In 1914, a further amendment was made to the Lunacy Statute, making it possible for persons to voluntarily admit themselves to an asylum. The Act read that any person ‘may be admitted and detained for care and treatment as a voluntary boarder.’\textsuperscript{74} This was an indication that patients, along with their families, had accepted the medical parameters that were imposed upon mental disorders. The loss of power over their lives and the dependence on professional guidance that this entailed was not anticipated nor of their making. Both the families and the asylum doctors were reliant on each other to identify patients in order to facilitate committal. Once that process was complete, the patients were forced to renegotiate their position and to construct their own version of reality within their newly defined limits. The nature of the family’s relationship to the patient had been redefined also as they became part of the inmate’s ‘outside world’.

**Continuous Contact with the Outside World**

**The Impact of Newspapers**

Although Goffman’s term of ‘total institutions’ gives an impression of an enclosed impregnable totality, in positioning the institutional life of the mental patient as a moral ‘career’ he allows for the continuous interaction between the inmate and outside influences. As he explains it, the ‘concept of career allows one to move back and forth between the personal and the public, between the self and its significant society’\textsuperscript{75} In the case of the asylum inmate, it was the contrast between the asylum environment and the pre-institutional world that helped shaped the patient’s view of self. This did not lessen the impact of asylum life, it intensified it. Patients were made aware of their incomplete relationship with ‘normal

\textsuperscript{74} Lunacy Amendment Act 1914, Victorian Statutes no.2539.

\textsuperscript{75} Goffman, *Asylums*, p.127.
society' by having to continually recognise and reaffirm their rejection by it, and their alienation from it. Furthermore, any contact between the 'inside' and 'outside' world was mitigated through the limits imposed by the staff of the asylum.

These limitations, necessitated by the often confused objectives of the asylum staff, sometimes forced idiosyncratic responses. For example, the availability of contemporary newspapers to inmates posed a peculiar problem. This is best illustrated by the following discussion which took place at the Inquiry in 1876:

It would be naturally supposed that newspapers would have been one of the readiest means of diverting the mind of a patient.[spoken by a member of the Board] But Dr. Robertson is of a different opinion. He was asked, "Suppose a newspaper is sent to a patient, is he allowed to keep it?" His answer was "As a rule, I discourage all colonial newspapers being sent into the ward, and for this reason, that it very often may cause great distress, there may be a death, or birth or marriage, or something affecting that man's own family, or some relation of his".76

In response to further questioning, Robertson suggested that the reason for this was that their object was to 'keep the patient away from the outside world, to isolate him ... as much as possible'. He then went on to talk more about the particular practice of depriving patients of local, current newspapers, explaining it as part of their cure:

76 Kew Inquiry, VPP 1876, vol.3, p.75.
Their being isolated and deprived of any information as to the outside world in which they have been accustomed to move in newspapers, produces a sedative effect and removes any delusions which they may entertain.  

When asked if he would allow the patients to read English papers however, he replied, ‘yes’. This prompted the question, ‘What difference is there between the two?’, to which he replied somewhat enigmatically, ‘There is the same difference between the English papers to the intelligence of the insane person and a colonial paper as there would be to a sane man.’

This meant in effect that a patient could only read a newspaper in which he or she could have limited interest; not that they were meant to forget that newspapers were a part of the world outside the asylum. Although Robertson insisted that one of the ‘chief advantages of putting them [patients] in the asylum is of taking them out of their own world and putting them in another,’ by depriving them of news of current events in this manner they were simply being reminded of the way in which their choices were continually circumvented and restricted by the asylum authorities. The likelihood of a patient reading anything about his or her own family in a newspaper would have been fairly remote. It would certainly have been much less likely than their hearing it from any personal correspondence or visitors to the asylum, both of which were encouraged, if again, within limitations.

**Personal Correspondence**

When asked at the 1876 Inquiry about the asylum policy on correspondence between inmates and their family and friends outside, Dr. Robertson replied that it was ‘practically unrestricted’, but hastened to add that ‘caution has to be used’. In practice, each letter into

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77 ibid.
78 ibid.
79 Kew Inquiry, VPP 1876, vol.3, p.76.
the asylum was first taken to the superintendent, who then delivered it to the patient to whom it was addressed, if he decided that it was 'suitable'.

