Magnificence, Misery and Madness
A History of the Kew Asylum
1872 - 1915

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This is to certify that

i  the thesis comprises only of my original work,

ii  due acknowledgement has been made in the text to all other material used,

iii the thesis is less than 100,000 words in length, exclusive of tables, maps, bibliographies, appendices and footnotes

[Signature]
For James Charles Robertson (1881 - 1957),
who long ago taught me the joy of the written word.
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Abstract

The Kew Asylum has been a dominant feature of Melbourne’s built environment for over 100 years. In addition to the visual impact it has made on Melbourne’s skyline it has been very much a part of the psychological landscape of the collective imagination of the city’s inhabitants. Despite this, comparatively little has been written about its impact on the society, and almost nothing has been recorded in any comprehensive sense, about its occupants or inmates. This dissertation aims to go some way towards redressing this, not with a broad sweep institutional biography, but with an intimate portrait of the asylum’s earliest days. Covering a time frame of less than 50 years, this thesis adopts a multi-theoretical approach in order to illuminate the different facets of asylum life with the maximum clarity. The thesis contains several themes, some of which overlap and interweave in order to examine the complexity of institutional life.

The years covered are from 1872 when the asylum officially opened, until the reappraisal of insanity that began around 1915. The various issues I discuss are broadly contained under three major headings—the conception and birth of the asylum, the creation of the disciplinary and therapeutic regime that distinguished it, and the population that evolved within the resultant framework. Also within these guidelines there is ongoing reference to the society outside the walls. By placing the asylum within its historical context it is thus possible to demonstrate how the dynamics of the institution continued to reflect, and be informed by, the perceptions, fears and aspirations of this ‘outside world’.

Even more broadly, the concerns of the thesis could be described as creation, maintenance and resistance. Erving Goffman’s work on ‘total institutions’ is used as an entry into the world of the inmate. This is both underpinned and yet subtly challenged by
Michel Foucault’s insights into asylum creation. Although Foucault also constructs a bleak and controlled landscape for the institutionalised body he additionally suggests that attempts to constrain always encounter resistance. In this work I endeavour to make explicit this abstract notion about power and resistance. In order to do this I demonstrate how coercion and resistance were an ongoing process within the Kew Asylum. Moreover, I suggest that there existed other elements—those of co-operation and manipulation.

I engage with some statistical data in order to produce a comprehensive picture of the large numbers who endured the asylum experience, but the main focus of the thesis is to illuminate the more private world of the asylum inmate. To do this I investigate the more individualised roles played by the asylum staff, the inmates and their families. The family has recently become a legitimate focus for historical research, and I am indebted to Jacques Donzelot, Christopher Lasch and Mark Poster who have produced pioneering works on families and the ‘rise of the expert’ in the nineteenth century. These have proven invaluable in formulating an understanding of the highly problematic relationships that developed between these groups, even if I do take issue with many of their claims: Lasch’s in particular.

A re-examination of Foucault, Goffman, Donzelot and Lasch in the light of feminist theory is also undertaken in order to emphasise the importance of gender in the asylum experience. Finally I suggest that an institutional biography of an asylum like Kew is not so much a chronicle of domination and submission, but an infinite number of portrayals of resourcefulness, compromise and resistance.
Acknowledgments

This thesis would never have been written without the help and support of a number of people. My first thanks go to my supervisors Alan Mayne and Don Garden. Also to my colleagues in the History Department at the University of Melbourne, especially Julie Evans, Leigh Summers and Sara Wills. The staff of the Public Records Office at Laverton, the Kew Library and the National Trust also deserve special thanks for their patience and professionalism in answering my many queries.

I must also thank Ellena Biggs whose generosity, both professional and personal, provided a constant source of encouragement. I am indebted to many friends for providing light relief when I was most ‘strung out’ especially Janice Hodge, Carol Pratt and Jill Morris. Also to Glennis McPherson and staff at Black Rock Chocolates for providing innumerable Cafe Lattes and convivial conversation when I most needed it. Finally, I wish to thank my husband and sons for their forbearance over many years while I researched and wrote this thesis.
Introduction

We are now looking at insanity as a disease and asylums as institutions for the cure of it.

Dr. Fishbourne 1885.¹

Although the nineteenth century has been described as the ‘most conceited since God made man’ it is entitled to be recorded as the most illumined period in regard to the rational, humane, and scientific care of the insane.

Robert Jones, M.D. 1906²

This thesis is about the ordinary experiences of an unremarkable group of people. Unremarkable in terms of the power they wielded in the community, ordinary, in that their lives were soon forgotten, they nevertheless, shared the most extraordinary of handicaps. They were ‘mad’. Madness is as intriguing as it is repellent. Despite a deep-seated unease about its manifestations, it exerts a sombre fascination. We are drawn to the bizarre, the incomprehensible, the illogical, the insane. Thousands of words – in fictional, medical, and academic contexts – have been expended on the topic: either attempting to explain the inexplicable, or to enthrall by further mystification. Yet, when confronted with the mad themselves we want to look away. Nothing exemplified this dual perception of madness more than the epoch when the mad were locked out of sight in the most ‘visible’ of buildings.

Confinement of the insane has been a feature of mental health treatment since at least the seventeenth century. However, the notion of creating an entirely separate community, of

and for the mad, reached its zenith during the nineteenth century with the construction of large and flamboyant asylums throughout much of the Western world. A few asylums constructed in England became the most notable. Consequently, Victorian England was seen as the centre of lunacy reform. Insanity had long been referred to as the ‘English malady’, and somewhat paradoxically it was held that English doctors knew more about its treatment than anyone else. Certainly, when it came to the building of asylums, the ‘models’ referred to were usually English models. As a consequence, many of the institutions, especially those built after 1850 in both the ‘Old’ and the ‘New World’, reflect this English influence.

This thesis is about one of these asylums: the Kew Asylum, constructed on the outskirts of colonial Melbourne in 1872. One of the largest of such asylums, it shared many of the characteristics of other institutions conceived around the same time. But individual lunatic asylums were also unique in ways that affected both the lived experience for inmates and its perception in the wider society. The purpose of this study is to capture the uniqueness of the Kew Asylum within the framework of the contemporary discourse around insanity. I am concerned not so much with the evolution of medical notions about madness, as with the wider social implications of its recognition and treatment at the time. My major concern is the dialectical relationship of the asylum with contemporary Melbourne society. To address this, I first examine the circumstances that led to the establishment of the asylum. I then present an ethnographic interpretation of everyday

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Greg Dening characterises it simply but pointedly as ‘the historian’s concern in recovering the particular out of a myriad of sources’, G. Dening *Islands and Beaches: Discourse on a Silent Land: Marquesas 1774-1880*, Dorsey Press, Chicago, 1980, p.5.
life behind the asylum walls, including the nature of the inmate population. Finally, I project outwards again beyond the asylum, in order to observe some of its resonances in the wider community.

