants working together. He also noted patients working as tailors, carpenters and shoemakers, in addition to more menial work related to
the running of the asylum (such as manning the front gate). By the 1870's half the male patients and two-thirds of the female patients were involved in work within the asylum. Despite this the 1876 Board of Enquiry [60] was highly critical of the low percentage of patients engaged in occupational tasks.

Given the colony's problems with alcohol, one unexpected form of Australian moral therapy was producing wine. Norrie [98] has recently described vineyards and wine production at Ararat (and other asylums in Australia), but I can find no record of this occurring at Yarra Bend.

The practice of moral treatment relied heavily on the quality of the attendants, especially as the asylum population increased. An extensive manual of regulations existed at Yarra Bend from the outset [99]. Many of these had been lifted directly from Tarban Creek Asylum regulations [100]. This manual was readily available to those providing the moral treatment. Thomas, on taking up his appointment as an attendant, stated he was "presented with a copy of the regulations for attendants, which are 39 in number and comprehensive in detail"[61]. Despite this direction, and the institutions stated intent to provide moral therapy, the attendants did not always do so. This was due to the low quality of attendant care, due to the poor pay and condition, and
the limited supervision and education they received. The first formal training to Yarra Bend staff was not provided until 1887. The problems with attendants were frequently commented upon by the numerous enquiries as a stumbling block in providing effective treatment.

Recreation was introduced as a form of moral treatment following a direct order from Governor Latrobe in 1853. Initially this included a bagatelle table, a piano, cricket equipment and a football, and a small library. Subsequent reports from Official Visitors [31] indicated that these improvements were enjoyed more by the staff than by the patients. By the 1870's concerts, dances, cards, draughts, billiards, bowls, skittles, and croquet had been added to the available activities. The carefully tended cricket pitch was said to be one of the finest in Melbourne. An asylum horse and wagon were used for visits and outings by groups of better behaved patients. Patients were allowed to attend religious services on Sundays, but no resident chaplains were available for pastoral care. Apparently the therapeutic value of pets was also recognised. Thomas [61] described numerous cats and dogs around the wards at Yarra Bend, but not at Kew.

Physical treatment was aimed at preventing harm, or at treating the theoretical basis of the lunacy. At the time of opening, Yarra Bend Asylum utilised the most modern methods of physical treatment available. It was thought
that cerebral congestion caused madness, thus treatments aimed to reverse this. In the 1852 Select Committee [32] Dr Embling, medical officer at Yarra Bend, mentioned cupping, aperients, shower-baths, shaving of the head, and galvanism as physical treatments employed. Dax[101] has described, and provided a photograph of, a "remarkable electric machine" found at Lachlan Park Asylum (South Australia), which was apparently used from 1851 onwards to provide a daily electrogalvanic treatment to patients suffering with catatonia. Presumably there was a similar application at Yarra Bend. Despite having such "modern" equipment, the electrogalvanic machine could not be used at Yarra Bend when a replacement battery to power the machine could not be obtained. In many ways this exemplified the history of physical treatments - thwarted by lack of resources. Other physical treatments of the time included the shower-bath, the use of which was described in England, Europe and the USA. An example of a wooden shower cabinet was unearthed at Kew Asylum in 1966 by Stoller and Emerson [102]: it was a wooden cabinet nine foot tall with an observation window, a padlocked door and internal leather straps. From their description it would seem patients were strapped into the cabinet, whilst water fell from an overhead pipe. However, the 1852 Select Committee [32] indicated the shower-bath was used more as a punishment, at the whim of the attendants, than as a curative procedure prescribed by the doctors. It fell into
disrepute and disuse. Not all treatments were quite so "modern". Brothers [31] has recorded that leeching was still used in the 1850's for treating alcoholism.

Brothers [95] has discussed the medications used initially at Yarra Bend. These included digitalis, opiates, and quinines. The effective sedation provided by chloral hydrate and bromides was introduced to Yarra Bend in the 1870's; not long after its introduction in England. But by the 1880's attempts at pharmacological treatment had almost ceased because of lack of funding, difficulties with obtaining drugs, and lack of medical manpower to prescribe.