Patients were also encouraged to write to their friends outside the asylum. Again, according to Robertson, patients had 'free use of writing materials, and all letters deemed proper to be transmitted are forwarded'. Both doctors and attendants acted as censors for this outgoing mail. Although Robertson was adamant that 'in no cases are letters destroyed' it appeared that the attendants took it upon themselves to 'exercise a discretion' as to how letters were dealt with. This was made clear at the Inquiry when Morrison, one of the male attendants, admitted that he had confiscated a patient's letters because they were 'awful rubbish'. Another patient, identified as Drummelow, also testified that he believed that when the patients wrote letters a great many of the attendants read them. He also claimed that 'if a letter was sealed it would be against the rule to open it; yet it would be opened just the same.'

Among the recommendations of the Board at the Inquiry was one that:

greater attention should be paid to the manner of dealing with patient's correspondence so that their feelings should not be outraged, and that due facility should be accorded them for communicating with their friends, and that on no account should attendants be allowed to exercise a discretion which it seems practically they do exercise.

There was no suggestion that the powers of the superintendent should be curtailed in this area.

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80 ibid.
81 ibid.
82 ibid.
Not all the family members or friends of inmates were enthusiastic that their inmate relatives be availed of the opportunity to correspond freely with the outside. Some expressed this view in no uncertain terms to asylum staff. A short letter from a sibling of James Heron (admitted in August 1899), stated a definite objection to his letters being forwarded to family members other than him or herself. ‘Dear Sir,’ the note began ‘I would be obliged if you could kindly stop all letters sent by my brother James with the exception of those sent to the above address.’

83 The letter was unsigned but was presumably written by the sibling that resided at the address given. Apparently not all the family was involved in consultation as the letter-writer added, with apparent irritation, ‘I may mention that one has already been sent to my brother’s address.’

In a similar manner, the brother of Annie Mansfield forwarded a short list of people and addresses to Dr. Mullen in June 1903. He insisted that he ‘must ask you to give instructions that the only letters to be forwarded that may be written by my sister (if you think fit) only be to the following’. 85 He even went so far as to enclose one of Annie’s letters, asking that it be returned to her, and stating ‘I certainly think that this letter should not be answered.’ 86

During the same year, George Mitchell began a long correspondence with the superintendent about his sister Margaret ‘s persistent letter writing, urging that her letters be confiscated. Margaret was admitted in May 1902 suffering from ‘mania’. She spent many years at the asylum until she died in 1928. In the earliest surviving letter, a brief note dated 14 October 1903, George Mitchell enclosed a note and ‘a packet of cheap novels’ for his sister. He also made clear his feelings about any correspondence she might contemplate. ‘She [Margaret]

83 PROV, VPRS 7398/P1 Unit 15, p.477, Letter addressed only Dear Sir, and unsigned, dated 10 July, 1907.
84 ibid.
85 PROV, VPRS 7397/P1, Unit 13, p.788, Letter to Dr. Mullen from J.B. Mansfield 27June 1903.
86 ibid.
has been worrying me lately to send her some postage stamps which I have no intention of doing, and trust that none will be supplied to her at the asylum.\textsuperscript{87}

Almost four years later he wrote again. He was still concerned about letters from his sister being sent. Apparently though, someone had taken note of his earlier request as this letter read in part:

\begin{quote}
I was not aware that you had withheld any of my sister’s “letters” [emphasis in original] if letter they may be called, or I should not have been so anxious. It does really seem foolish to waste stamps on such inconsequential stuff as she writes and now that I know you are deliberately withholding her letters I am perfectly satisfied.\textsuperscript{88}
\end{quote}

Nevertheless, regardless of the implied assurances he went on to add:

\begin{quote}
Under no circumstances allow any to be forwarded anywhere, except under cover, to me, and this only if you should think it necessary. Her weakness for writing foolish letters to strangers has always caused us anxiety. The letters you are now holding had better be destroyed.\textsuperscript{89}
\end{quote}

Clearly, George Mitchell had suffered acute embarrassment on account of his 'mad' sister, who, it would seem, managed to create intense anxiety in him even from the asylum. He must have been dismayed in January 1911 when he received two letters from his sister which apparently had been sent to an incorrect address. He wrote back immediately, his annoyance palpable:

\begin{flushright}
\textsuperscript{87} PROV, VPRS 7397/P1, Unit 13, p.776, Letter from Geo. Mitchell to the Superintendent, dated 14 October 1903.
\textsuperscript{88} ibid., Letter from Geo. Mitchell re. Margaret Mitchell dated 1July 1907.
\textsuperscript{89} ibid.
\end{flushright}
By [illegible] post yesterday morning I received the 2 envelopes enclosed herewith containing a lot of inconsequential rubbish written by my sister. Let me point out before going further that I am not a barrister and solicitor but an accountant and that my address is not Malop St, Geelong but as given above. I am sure I never supplied such a ridiculous address to your department and why you should make use of any other than that given by me is for you to explain. Surely the scrawling of a lunatic ought not to be taken as sufficient. On previous occasions I have suffered a great deal of annoyance through similar carelessness in forwarding my sister’s “letters” if letters they could be called, and I must now request once more, that no letters be forwarded to me under any address but the above, and not at all except the letters contain some important message. In the present mistake neither enclosure contained anything of the least importance to anybody.