The central task of the thesis is to present an intimate portrayal of life in the asylum and to explore the personal relationships that existed between the inmates and the wider community. In order to facilitate this I have limited the time frame to a quite specific period in Australian society: the years 1872-1915. The former date was more or less imposed as it was during this year that the Kew Lunatic Asylum formally opened. The latter is a little more arbitrary, but I argue that around this time ideas about mental disorders began to take an altogether different shape from those examined in this study. Notions around insanity were constantly evolving and changing. But certain events precipitated more dramatic revisions. It was from about 1915 onwards that the medical profession began decisively to refine, if not redefine, notions about madness. This was largely as a result of their observations of the experience of soldiers returning from the battlefields of the First World War. 5 The time I have chosen was also characterised by a period of rapid urban growth and the emergence of a strong manufacturing sector. My primary interest is with the implications of these wider concerns for the social structure of personal and family relationships. The asylum patients were not simply inmates of an institution, but individuals who happened to spend part of their lives in the Kew Asylum.

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5 These male patients presented symptoms identical to patients diagnosed with Hysteria. As Hysteria had previously been considered an almost exclusively female disorder, the emergence of these soldiers in substantial numbers challenged fundamental notions of insanity. (For an example of the surprise with which one case of Hysteria in a male was greeted by doctors in 1897 see Chapter Seven 'A Gendered Malady - The Female Experience') In addition, the results of Freud’s work began to be considered more seriously and more importantly, acted upon in Australian asylums. The introduction of a voluntary admissions system was another important change in 1915 that heralded a new era in the management of the mentally ill. (See Chapter Five 'The Birth of the Hospital'). These changes in attitudes would have created a type of inmate sufficiently unique to warrant a separate and extended analysis of a different experience, and is beyond the scope of this thesis. The ‘shell-shocked’ soldier is one of the issues addressed within a discussion of twentieth century ‘hysteria sufferers’ in E. Showalter, *Hystories: Hysterical Epidemics and Modern Culture*, Columbia Press, New York, 1997.
I acknowledge and explore how the attitudes and assumptions of the medical profession undoubtedly had profound effects on these individuals' lives while they were under their supervision. The statements made by two different doctors approximately 20 years apart which I have quoted to begin this Introduction were typical of the rhetoric that surrounded the management of the insane throughout the period under study. They also succinctly articulate the two predominant issues that echoed throughout contemporary writing by the medical profession about insanity: the issues of care and cure.\textsuperscript{6} Despite the confidence of the statements, doctors regularly failed to deliver the cures they promised. The care, or ‘asylum’ they praise was also often ineffectual in initiating any rehabilitation of patients. Nevertheless, there were some successes. The negotiations around the sometimes conflicting notions of care and cure inform a significant proportion of this thesis. At the same time, I wish to stress that patients' pre-institutional life experiences would have had an important impact on the manner in which they each interpreted the asylum experience. In addition, I also examine how the continual contact with the ‘outside society’ coloured their institutional encounters.

The primary source material relating to madness is abundant and complex, sometimes even splendidly eccentric. My major concern was to find an appropriate conceptual framework which could do justice to this rich and diverse empirical data. The complexity of responses and human interaction uncovered by such a dynamic field of research cannot be contained within a single theoretical approach. This study is basically exploratory in nature and sits at the intersection of several concerns. These include the ideological implications behind certain procedures, including those of admission and discharge, the ‘normalisation’ of the institutionalised lifestyle, and the importance of gender in the asylum routine. I have not found a ready-made model on which to base my work, but I do draw on various theoretical strands and other works in related fields. Most of these I

\textsuperscript{6} See Quotations 1 and 2 of Introduction p.1.
will acknowledge briefly here, and more comprehensively in the chapters in which they are used.

The period examined incorporates the optimistic years of the institution – those first formative years when asylum doctors were unwavering in their conviction that edifices like Kew would stand as testament to future generations of their conquest of insanity – and charts the beginnings of the doctors’ disillusionment. This period can illuminate some of the changes at the point at which they were occurring, and why they occurred when they did. For instance, several historians have noted that family involvement was an important factor in asylum incarceration. Michael Ignatieff was one of the first to place a new importance on the role of the family in the committal process. 7 Mark Finnane has noted more generally that ‘the asylum operated as a particular type of intervention in family life’. 8 In his study of the Lancaster Asylum (1840 - 1870), John Walton also suggested that ‘the roots of most asylum committals clearly lay in domestic troubles’. Walton was cautious however, believing that the available material, although highly suggestive, resulted only in the raising of ‘difficult issues, conceptually, and in terms of the abundant, but ultimately frustrating evidence’. 9

It was this challenge that I found irresistible, given the richness of the archival sources for the Kew Asylum, and for mental health in Victoria generally. This thesis explicitly addresses the familial involvement in order to explore just how the family situation affected both the likelihood of asylum incarceration, and the total asylum experience for those who did end up as inmates. An in depth case study of one asylum also enabled me

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to look specifically at issues of gender, for both women and men, in order to explore traditional constructions of masculinity and femininity with regard to mental disorder.

The first comprehensive account of an asylum was written about the Retreat for the Society of Friends (Quakers), near York in England. *Description of the Retreat* by Samuel Tuke was published in 1813. ¹⁰ As a member of the family which founded, and was long associated with, the Retreat, Tuke writes from a reformist standpoint, presenting it as a blueprint to which future asylums might aspire. A more critical assessment of the same institution was written more than 17 decades later by Anne Digby. When *Madness, Morality and Medicine* was published in 1985 it did not challenge the exclusivity of the Retreat, but attempted to establish its place in the wider world of the mentally ill. ¹¹ This institutional biography approach also has its predecessors, the best known being Michael McDonald’s account, completed in 1981, of that most notorious of Western asylums, which he terms *Mystical Bedlam*. ¹²

Social histories of specific institutions for housing the insane in the ‘New World’ have been less forthcoming than their European counterparts. A notable exception is *Homes for The Mad*. ¹³ In this work, Ellen Dwyer examines life inside two of New York’s nineteenth century asylums, the State Lunatic Asylum at Utica, and the Willard Asylum for the Chronic Insane. A concise social history of the Kew Asylum was produced in 1988. An unpublished Honours thesis entitled ‘The Asylum and the Community: the Relationship between the Suburb of Kew and the Kew Asylum,’ it focuses on the community’s official attitude to the asylum. ¹⁴ The work explores municipal opposition to

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the institution and concludes that the manner in which it was eventually accepted was by tacit denial of its presence. As it concludes in 1879 and does not engage with any aspect of the internal life of the asylum it presents an entirely different view of the institution than this dissertation.