Despite the influence of Dr John Connolly, a strict adherent of non-restraint, restraint was freely used from the start. Methods included canvas dresses, jackets and gloves; although usage was theoretically limited to patients with manic excitement, destructive behaviour or suicidal potential. Bowie introduced a new method of restraint: a blanket lined canvas bag, laced from behind, which allowed movements of all limbs and even to walk about. This received considerable praise as an humane form of restraint. It was pictured in the "Illustrated Melbourne Post" in June 1862, and compared favourably to methods of restraint used at the Melbourne Lying-in Hospital [31]. Apparently similar forms of restraint were still imposed in the 1870's. Thomas described a
"camisole - a modified loose canvas bag with arms sewn into the pockets and fastened at the back"[61].

The diet of the patients must have been poor as a Select Committee was convened to examine this issue alone. Surprisingly, Brothers has noted the Report of the Official Visitors for September 1854 as commenting: "the food is good, served in sufficient quantities, and without abuse in its distribution"[31]. Nonetheless the Select Committee Report [103] was highly critical of the inadequacy of the diet, especially the lack of animal protein. Apparently little changed, as 20 years later the patients enjoyed such culinary delicacies as "sop" - bread steamed overnight, then soaked in a pannikin of tea [61].

Overall, despite the inadequate, and at times contradictory reports and descriptions, the impression was of generally poor and deteriorating conditions housing increasing numbers of insane. The initial attempts at both moral and physical treatment were overwhelmed for a number of reasons, resulting in at best, benign custodial care.
ASYLUM DESIGN, BARRACKS OR COTTAGE STYLE.

The Yarra Bend Lunatic Asylum grew from its origins to provide accommodation for over 1000 lunatics. The buildings to house this expanding population grew in a generally haphazard manner, with a building added here and there when the government made money available. This produced a style of asylum architecture which Manning [19] called the cottage or village style. The full worth of this style of asylum architecture went unnoticed in Victoria.

One of the major criticisms levelled at Yarra Bend during the 1850's was that it did not follow the modern, English, barrack-style asylum; the best examples of which were at Hanwell and Colney Hatch in Middlesex. The move to this style of asylum, with the building of Kew, Ararat and Beechworth, was seen at the time as a step forward into the future. However, shortly after the opening of these Victorian barrack asylums many thought their building a disastrous decision. Retrospective assessments are often easy to make, but there was also considerable opposition to this style of asylum in England, prior to the Victorian decision to modernise.

I believe the decision to build barrack-style asylums represents a badly missed opportunity in the development
of Victoria's psychiatric services. It wasted vast sums of money which could have been far better spent on improving Yarra Bend and beginning to establish models of community care. Instead the vast asylums filled with patients who became institutionalised, and the problem was not addressed until the 1950's.

Yarra Bend.

Many pictures and plans of Yarra Bend Asylum still exist. The asylum consisted of a mixture of separate buildings. The majority of patients were housed in cottages, located at some distance from each other, along the main road of the asylum. The single-storey cottages, built of stone or wood, stood in their own garden, surrounded by a paling fence. From their locations many would have looked over the pretty, horse-shoe bend of the Yarra River, which formed a natural boundary on three sides of the asylum. A typical cottage consisted of a day-room, store-room, two rooms for attendants (who were resident in the cottage), two patient dormitories, a scullery and lavatory. Each provided accommodation for approximately 16 patients. A description of the Yarra Bend cottages in the 1870's provided a pleasant image - "the day room is furnished with table, forms, chairs and ornamented with coloured prints. The birdcages also make
the place look homelike... the verandahs in front are bordered with creeping plants"[61].

There was praise of the cottage-style from a variety of visitors to the asylum. The Report of the 1858 Select Committee [46] stated: "There is indeed a growing feeling that small groups of buildings detached from each other afford the best means of curative treatment in a large number of cases; and nearly all of the witnesses examined by your Committee would agree in recommending this...".

**English opinions**

Dr Frederick Manning published an extensive report on overseas asylums in 1868, following a tour of inspection [19]. He reported the English Commissioners in Lunacy as holding the view that the best sized asylum was of 400-500 patients. Manning described four types of asylum, based on their different architecture, including the cottage form. According to the historians Hunter and Macalpine [104] several leading English psychiatrists, and the Commissioners in Lunacy, supported the cottage form. There were no large scale examples of the cottage style asylum in England, and according to Manning [19] the only large scale example was to be found at Yarra Bend. Modern architectural historians support Manning's view of the uniqueness of Yarra Bend - Lewis [105] has
stated that although a similar system was said to be in place in Devon at the time, the cottage-style was largely unknown in England; and free-standing villas were not built at Colney Hatch until 1908.

Entirely by accident, Victoria had established a method of asylum care that was considered by many experts and authorities to be the best in the world. Tragically this was not fully appreciated within Victoria.