Disarmingly, he added ‘I shall be obliged if you will let me know how my sister’s health is, and if she managed to get a pair of glasses to suit her sight. Yours faithfully Geo. Mitchell’

Accompanying this letter were some four pages of writing and drawing, much of it incomprehensible, presumably written by Margaret Mitchell. Although George Mitchell relied on the asylum to relieve him of the burden of his sister’s illness, it seemed it was difficult for him to completely escape the humiliation her delusions caused him, regardless of his continuing exhortations to asylum staff. In spite of his pomposity, it is difficult not to feel for George Mitchell, and others like him, continually, if unintentionally, embarrassed by a relative whom he could not quite bring himself to abandon totally.

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90 PROV, VPRS 7397/P1 Unit 13, p.776, Letter G. Mitchell to The Superintendent dated 8 January 1911.
If the attendants ceased to interfere with a patient's correspondence as they were advised to do at the Inquiry, it was still apparent that it was accepted, and indeed expected, that the doctors were in a position to examine and censor it. Patients were aware of these regulations and worked around them. This is made explicit in a letter written by an inmate in 1908, who wrote 'I am avoiding using few words as no exception may be taken by the Authorities to sending the letter'.91 Occasionally patients used this lack of privacy for their own benefit. Annie Mansfield tried to thwart her brother's attempts to prevent her writing letters to whom she pleased by writing directly to the medical officer Dr. Mullen in 1902 shortly after her committal. In an attempt to elicit his support in having her released from the asylum, she presented her position as having resulted from some sort of familial conflict. Further, she surmised that his intimate knowledge of her situation would work to her advantage. Accordingly, she wrote 'you have seen all my letters as they are supposed to pass either through your or Dr. Campbell's hands. Therefore you know the sorrow I have in every detail. I have had seven months of the most cruel persecution'.92 Annie was destined, however, to remain in the asylum for over two years, eventually being discharged in July 1904.

Visitors

The friends and relatives who visited the inmates on a regular or irregular basis were perhaps the most enduring and meaningful contact the patients had with the outside world. These visits must have been the most potent reminders to the inmates that they were not free to come and go as they chose. This is not to say that the visits would not have been looked forward to by the majority of inmates. As the Vagabond observed during his week at Kew,

91 PROV, VPRS 7397/P1, Unit 20, p.227-28, Letter addressed to E. Naylor from J.Prater, Kew Lunatic Asylum C1 Ward, undated.
92 PROV, VPRS 7397/P1, Unit 13, p.788, Letter addressed to Dr. Mullen from A. C. Mansfield Kew Asylum, 23 August 1903.
the visits of relatives and friends were 'a great source of comfort to the patients, and these are allowed at any time during the week days.'\textsuperscript{93} His only concern was that the regulations did not allow visitors after eleven o'clock on Sunday, which caused 'a great hardship to the friends of poor patients, who perhaps live some distance in the country'.\textsuperscript{94} This type of official regulation must have been especially frustrating to the patients, regulations according to time being a constant reminder of a circumscribed life.

An ex-patient named Graham complained at the Inquiry in 1876 about the restrictions placed on visiting. He expressed the opinion that 'when friends come to see them [patients] I think they might be allowed to come any day or any time of the day ... so they could walk in the paddock and chat with their friends',\textsuperscript{95} Dr. Robertson claimed that the visits of friends was 'practically unrestricted and on average 250 persons visit their friends every week', then added that 'it would be impossible in an asylum the magnitude of Kew without some rules'.\textsuperscript{96} If the words of John Prater can be taken literally it appears that the time available for visiting shrank rather than increased over the years. John was a disgruntled patient who was admitted in April 1908. In a letter addressed to 'E. Naylor near Retreat Hotel Hampton', he gave the visiting hours as 'weekdays 2.30 till 4.00, Sundays 9.30 till 11.00'.\textsuperscript{97}