A vast number of texts examine madness in ways other than through an institutional biographical approach. For the purpose of this introduction, I will discuss a few which focus specifically on the history of insanity in Australia, and which I found particularly useful. The most comprehensive text about insanity in an Australian context is Stephen Garton’s *Medicine and Madness: A Social History of Insanity in New South Wales 1880-1940*.\(^\text{15}\) It is not the study of one asylum, but the sources used include the records of a number of individual mental hospitals in New South Wales. This thesis shares a number of common concerns with Garton’s book. Within the 60 years 1880-1940, Garton notes some obvious differences in asylum populations. The most notable is a shift from a predominantly young, single and male population to a mostly female, married and elderly community. A similar picture unfolded in Victorian asylums. My primary concern is to uncover the conditions which caused the demographics to shift so dramatically.

Other informative sources relating directly to Australian institutions are *Asylum to Community: The Development of the Mental Hygiene Service in Victoria*\(^\text{16}\) and *Managing Madness: Psychiatry and Society in Australia 1788-1980*.\(^\text{17}\) In 1961, Dr. Cunningham-Dax, the then Chairman of the Victorian Mental Hygiene Authority, produced the former work on the treatment of insanity in the state. The study discusses mental health in Victoria from the setting up of the first asylum at Yarra Bend, until the changes of the 1950s. More recently, Milton Lewis’s *Managing Madness* provides similar empirical

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information about insanity in Australia from the beginnings of white settlement in 1788 until the early 1980s. Both of these studies provide useful bureaucratic details such as dates of specific legislation, opening of asylums and appointments of doctors, as well as an interpretation of some of the philosophical underpinnings of much of the legislation. Their focus, though, is solely upon the administrators and the administration of insanity regulations, not upon the insane themselves.

Informative and insightful as I found these studies to be, I felt that my approach—combining an ethnographic interpretation of life inside the asylum with an examination of the dialectical relationship the institution maintained with the wider community—required a more complex methodology. In order to fashion this, I consulted a broader range of sources including those exploring issues of gender, familial relationships and the construction of the ‘institutionalised body’.

Anyone writing about madness owes a debt to feminist scholars who have so competently pointed out that the medical profession operated from within deeply gendered assumptions. Barbara Ehrenreich and Deirdre English, in their ground-breaking study in this area, *For Her Own Good*,18 problematised the relationship of American women with the medical profession over a range of both physical and mental health problems. Beginning with the ‘professionalisation’ of medicine during the nineteenth century, and tracing its effects until the 1970s, this study demonstrates that medical science was not the value-free realm it purported to be, disclosing how women in particular were disadvantaged within its patriarchal discourse.

Nowhere is this theme applied more successfully than in the area of mental illness. The most notable evocation is in the work of Elaine Showalter, who argues that madness was constructed as a ‘female malady’. Showalter contends that to be female was automatically

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to be positioned as either potentially, or actually, mad. In her study of English asylum patients between 1830 and 1980 she cogently demonstrates how cultural notions of appropriate feminine behaviour influenced both the definition and treatment of mental illness for over 150 years. 19

Jane Ussher also attempts to deconstruct the entire notion of 'women's madness' and to expose it as an inevitable outcome of a misogynist society. In Women's Madness: Misogyny or Mental Illness? she looks at culturally defined images of women's madness in Britain from the early nineteenth century until the 1980s. 20 More recently, Jill Astbury has looked at mental disorders in late twentieth century Australian women. She suggests that the medical profession here continues to operate from the same misogynist perspectives as detailed by Ussher and Showalter. Although Astbury's patients belong to the post-Freudian age, the continuing practices offer startling similarities to earlier diagnoses and assumptions. She suggests that Freud offered more reasons to psychiatrists to suppose a direct correlation between femininity and insanity, so that they continued to perpetuate notions about an inevitable association between being female and being mad. 21

The most potent portrayal of Australian women and madness, however, is Jill Julius Matthew's Good and Mad Women. 22 Matthews draws her examples largely from a selection of women in South Australian asylums during the early twentieth century. She explores how the deviation from the narrow paths prescribed for women that supposedly led to appropriate femininity was constructed as a pathology. Matthew's emphasis is

19 Showalter, Female Malady.
centred around constructions of femininity, and she does not engage with additional perspectives of madness.

Gender, of course, is not restricted to women. Its major contribution as an investigative tool is not just to uncover lived realities about women’s lives but as a point of entry into making power relations explicit. Valuable as these feminist texts are, I would argue that they only offer half the picture. Although Showalter in particular can argue quite convincingly that madness in England assumed a predominantly feminine face in the nineteenth century, there were consistently more males than females in Australian asylums. The twentieth century population presents a different profile, but it is not simply the gender ratio that shifts. The age and marital status demographics of inmates look quite different also, suggesting that the reasons for change are more complex than simply a ‘feminisation’ of madness. Underlying assumptions about mental illness arising from these feminist texts have positioned the predominantly male medical profession as inherently antagonistic to their [largely] female patient population. Given that madness exists within a social as well as a medical reality, the factors that pronounce a person ‘mad’ begin long before they are appraised by a doctor, and continue outside, and sometimes alongside, any medical assessment. This continuous process informs a large proportion of the thesis.

Nevertheless, these pioneering feminist publications have opened up the relationship between gender and mental disorder. In doing so, they have demonstrated that gender offers valuable insights as a category of historical investigation in the area. Men have a gender too, and the category can be applied to uncover realities about men as well as women. A recent work by Joan Busfield maintains that madness is an illness that occurs

23 Showalter claims that by 1850 there were far more females than males in British asylums, and that their numbers steadily increased. ‘According to the census of 1871, there were 1,182 female lunatics for every 1,000 male lunatics, and 1,242 female pauper lunatics for every 1,000 male pauper lunatics. By 1872, out of 58,640 certified lunatics in England and Wales, 31,822 were women. [Quoted in Showalter, Female Malady, p.32.]
within a 'gendered landscape'.\textsuperscript{24} My research leads me to agree with this hypothesis. In addition, I would argue, gender was thoroughly implicated within the construction of mental illness: the rejection of a person's culturally prescribed sex-role was a powerful incentive for that individual to be defined as mad.

The most enduring environmental situations which led a person to the asylum had their roots in domestic problems. This thesis will therefore be primarily a history of families. More specifically, it will explore a particular set of relationships between the asylum administrators and those families who contained members defined as mad. The creation of a group of experts and the family's transformation through their increasingly subtle forms of coercion are recurrent themes in studies of the modern family. This 'rise of the experts' is generally accepted as a feature of modern societies and a number of texts have outlined various professional enterprises.

Prominent among studies of the impact of the rise of professionalism on familial relationships is Christopher Lasch's \textit{Haven in a Heartless World}.\textsuperscript{25} Lasch claims there has been a decline in the power of the father, and he openly mourns what he sees as the passing of the patriarchal family. He suggests that this has led to a series of interventions that has rendered the family vulnerable to reliance on experts, a situation which he sees as inherently degrading for the family. This notion is further developed by French theoretist Jacques Donzelot who, in his study of French families from the end of the nineteenth century until the 1960s, claims that the perception of the well ordered family as the basis of the well ordered state has resulted in the family being 'psychiatrised', or the emergence of what he terms the 'psy complex'.\textsuperscript{26} A more rigorous, and yet more accessible approach to the question of dependence on experts is presented by Keren Reiger in \textit{The


\textsuperscript{26} J. Donzelot, \textit{The Policing of Families}, Pantheon Books, New York, 1979, especially Chapter Four 'The Tutelary Complex'.