The critics against large asylums were not new. In England there were criticisms of the barrack asylums long before the establishment of the Victorian copies. As early as 1810 there was robust opposition voiced in the popular media. Thomas Bakewell, the lay proprietor of the Spring Vale private asylum (Staffordshire) attempted to garner the support of the public and influential decision makers in opposing the building of public asylums. His stance is succinctly summarised in a letter to an MP: "The system of large public asylums is certainly wrong for nothing can be more calculated to prevent recovery from Insanity than the horrors of a large Madhouse close confinement and a state of idleness in the company of incurable Lunatics..." [106]. Admittedly his views may have been based on personal interest - he being the proprietor of a private asylum. However, he argued, quite correctly, that enormous barracks would ultimately become custodial in nature, and probably anti-therapeutic. As early as 1827 he was strongly opposed to the building of
Hanwell. He based his opposition, at least partly, on the importance of Hanwell as a trend-setter for other parts of the country, And, I would add, also for the far flung colonies on the empire. Despite Bakewell's energetic zealotry his predictions generally fell on deaf ears. As Smith concluded, by the time of his death in 1835 Bakewell "never achieved his greatest goal - a major shift in public policy on the care and management of mentally disordered people. Posterity perhaps should view this with as a matter of some regret" [106].

Presumably those deciding the future of care of the mentally ill in Victoria in the late 1850's, were aware of views such as those expressed by Bakewell. They certainly seemed ready to take advise and direction from the mother country in most matters. Surprisingly they apparently dismissed these views, and also ignored the practical problems of overcrowding that were already occurring in all English public asylums by this time.

**Comparisons in Victoria.**

With the opening of Kew, a few hundred yards across the Yarra River from Yarra Bend, there was an opportunity to directly compare the two differing styles of asylum architecture.
The views of the patients must remain unknown, but the views of attendants, and medical opinion is available. Julian Thomas recorded his opinions, following a month as attendant at both institutions: "I have come to the conclusion before stated, that the building of the Kew Asylum was one of the greatest mistakes made in Victorian history; and the only rational plan for treating insanity is by the cottage and boarding out system... Everywhere the cottage system has been a success; and from his experiences of Yarra Bend and Kew, Dr Paley, I think, would now vote against the erection of any more lunatic barracks"[61].

A similar opinion was also expressed in the Australasian Medical Gazette. In an editorial in 1883 it was highly critical of the building of the three new asylums: "...even at the time when the three structures mentioned were erected there were opportunities of improving upon the old methods...The result was three hideous abominations of brick and stones ill-planned, ill-placed, and ill detailed. The Yarra Bend itself, an irregular collection of detached buildings, proved to be the best arrangement after all..."[107].

Official opinion had swung away from the barracks style by 1876. The report of the Select Committee of that year recommended totally abandoning the barrack-style of architecture, and fully replacing it with the cottage
style [60]. However, in practical terms this was impossible. The irreversibility of the shift from the cottage style to the barrack style to the barrack style, and the opportunity missed, was poignantly expressed by the Zox Commission: "Though the evidence is overwhelmingly in favour of the cottage or village plan, it is now too late to speak with regret about what is done. We have costly barracks at Kew, Beechworth and Ararat, and they must be utilised..."[70].

Possible explanations

Why had the authorities of the day supported the establishment of monumental barrack asylums? Undoubtedly the Victorian authorities suffered an early form of cultural cringe, wishing to emulate all things British, including the latest form of asylum architecture. Perhaps this is overly harsh, as the antipodean-transposed, Anglo-Celtic society had no other models, and knew no other ways. However, this does not explain why criticisms of the English asylums, and comments on their anti-therapeutic nature, were largely ignored.

A number of other factors are worth considering when seeking an explanation. From a financial perspective the large barrack asylums were able to more efficiently and economically house large numbers of patients, whilst the
cottage-style required far greater staffing. Although the plans for the barrack asylums were conceived during the financial affluence of the late goldrush, it would be unusual for politicians not to carefully consider financial factors in any major decision.

Victoria in the late 1850's was an emerging society, starkly aware of its distance from the great societies of Europe. This awareness may have created a need for physical proof of its growing wealth and worldliness. The architectural historian, Lewis, has commented that "the asylums for the insane were the amongst the grandest of many grand public buildings"[105]. The palatial facades and monumental buildings of the three asylums, and the knowledge that they represented the latest English design, may have fulfilled the societal need for this proof of worldliness.

But ultimately the reasons for the decision to build massive and costly barrack asylums at Kew, Beechworth and Ararat; seen as a disaster only a few years later, remain open to speculation.

The missed opportunity

Given the massive expense of building the triumvirate of asylums in the 1870's, and the retrospective knowledge
that they were second rate, whilst a better system of care was already in place, this was one of the great missed opportunities for improving psychiatric care in Victoria.

The nature of the asylum buildings meant they would be expensive to maintain from the outset. The opulence of their structure also meant there was little money left for necessary repairs and maintenance, let alone improvements or modernisations. Naturally this resulted in a rapid deterioration in the building fabric, and consequently the living standards of the patients and attendants. Ultimately the quality of patient care suffered.

The enormous asylums, prominently located on hills in all three circumstances, provided an embodiment of the contemporary ideas of madness in Victorian society. Their daunting appearance, and unwelcoming facades further stigmatised the mentally ill. They were now locked away from society in massive institutions, behind high perimeter fences and deep ditches. This was a detrimental step when compared to the village-like atmosphere of Yarra Bend, with its multiple small cottages nestled in a bend in the river.

The natural extension of care in individual cottages within an asylum setting, could have been small
community-based units, or group-homes in the community. The reversal in architectural style prevented this natural evolution. This took one hundred years to overcome. Had the large barrack asylums never been built, and the funding diverted to Yarra Bend with an emphasis on extending care into the community, the potential outcome can only be speculated upon, but may have resulted in a world class service.
On a number of occasions in the early history of Yarra Bend it was suggested that patients need not remain indefinitely in the asylum, but could be boarded-out in the general community. These repeated suggestions were never fully taken up, and consequently there developed an increasing population of chronic asylum dwellers. Unbeknownst to the authorities and the experts of the day the patients became increasingly institutionalised, and therefore almost impossible to satisfactorily discharge.

The concept of maintaining mentally ill persons in the general community, rather than admitting them to institutions to be cared for, was not a new one. Crammer [81] has noted that in England even before the establishment of public asylums a system existed whereby the local parish would pay for the care of a lunatic in the home of a friend or relative. There was no attempt to provide any formal treatment, but there was an implicit recognition of the value of a domestic environment.

The Retreat was established in response to dissatisfaction with the local public asylum in York. The tenets of moral therapy, developed by William Tuke, included maintaining the patient in a domestic-like situation, and demanding that the patient behave in a
publicly acceptable manner. It was only with the building of vast public asylums, and subsequent overcrowding, that the conditions became institutional, and quite different to the outside world.

The village-like lay-out of Yarra Bend, with the majority of patients housed in small cottages, provided a relatively non-institutional environment. With the steady increase in the population at Yarra Bend, it was natural to consider whether patients needed to remain in the asylum indefinitely, or could be cared for elsewhere. There were a number of informed sources who suggested that boarding-out was a viable alternative to long term institutional care.

Julian Thomas recognised the opportunities presented by Yarra Bend, and the natural evolution to care outside the asylum. He stated: "Everywhere the cottage system has been a success, because it allows a domestic-like situation; the natural next step is the progression to boarding-out in an even more naturalistic environment"[61].

As the first medically-qualified superintendent, Bowie had established rudimentary occupational therapies which encouraged the development of skills, which would make the patients progression out of the asylum more likely to succeed. In effect, patients were being
rehabilitated towards discharge. Ironically, it was Bowie who opposed Youl's suggestion, made at the 1852 Select Committee [30], of boarding-out chronic patients. Dr Youl, a gaol medical officer at the time, would have been only too aware of the problems of overcrowded asylum, as the overflow were housed in the colony's gaols. Bowie's opposition was based on his fear that he would lose the workforce he had enlisted to improve the physical structure of Yarra Bend. He also felt that inadequate post-discharge care and treatment were available. The latter point was valid, but neither he, nor others, did anything to address this. Future efforts were aimed solely at providing more accommodation. There are similarities here with the 1990's. One of the arguments I have heard against the move to community care of the mentally ill is the absence of adequate community facilities. The solution is the same today as in Bowie's time: create the necessary facilities.

The next public airing of the concept of boarding-out was in the 1873 Annual Report [108] written by Robertson, in the absence of Paley (who was travelling overseas). Perhaps because the suggestion was raised by an Acting Inspector it was never acted upon. The 1876 Board of Enquiry [60] again suggested a role for boarding-out in reducing the numbers at Kew, but also stressed the importance of post-discharge care. However, by this time there had been vast expenditure on building Kew, Ararat
and Beechworth and little funding was available to provide appropriate post-discharge care. Without this the plans for boarding-out were unlikely to succeed. In the late 1870's Paley encouraged visitors to the asylum to assist patients to obtain work after discharge. This was one of the very few initiatives made; and its success is not reported.