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Disenchantment of the Home. 27 In this study of Australian families from the 1880s to the 1930s, Reiger outlines the manner in which various groups of professionals, including doctors and educators, sought to place families within their particular areas of specialisation.

As Reiger suggests, families and communities were not just passive victims of this professionalisation process. Rather, they were instrumental in establishing the procedures and institutions that suited their needs. There are few studies, however, that directly examine the active role that the family played in the creation and maintenance of these initiatives. In this study of a major Australian asylum, I explore this interaction and mutual dependence. Families and communities looked to the asylum for physical and emotional support in managing their mentally unstable members. Individual family’s needs and society’s increasing requirement for social order worked together to sustain the institutional system.

It is impossible to talk about the history of madness without reference to both Erving Goffman and Michel Foucault. Goffman’s ground-breaking study, Asylums: Essays on the Social Situation of Mental Patients and Other Inmates first appeared in 1961. 28 In this work, Goffman outlines a series of rituals of depersonalisation and mortification which he believed were essential characteristics of all places of confinement, especially with relation to the incarceration of the mentally ill.

My point of departure from Goffman is that while I agree that these measures were in place, they were not as uniformly successful as he implies. Neither did all the inmates react in the same manner to them. Here again, by making an in depth study of one institution, various elements come to light that would otherwise be submerged in a more

generalised approach such as that employed by Goffman. In other words, an alignment of Goffman’s theories with an ethnographic analysis of the practices at Kew Asylum makes it possible to begin to illustrate both the effects of, and the resistance to, the dehumanising process.

This notion of the creation of the subject, so potently prefigured by Goffman with his institutionalised bodies, is one of the major themes taken up by Michel Foucault. Foucault’s conception of subjectivity is also to be encountered within the more coercive structures of modernity, of which the asylum is just one example. In *Madness and Civilization* for instance, he contends that, implicit within the madmen’s construction of self within the asylum environment, was ‘his own acknowledgement of guilt’. 29 Foucault’s major contribution, however, has been in demonstrating the ubiquity of power. For Foucault, everything is enacted within a continuum of power relationships, as much within the family as in the public sphere, and never more so than in the asylum. Notwithstanding the broadness of scope, Foucauldian methodology most certainly has its limitations. Like Goffman, he ignores the crucial issue of gender in discussing asylum inmates. A re-evaluation of both their works in the light of feminist theory can be used to clarify previously obscure facets of asylum existence.

Several themes have persisted in the history of institutions for housing the insane. The earliest studies of asylums tended to take an optimistic reformist approach, positioning the asylum unproblematically as holding the key to an eventual solution to the illness of insanity.30 Later sociological investigations suggested that the existence of the asylum itself posed further problems in the management of the mentally ill. For these analysts the asylum was most useful in uncovering the meanings of insanity. Examination of inmate

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populations revealed that madness was, at least in part, a social construction. Definitions of who was mad changed over time and with social circumstance. An enduring theme that also emerged from these interpretations was that of the asylum as agent of social control. The theorists of social control saw the asylum as one of a broader series of institutions designed to confine and restrain a range of 'deviant' members of the population. Some recent observers have proposed a more positive evaluation of the asylum and its effects, concluding that the patients were not simply the hapless victims of an uncompromising regime. This thesis is part of that perspective. It is less a broad social history than an extended cultural history of a particular site. The central argument is that the asylum and its historical position in the management of the mentally ill should not be dismissed as simply a misguided and unsuccessful attempt by the medical profession to cure insanity or achieve social control.

The complexity of the asylum experience is therefore the focus of this study. The thesis presents a detailed account of the establishment, maintenance and daily life of the asylum. It is also a comment on contemporary Melbourne society. With its emphasis on community, especially familial involvement with the asylum, the study reveals previously unexamined attitudes to, and assumptions about mental illness. It is with these concerns in mind that I approach the history of the Kew Asylum. Chapter One explores the prehistory of the asylum with a brief examination of why it came into being, followed by a more detailed account of the construction of the building. The second and third chapters are ethnographic explorations of everyday life for asylum patients. Chapter Two is an

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33 The most detailed example of this approach is Dwyer, *Homes for the Mad* and Finnane, *Insanity and the Insane*. The approach is also signalled in the following articles: Ignatieff, 'Total Institutions and Working Classes', Labrum, 'Looking Beyond the Asylum' and Walton, 'Casting Out and Bringing Back'.

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evocation of day to day routine. Chapter Three contextualises the relationship between the asylum and the wider society.

The fourth and fifth chapters deal specifically with the therapeutic work of the asylum. The discussion concentrates largely on two aspects of treatment. The first concerns the ideology underpinning treatment and the second focuses on the actual modes of treatment. Chapters Six and Seven explicitly address the links between gender and insanity through both the male and female experience at Kew. In the final chapter, the familial impact is examined explicitly, largely through the case studies of selected inmates.

Since this thesis is concerned with some aspects of the wider society in which the asylum and its inmates existed, I shall be employing the terminology commonly used at the time, including some words which would be regarded as offensive today. In an ethnographic interpretation of a specific population, the use of contemporary terminology seems to be both appropriate and useful. A few phrases or words merit particular mention. ‘Lunacy’, ‘insanity’, or ‘madness’ were the words used unashamedly and interchangeably, by doctors and nonprofessionals alike, to describe the various states of mental illness endured by many of the patients. Patients with intellectual disabilities, especially teenagers and children, were often called ‘idiots’ or ‘imbeciles’. The physicians who were the forerunners of what we would now call psychiatrists were known as ‘alienists’. Unlike modern psychiatrists, they had no special psychiatric training, and often worked in asylums, or with the insane, because they could not obtain more prestigious positions. To be a ‘mad doctor’ was considered the lowest rung in the hierarchy of the medical profession. The head of the asylum or hospital for the insane was known as the ‘superintendent’, and the patients initially were most likely to be called ‘inmates’. After 1903, when asylums officially became ‘hospitals’, the term ‘patients’ was more commonly applied. In addition, asylums usually had a person known as the matron who, in some ways, was the most shadowy person at the asylum; little is recorded about any
of them. Sometimes she — it was always a woman — was the wife of the incumbent superintendent.

I have endeavoured to place the experiences and beliefs of these people within their immediate historical context by analysing their situation in the light of contemporary perceptions of madness as portrayed in medical documents, official commentary, parliamentary reports and inquiries, and newspaper accounts, as well as a selection of imaginative literature. The medical journals I have used were Australia-wide. However, Victorian alienists operated within the ideology set out in these journals. A slightly more intimate perspective on how the rhetoric was put into practice can be gained from the Annual Reports and the Correspondence Files of the Chief Secretary’s Department.