The 1883 Annual Report of Dick [65] went further, suggesting the provision of payments and practical assistance to persons prepared to care for insane relatives or friends on trial leave from the asylums. The wheel had turned full circle to the pre-asylum days in England. In considering the current provision of financial supports and assistance to carers, it has become apparent that Dick's proposal deserved greater consideration. By that time the state coffers were empty, a recession just commencing, and the chances of increased welfare extremely slim.

The Reports of the Zox Commission [68,69,70] again raised the issue. The Commission criticised the lack of separation between various subclasses of lunatics - acute, chronic and harmless, and convalescent were all housed together in an undifferentiated manner. It argued that the system of boarding out should be attempted, as it had never been fully tried. They suggested paying guardians 6/- to 12/- per week to care for a lunatic. Dr
Watson, a medical officer at Yarra Bend, pointed out to the Commission that there was often considerable unwillingness on the part of the patients to leave the asylum and live with strangers.

Brothers [31] has noted that, despite the express recommendations of the Zox Commission, in 1890 only 35 patients were boarded-out, and in 1891 a further 21. The numbers remained minimal and the system of boarding-out continued unsuccessfully until the 1930's.

Unfortunately the Zox Commission Report [70] offered an alternative. In the event of the failure to develop a satisfactory boarding-out system, they suggested the establishment of a self-supporting asylum farm for convalescing and harmless, chronic patients.

It seemed this suggestion of maintaining the chronic patients in the asylums, and providing them with farm and other work, became the preferred option. Perhaps it was considered a cheaper or easier option, or perhaps the asylums did not wish to give up their centralised power. These are issues that have been debated extensively within the current move towards community based care of the mentally ill.
CONCLUSION.

The Yarra Bend Lunatic Asylum was established in Melbourne in 1848, as a humane response to the perceived need to house and treat the mentally ill of the colony. In establishing the asylum the authorities were heavily influenced by the English and NSW models of care of lunatics. However, probably because of the physical isolation of the new colony of Victoria, the asylum developed unique qualities of its own. Only belatedly were these recognised. With the migration and wealth of the goldrush the colony grew in sophistication, and again turned to England for models of public institutions. This lead to Yarra Bend being considered obsolete and in need of replacement with a "modern" facility. Subsequently Yarra Bend became increasingly less relevant in the care of the colony's lunatics, although economic factors prevented its ultimate closure until 1925.

Throughout the nineteenth century there was a worldwide increase in the number of lunatics incarcerated in asylums. Proposed explanations for this phenomenon were numerous, varying from the logical to the bizarre. In the Australian colonies, and particularly Victoria, this growth was especially prominent. The effect of this on the Yarra Bend Asylum was to transform optimistic treatment aimed at cure, to custodial care with limited hope of discharge. The plight of overcrowding and the
deleterious effect on the asylum was recorded in the numerous reports of official enquiries, visitors, boards etc. Dax has encapsulated the findings of these: "similar repetitive accusations of poor conditions, neglect, overcrowding and ill-treatment"[109]. The ultimate result was chronic, institutionalised patients housed in dilapidated and under-maintained buildings, cared for by small numbers of staff providing non-curative custodial care. This problem was not properly addressed until the 1950's.

I have raised the question of whether this sad decline need have occurred in Victoria. A number of opportunities to reverse this trend were missed. The decision to establish vast, barrack-style asylums in the 1870's, when the embryonic Victorian Department of Lunacy had considerable funds available, was one example. Another was the repeated ignoring of suggestions to establish early forms of community care via boarding-out.

Examining the early history of the care of the mentally ill in Victoria is not only an interesting academic pursuit, but is of great relevance to the current practice of psychiatry in this state. The results of historical research and investigation may provide a number of valuable lessons for today's policy-makers, administrators, staff, patients and the community. The rapid shift from optimism to demoralisation due to
overwhelming numbers of referrals, as happened at Yarra Bend Asylum, may be of relevance in the current move to more accessible community services for the mentally ill. The process of integrating psychiatric services into general hospitals, currently underway in Victoria, was tried, and failed, in the nineteenth century. These areas, and others, lend themselves to further research which would be of great value in optimising the care and treatment that can be provided to those now suffering with mental illness.
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