Some of the most illuminating insights are contained in the reports of parliamentary inquiries. The most valuable of these is the Report from the Board appointed to inquire into Matters Concerning the Kew Lunatic Asylum of 1876. It provides unique revelations of the day to day operations of the institution. Another extensive inquiry was the Royal Commission on Asylums for the Insane and Inebriate 1884-1886 (Zox Commission). Modelled on the earlier inquiry, it was an investigation into all Victorian asylums. Lasting for almost two years, a close analysis of its findings and decisions reveals much about attitudes to asylum inmates, as well as administration details. Newspaper reports, both of a serious and a frivolous nature, also provided further insight into social understandings around mental illness.

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Most importantly, I have made use of a rich, but hitherto neglected source: the individual case histories of patients. These include over 200 letters which contain testimonies from many of those called ‘mad’ themselves, as well as statements, requests, admonitions or praise from their friends and relatives. It is not possible to read these accounts and remain dispassionate about the contents. My extensive research into this material provided me with insights which were frustrating, challenging, occasionally amusing, very often deeply disturbing, regularly distressing, but nevertheless intensely rewarding. Through an examination of these personal papers it is possible to illustrate how contemporary social conditions, as well as the emerging scientific theories, exerted a powerful influence on ideas about madness and its treatment. Extensive use of this compelling material also allows patients, as far as possible, to speak for themselves. Ultimately, what emerges is a clearer view of individuals whose lives usually remain uncelebrated and unremembered.

It is, in a sense, a very enclosed world that I describe. This is quite deliberate, as the construction of madness within each establishment was to a significant degree designed to fit only that particular institution. Madness had a parochial countenance as well as a universal application. Although Kew Asylum as a facility was created to standards common to other Australian and European asylums at the time, many aspects of its operation were unique. Like the infamous Bethlem or Bedlam, it too became a symbol: a visual representation of madness itself. For the 100 years of its existence any resident or long term visitor to Melbourne understood what was meant by the phrase, ‘you should be sent to Kew’. This thesis is about a group of people for whom this usually jocular threat became a reality.

36 Case books of patients in mental asylums have been used in previous studies to illuminate various aspects of the asylum experience. But none of these individual histories have been used so extensively as I have done with the Kew Case Books to produce an indepth study of life in a particular asylum.

Part 1: The Environment

1. Constructing Melbourne’s Grand Asylum
2. Life inside the Walls
3. Breaching the Walls
CHAPTER 1

Constructing Melbourne’s Grand Asylum

Distant views of the Kew Asylum with its impressive towers emerging from a dark canopy of trees in a parkland setting, are well known to almost all Melbournians and with the exception of Government House there are no real parallels.

National Trust ¹

Confinement hid away unreason, and betrayed the shame it aroused; but it explicitly drew attention to madness, pointed to it.

Michel Foucault²

For more than a century, the imposing, eccentric building on the hill has been a place of both fascination and repulsion for most Melbournians. Simultaneously sinister and beautiful in its immensity, there has never been a public building that carried its ideological load with such conviction and assurance as the Kew Lunatic Asylum. Visible from a great distance, its towers dominating the landscape, the building appeared both imposing and improbable in such a position: a grand French chateau rising out of the ever encroaching and ubiquitous New World suburbia. Although an awareness of its function probably touched an observer with a tinge of fear, it was only from inside the rooms with their 14 foot ceilings that a sense of intimidation merged with the outward sense of grandeur. At the same time, the extravagance of the architecture also provided reassurance. It proclaimed that society’s most troublesome members were offered

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¹ 'Willsmere Mental Hospital', Statement of Significance (extract), National Trust File no.1278.
² Foucault, Madness and Civilization, p.70.
sanctuary and seclusion from the community in a building that appeared both solid and impregnable, yet remained gracious enough to raise even the most debilitated spirit.

The isolation it afforded was splendid indeed, according to contemporary perceptions. Observers were fulsome in their praise of both the building and its location. In 1874, just two years after its completion, an article in the Australasian Medical Journal speculated that Kew Asylum was ‘perhaps the highest building in the southern hemisphere’. The Victorian Branch of the British Medical Association in 1879 declared that the Kew asylum was ‘an imposing building on a magnificent site’. In 1889, the Medical Gazette enthused that it was among a select group of colonial hospitals that proclaimed the high-minded principles of the time. The article grandly declared that the ‘fine piles at Kew in Victoria, at Parkside in SA, at Callan Park in NSW ... are evidences of a large and wise liberalty, and an earnest of advancing civilisation.’ Non-medical publications were equally impressed. In 1876, a reporter for the ‘Argus’ claimed that it could be mistaken for no less than ‘a palace’, and in 1890 the Sydney journalist known as ‘Benvolio’ described it as ‘probably the finest structure of its kind in the Australian colonies ... a handsome building in a magnificent domain’. The site chosen was located in ‘one of the most spectacular sections of the Yarra Valley, constituting what is arguably the most dramatic landscape in the metropolitan area.’ A recent observer noted that the building:

sits on a high eminence in a tight bend in the Yarra River, and is a highly visible
landmark of the Yarra Valley. Its towers can be seen from many neighbouring

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6 Reprinted in S. James, TheVagabond Papers 1st. Series, George Robertson, Melbourne, 1876, p.79.
8 ‘Willsmere’,Statement of Significance (extract), National Trust File No.1278.
suburbs, particularly to the north. Naturally the elevated site commands equally impressive views outwards, dramatised by the steep fall of the land.  

One of the reasons that the Kew Asylum earned such accolades was that it seemed to fulfil, more than any similar institution, the objectives understood to be imperative for asylum design in the late nineteenth century. Chief among these imperatives was that the structure be an impressive monument to the advances of medical science. Buildings that were large, dominant, dignified, and reaching skywards were considered to be those that signalled the confidence and optimism of the medical profession at the time. Clearly, Kew Asylum fulfilled these requirements. In addition, it was situated in a position unequalled by most other comparable establishments.

These distinguishing features were conceived within the architectural objectives of a wider ideology known as ‘moral treatment’ or ‘moral management’. Moral management was less a specific method of treatment than a set of ideas that revolved around providing a congenial environment in which humane treatment could be administered.  

The site, surrounds and building itself were all considered important for the successful treatment of patients. In this chapter I discuss various aspects of the asylum construction, including the original motivation behind the perceived need for it, the choice of an appropriate site, the construction work, and the completion of the institution with the grand facade and the impoverished interior. I have also briefly outlined the politics behind the deterioration of the building and its facilities, as a result of the penny pinching and neglect characteristic of asylum administration. This neglect was particularly pronounced during the 1890s and into the early twentieth century. These years could be characterised as the years of disillusionment as the grand dream of curing insanity within a few decades rapidly faded.


10 The ideology of moral management is more fully explained with regard to patient care in subsequent chapters. See especially Chapter Four 'The Therapeutic Function'.
with the realisation by the medical profession that the number of people entering asylums continued to increase at unprecedented rates.

The Need for the New Asylum

The Predecessors

The first 'lunatics' to arrive in what was to become the colony of Victoria were treated in a manner that rendered them virtually indistinguishable from their equally disreputable fellow citizens, the convicts. As if to emphasise the connection, the first real gaol in Melbourne, erected in Collins Street in 1839, had attached to it a small apartment known as the lunacy ward. By 1840, the entire complex, including the lunacy apartment, had become grossly overcrowded. Equations of mental illness with sickness not with crime, were nevertheless beginning to alter perceptions about insanity among the medical profession, even in the remote, unsophisticated society of colonial Melbourne. In accordance with this burgeoning philosophy, separate accommodation for the insane was planned.

Prior to 1851, when the Port Phillip District became the separate colony of Victoria, the Legislative Council of New South Wales determined policy on matters pertaining to lunacy. In 1845, the Council appropriated 1,000 pounds towards the erection of a lunatic asylum to be placed in the vicinity of Melbourne. Tenders were called for, and a site was agreed on.11 The site chosen was on the northern fringe of the city at Yarra Bend. A plan was drawn up, probably by the Port Phillip clerk of works for the colonial architect Henry Ginn, and work began on erecting buildings to house those who were considered

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insane rather than criminal. The scheme was modest: a series of low-lying timber buildings that developed rather haphazardly on the site. It was completed in 1848. Within six years of completion, it had been decided that the entire complex was unsuitable and plans to abandon it were considered.

A Board was appointed by the Government in 1854 to inquire into the state of Yarra Bend. It concluded that ‘the site and buildings are altogether unsuitable’ and recommended that a new lunatic asylum be erected on a ‘more appropriate site. The site of the present asylum’, the Board continued, ‘is low, dull and sombre ... the design is had, both in general arrangement and details.’ The solution, according to the Board, was to abandon Yarra Bend altogether and build a new asylum that would be more appropriate to contemporary needs. Another site was chosen: just across the river adjoining the small but growing township of Kew.

Planning The New Asylum.

The planning of the Kew Asylum was formulated within the framework of moral management. Under these guidelines a beautiful location was considered part of the treatment of the insane. The origins of moral treatment are most often associated with the asylum which was opened in 1793 near York in England, and which became known as the Retreat. Anne Digby describes the Retreat as being situated in a position which ‘encompassed the highest land near York [and] gave unrivalled views over the surrounding countryside as well as over the town’.

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15 ibid., p.43. See Chapter Four ‘The Therapeutic Function’ for more detailed information on The York Retreat.
The most influential articulation of this notion for colonial doctors came from prominent British alienist John Conolly. Conolly served as superintendent at two major British asylums, Colney Hatch and Hanwell. In 1847 he produced a widely read and respected volume that dictated the essentials for an ideal institution. One of his major concerns was that "the building should be on a healthy site, freely admitting light and air, and drainage ... [on] a gentle eminence in a fertile and agreeable country." In addition, for the sake of the more 'educated' patients at least 'it should be situated amongst scenery calculated to give pleasure'.

The extent to which colonial doctors heeded his advice is attested to in an 1868 report by the NSW Inspector of Asylums, Frederick Norton Manning. This report was the result of an extensive tour undertaken by Manning in which he visited over 60 overseas asylums, including 34 in Britain alone, among which were Colney Hatch and the Retreat at York. Many of the conclusions he brought back echoed Conolly's earlier findings. He too found that the natural environment was important, recommending that 'the site chosen is of primary importance. On it must depend the comfort, happiness, and health of the inmates.'

The impact of these views is clearly observed in the documentation on the selection of the site for the Kew Asylum. A comprehensive report was compiled by G.W. Vivian, architect for the Public Works Office. In this report, he noted that it was:

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For more information on John Conolly see Chapter Four 'The Therapeutic Function.'


18 ibid. p.9.

proposed to erect the new asylum on a section of land, about 400 acres in extent, situated on the River Yarra, about 4 miles from Melbourne, and 1/2 a mile to the north of the village of Kew ... the site selected is a fine slope, elevated about 100 feet above the level of the river, admitting of proper drainage and admirably adapted for ornamental grounds, the aspect chosen is south-east, and during the summer months the refreshing influence of the sea-breeze will be felt, without being exposed to south west gales.\textsuperscript{20}

Thus, the new asylum was to be erected on a site which would ‘conduce to the happiness and comfort of the patients and facilitate their recovery’.\textsuperscript{21} The ‘fine slope’ was chosen for the asylum not only for its provision of ‘health-giving breezes’, but for the reason that the sheer beauty of the vista was intended to enhance the spiritual well-being of the inmates and increase their chances of cure.\textsuperscript{22}

Although the slope on which Kew Asylum stood was more dramatic than ‘gentle’, it was still felt to be in accordance with Conolly’s and Manning’s recommendations. Dr. Moore, an eminent dermatologist at Melbourne Hospital, noted approvingly in 1886, during a brief visit to Kew that the asylum stood ‘in the midst of very extensive grounds and from its elevated position, commands a wide view of the surrounding district.’\textsuperscript{23}

The low external walls of the Retreat at York enabled the inmates to enjoy almost uninterrupted views of the surrounding countryside, and produced what Ann Digby has

\textsuperscript{21} ibid.
\textsuperscript{22} The idea that breezes or wind-swept locations were healthy came from a wider Victorian discourse that associated disease with congestion and the foetid atmosphere of squalor. More precisely, many health reformers believed that miasmas created or carried impure air that caused epidemics. See for example D. Schuyler,\textit{The New Urban Landscape: The Redefinition of City Form in Nineteenth Century America}, John Hopkins University Press, Baltimore, 1986. If airless conditions produced illnesses, so the reasoning went, then breezy conditions would assist in curing them. This notion was extended unproblematically to mental health.
\textsuperscript{23} Editorial, ‘Notes of a Visit to the Kew Asylum,’ \textit{AMJ} vol. viii, no.3 (15 March 1886), pp.97-99.
described as ‘a controlled openness.’ For the Kew Asylum, the builders went a step further, employing a procedure that virtually buried some of the walls. The walls were actually situated below the level of the highest points in the landscape, a feature often used in English country estates and recommended by Conolly in a plan for the Derby Asylum. This feature gave the appearance that there were no walls at all and that the asylum grounds flowed seamlessly into the natural landscape. The arrangement was called the haha style, and was intended not only to offer uninterrupted views, but to minimise the feeling of confinement, while still maintaining boundaries. The journalist with the Argus described it as an ‘excellent arrangement, as it enables the patients to see the outside world, and does away with that gaol appearance and feeling inculcated by the walls of the old asylums.’

Gardens and Walkways

The happiness, contentment and recovery of patients was also believed, within the principles of moral management, to be affected by the closer domestic environment. These views were reinforced by the emerging discourse of many nineteenth century reformers concerned with public health. They claimed that parks and garden would act to ‘soothe the nerves and minds’ of the urban population. In addition, they would also act as ‘agents of moral improvement’. Thus the therapeutic effects of parks and gardens were portrayed as twofold: they would provide comfort and solace to a troubled mind as well as exerting a ‘civilising’ influence. In accordance with these notions, the gardens and walkways of institutions were intended to be not just congenial, but elevating spaces.

24 Digby, Madness, Morality, p.37.
26 James Vagabond Papers, p.80.
27 Schuyler, New Urban Landscape, p.3.
28 ibid, p.65. These notions gained greater credence in Melbourne during the 1890s and early 1900s. Disenchantment with urbanisation grew and the turn of the century saw the rise of the mythology that suggested that a rural lifestyle was healthier than an urban one, in terms of both the physical and ‘moral’ well-being of the citizens.
They would, it was hoped, announce the asylum’s dissimilarity from a gaol, and also foster a general appreciation of the beauty of nature as a first step to a cure. As Digby explains it:

Believing that the insane retained their essential humanity and were aware of their surroundings ... not only should any suggestion of a penal environment be avoided, but a positive effort was needed to create civilised surroundings for the mentally ill.\(^{29}\)

The Retreat reputedly had ‘gardens with walks, wooded glades, and orchards, forming a tranquil setting in which patients could hope to regain their serenity.’ \(^{30}\) According to Manning’s report for colonial asylums:

two airing courts for each sex is absolutely necessary. They should be planted with trees to afford shade and ornament, and laid out in gardens ... besides the airing courts there should be general pleasure grounds ... and if possible woodland where walks may be cut.\(^{31}\)

An added incentive for the planting of gardens was that patients could be encouraged to participate in their maintenance, thereby fulfilling another important facet of moral management: the power of work as cure. As Manning’s report had stated it was desirable for all colonial asylums to have ‘an ample quantity of land so as to afford abundant opportunity for all who could be judiciously occupied in gardening or cultivating ... agricultural work is a necessary part of treatment’. \(^{32}\)

\(^{29}\) Digby, *Madness, Morality*, p.37

\(^{30}\) ibid., p.43.


\(^{32}\) ibid., pp.157 and 168.
At the Kew asylum, the intention was to create a park-like environment with the planting of numerous, sheltering trees, shrubs and flower gardens. The proposed treatment for the immediate surrounds was detailed in a report of 1869 as follows:

each of the main divisions of the building will be provided with its separate exercising yard, all of which will be laid out with ornamental shrubs and grass plots. Sun shades and drinking fountains will also be provided. 33

Although Kew was able to boast an outlook that could parallel any other institution, including that of the Retreat, the planned park-like conditions nearer the buildings never quite lived up to initial aspirations. While at least some of the trees that were planted generally survived well enough to be now granted registration from the National Trust, 34 the garden beds apparently never flourished. In 1876, the best the journalist known as the Vagabond could say about the garden was that ‘praiseworthy [my emphasis] attempts are being made at floriculture’ 35 implying that the attempts were not all that successful. In addition, one of the recommendations of the Inquiry of the same year was that the grounds be improved.

There were also plans for a farm, the purpose of which was to render the asylum at least partially self-sufficient. Manning’s tour of European and American asylums had convinced him that the major problem with Tarban Creek, New South Wales’ first purpose-built asylum, was that ‘the great essential for the proper working of an asylum –land for cultivation – was missing.’ He felt that asylums ‘should be self-contained that is they should depend as much as possible on their own resources’. 36 He concluded, always with a concern for the economics of the project, that ‘it will generally be found an

35 James, Vagabond Papers, p.79.
economy to keep cows instead of purchasing milk ... and in all asylums pigs should be kept to eat the refuse'. 37 The farm project at Kew proved relatively successful, at least for some years. By 1881, there were 65 acres ‘under tillage’, and the ‘vegetable gardens showed fair returns’.38 There were 50 milking cows and nearly 200 pigs, as well as a fowl-house and 75 acres of cultivated ground being cropped productively. Abraham Morrison had been appointed as farm bailiff by 1881 and quarters were built for him in 1882. A new stable and other work on the farm buildings were completed in 1884 and an orchard was also established. 39

In 1881, the ornamental gardens were in a ‘satisfactory state’, according to the annual report. 40 The kitchen garden, originally about five acres, was increased to seven acres at this time, and to 16 acres in 1885 when it was also placed under the control of Morrison. At this point, it was producing large amounts of all common vegetables. 41 During the next year, it inexplicably appears to have deteriorated rapidly. In 1886, while McCreery was superintendent, a determined effort was made to improve the gardens which by then had become ‘severely neglected’.42 A visiting doctor described them as ‘rough and bare and might with advantage be planted with trees and flowers much more than they are.’43

There is little specific mention of the gardens for some time, but an era of neglect is suggested in the fact that a garden footbridge repaired in 1877 was closed by 1880, and was not replaced until 1891.44 In 1908, the farm was described as ‘productive’ but the superintendent was less than pleased with the domestic garden. ‘The kitchen garden of

37 ibid., p.213.
39 Best Overend and Partners and Lewis, Conservation Analysis, p.127.
41 Best Overend and Partners and Lewis, Conservation Analysis, p.127.
42 Annual Report 1886, VPP 1887, vol.2, p.44.
44 Best Overend and Partners and Lewis, Conservation Analysis, p.127.
this institution is by no means the success that it might have been', he declared, adding that 'bad seasons and poor ground have been urged as an excuse, nevertheless much better results should be obtained'. By this time it was apparent that the kitchen garden struggled to even supply a few vegetables, and the ornamental gardens of glades and walkways designed to elevate the soul were never to eventuate.

Constructing the Asylum

Controversy and Delays

Although the proposals to build an asylum at Kew date from 1854, the foundations were not laid until a decade later, and construction work did not commence in earnest until 1868. The construction years were dogged with controversy. The site originally chosen was slightly to the north of its eventual position, and work began there in 1856-1857. The only sections completed were two lodges at what was to have been the entrance. For reasons that are unclear—whether they cost more than anticipated, or the treasury coffers were at an unexpectedly low ebb – the cost of these structures was judged to be too expensive, and the whole enterprise was reassessed as too extravagant, and abandoned. A decision to retain the project but change the site was made in 1858. Nothing more was done, however, until 1864, when designs were prepared for three asylums, at Kew, Ararat and Beechworth by Frederick Kawerau who had worked with Vivian on the earlier model for Kew. The basic designs were not substantially different from one another nor from Vivian’s original vision although Kew was to be much larger in scale than the other two.

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46 Best Overend and Lewis, Conservation Analysis, p.17.
The delays posed extra problems, for there was an unprecedented rise in the number of cases of people declared insane during the 1860s. In October 1863, the Government announced that the whole of the Western Gaol was to be converted into a receiving house for the insane, as a temporary measure until Kew was completed. It was known as the Collins Street Temporary Lunatic Asylum, and was the first of several such buildings the Government was forced to take over in order to relieve the overcrowding at Yarra Bend. In 1863, the Colonial surgeon Dr. William McCrea proposed that,

> a permanent, plain and inexpensive brick building for the accommodation of 150 quiet, harmless, incurable lunatics should at once be erected ... the slope South West of the Collingwood Stockade is what I would point out.  

Inexplicably, this plan was initially abandoned. By 1864, there were 357 ‘lunatics’ in Victorian penal establishments.

In 1865, the Government took over a building known as the Powder Magazine at Royal Park (unconnected with the Receiving House later built at Royal Park) and converted it into an asylum. Little is known about its operations, but by mid 1865 there were 50 male patients resident there.  

47 Brothers, *Victorian Psychiatry*, pp.76 and 77.

48 ibid., p.78. Brothers also notes that the Cremorne Private asylum was the first private asylum established in Victoria. Exactly when it opened is not clear, but it was in operation in 1858, and probably began a year or two earlier. It was situated within the area of Cremorne Park and amusement centre. It was used mainly for ‘wealthy, harmless’ female patients. The charge for each patient was to be thirty shillings per week, and it was licensed to accommodate 30 patients. It closed in the mid 1880s after the Zox Commission.
In 1866, the Collingwood Stockade was again considered as alternative accommodation for the insane, but this time the existing buildings were made ready to receive patients. The new asylum thus created was gazetted under various names: the first was the Collingwood Stockade, then the Carlton Receiving House, and finally the Carlton Lunatic Asylum. By 1868, there were 151 inmates in the Carlton Asylum. The opening of Beechworth and Ararat no doubt eased the situation there, but Carlton Asylum did not close altogether until 1873 when Kew was fully operational, and all remaining patients were transferred there.

This was not the end of the problems for Kew Asylum however. Building began again in 1864, but was halted almost immediately with reports of inferior work on the foundations. An investigation followed and Kawerau resigned, although his design appears to have been maintained. A new contract was let in 1868 to the builder Samuel Amess. Work commenced almost immediately, and the asylum was ready for partial occupation at the end of 1871.

Architectural Inspirations

While the splendid position of the asylum was due to a unique and natural feature of the Australian landscape, the design for the building itself was not innovative, but coalesced with European developments in asylum design which had shown a trend towards extremely large, monumental buildings for nearly a century. The stated purpose of these grand plans was to avoid the gloomy, gaol-like appearance of former asylums and

49 V. Pratt, Passages Of Time: A History of Lee Street State School and its Site from 1853, Valma Pratt, Melbourne, 1981, p.27. Although the building formerly used to house convicts was ‘converted’ to an asylum, Pratt notes that ‘there would have been little provision for sunlight and fresh air...in summer the heat would have intensified by the iron roofing, in winter the draughts and cold, stone floors would have taken their toll of patients...very few structural changes appear to have taken place as the cost of converting the building was only 658 pounds two shillings and twopence.

50 ibid., p.31.

51 ibid.
provide buildings that would have a positive effect on the imagination of the inmates. A less mentioned but nevertheless important function of the architecture was the perpetuation of a particular image of the asylum to the whole of society. Buildings that were large and handsome were seen to reflect the dignity of the medical profession. No longer simply refuges for the disordered in mind, it was within these large grand buildings that the cures for insanity were to be found. They were emblematic of technology, humanitarianism and progress. The sheer nobility of the architecture was meant to instil confidence in the power of the doctors to overcome the baffling affliction of insanity. On return from his asylum visits abroad, Frederick Manning outlined his visionary expectations of the didactic function of asylums:

Properly managed, they will teach a lesson to all near ... they will serve to spread abroad that feeling of charity 'which suffereth long and is kind' till the asylum is properly understood and regarded as a hospital where skill and care are employed.\(^{52}\)

Once again colonial administrators and designers looked to English institutions for inspiration on how best to achieve these objectives. Although the architects G.W. Vivian and Frederick Kawerau of the Public Works Department are generally credited with being the main designers of the Kew Asylum. It is evident that their design was influenced by other British institutions, in particular the institution most closely associated with the reforms of John Conolly, Colney Hatch Asylum. Colney Hatch had opened in 1851 on the outskirts of London and enjoyed a reputation as the grandest of the new style asylums. It had become a blueprint for asylum planning in England, America and Australia.\(^{53}\) A visiting British asylum superintendent was immediately struck by Kew’s outward similarity to English asylums. ‘The general plan of the building’, he announced,


\(^{53}\) Best Overend and Lewis, *Conservation Analysis*, p.16. See also Showalter, *Female Malady*, p.23.
is on the English model, so that one feels more at home than in the bungalow-like Gladesville [NSW].' 54.

**Elegance and Function**

Kew Asylum, unlike its predecessor at Yarra Bend, was conceived after Victoria had become a separate colony. Besides expectations about the inherent therapeutic value of grand buildings the new Victorian administrators had added incentive to make a statement about their own construction of public buildings. Contemporary planners were beginning to envisage Melbourne as a city of elegant, beautiful, yet substantial buildings, that demonstrably attested to the confidence and optimism of its predicted future. Their determination not to let Kew develop haphazardly like Yarra Bend was apparent as it was planned as ‘a magnificent asylum for the insane’. 55 Somewhat paradoxically, the very presence of an asylum added to the respectability of a city, as it was suggestive of a higher state of civilisation. A contemporary Australian writer expressed it thus:

> Our prisons and madhouses prove our civilisation to be equal to that of any of the older cities of Europe. It may appear strange that civilisation among its many blessings, should have the peculiarity of increasing the necessity for those places; but it is so nevertheless, and the higher the one, the more numerous the others. 56

If Melbourne was to have a new asylum it would be a grand one, that heralded its presence, and left no doubt that this was indeed a civilised city.

Public buildings, in typical Victorian fashion, were constructed in a mixture of styles, but common to them was a quest for grandness: the more imposing, the better. The architectural style in which the asylum was constructed was one which enjoyed a brief period of popularity in Melbourne during the 1870s and 1880s and came to be known as ‘French Second Empire’. A distinguishing feature of this style as it was incorporated in the asylum was the steep mansard roof. The architect G.W. Vivian also acknowledged an Italian influence: ‘I have chosen the Italian domestic style of architecture for its suitability, effectiveness and simplicity in detail’.57

The most dominant feature, apart from the sheer size of the complex, was the administration block, largely because of the two towers which flanked it. The layout of the structure itself was simple, being basically an E-shape enclosing two courtyards which were surrounded by roofed walkways. One side of the E was to house the female occupants, the other side was for the males. The external walls were constructed from oversize bricks, made from local clay, and cement-faced or ‘rendered’. 58 These large bricks, or blocks, were a preferred feature for asylum design, adding weight and dignity to the complex, as well as a sense of impregnability. The staircases, in accordance with Manning’s recommendations, were made of stone. 59 Again, this suggestion had come from Conolly, who recommended that asylums should have ‘wide and easy stone staircases’.60 The floors were timber, principally so they could be scrubbed.

60 Conolly, Construction of Asylums, p.10.