The asylum doctors also held conflicting notions about the effects of visits on the health of the patients. Although visits were generally encouraged, Robertson stressed 'the necessity of care being taken in regard to visits, even to preventing them where ... in the opinion of the medical officers, it would be an injury rather than a benefit'. He also cautioned that it 'would

\textsuperscript{93} James, Vagabond Papers, p.133.
\textsuperscript{94} ibid.
\textsuperscript{95} Kew Inquiry, VPP 1876, vol.3, p.75.
\textsuperscript{96} ibid.
\textsuperscript{97} PROV. VPRS 7398/P1, Unit 20,pp.227-8, Letter from J.Prater to Dear Sir, Kew Lunatic Asylum C1 Ward 18 November 1908.
not do to have friends of patients going in and out at all hours, nor could these visits be permitted except under the watchful care of officers of the institution’. Robertson also insisted that ‘friends of lunatics are rarely fitted to judge the state of mind of patients ... visits might excite it.’ The Board at the Inquiry found that visitors were often delayed unnecessarily when they came to see friends or family members. ‘The evidence given by witnesses ... shows that considerable delay takes place before visitors can see their friends upon calling’. As a rule they suggested, ‘it would appear that it takes about twenty minutes before a visitor can see his friend who is a patient’.

Even as they made it difficult for visitors, friends were simultaneously condemned by asylum staff for not visiting. Also, according to the transcript of the 1876 Inquiry, one of the ‘saddest things was the indifference and neglect of friends of patients, some of whom appear to feel acutely the abandonment by their friends’. This lack of visitors was also perceived to be a possible cause of deterioration in a patient’s condition. Emma Reilly, a patient called upon to testify, commented that ‘there are lots of patients waiting for their friends. Their friends will not fetch them and they seem to sink under the affliction without hope’. John Prater’s letter conveyed some of this loneliness and desperation of patients for visits from the outside world. His letter was largely a plea for someone to visit him. ‘I hope’, he wrote, ‘you will kindly pay me a visit, if not if you can send some friend that I know. I hope you will kindly visit as soon as possible.’ Although described as ‘depressed ... with well-marked delusions of persecution’ he was perceptive enough to understand that it was an advantage to have friends ‘on the outside’ who would be willing to help him. His letter went on to say:

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98 Kew Inquiry, p.75.
99 ibid.
100 ibid.
101 ibid.
102 ibid.p.76
103 PROV, VPRS 7398/P1 Unit 20, pp.227-28, Letter from J. Prater, 18 November 1908.
As far as I can understand if one has no friend to use influence to get me out they can keep me until I am dead. I am relying on you to [illegible] I hope you will kindly do your best for me to rescue me from a terrible life and fate.¹⁰⁴

Whether Prater ever found a benefactor to ‘rescue’ him is not clear, although it would appear to have been unlikely, as he was transferred to Beechworth in 1909.

However, relatives and friends on ‘the outside’ felt confident they could influence the asylum staff with regard to the visitors of their inmate relations. E.M. Loughlin was not apparently residing at the same address as his wife Irene when she was admitted to the asylum in November 1907. Yet, he felt no hesitation in writing to the doctors asking them to restrict her visitors. His letter was brief and to the point: ‘I am asking you to kindly stop anyone from seeing my wife, Mrs. Loughlin but her sister, or anyone without my order.’¹⁰⁵ Irene Loughlin, at 29, had been committed as ‘melancholic’. Her description suggests that she was deeply depressed and withdrawn, sitting with her head bent and ‘eye cast down upon the ground’. There is nothing in her notes to suggest that she posed a danger to any visitor. Although her husband’s motives remain unclear, it is possible that he simply wished to spare himself the embarrassment of his wife being seen in such a disturbed state. Loughlin perhaps had a common concern with George Mitchell in discovering that the asylum did not guarantee the invisibility of their mentally disturbed relatives.

On the contrary, according to Foucault, although ‘confinement hid away unreason, and betrayed the shame it aroused ... it explicitly drew attention to madness, pointed to it’.¹⁰⁶ While there is no evidence to suggest that the inmates at Kew were exhibited in the manner

¹⁰⁴ Ibid.
¹⁰⁵ PROV, VPRS 7397/P1, Unit 17, p.95, Letter to Dr. Hollow from E.M.Loughlin, 31 May 1908.
¹⁰⁶ Foucault, Madness and Civilisation, p.70.
Foucault suggests about the insane during the classical period, there were occasions when people came to the asylum simply to observe the patients. As the Vagabond noted, visitors without particular friends to visit were often ‘shown around the asylum’. More importantly, the very fact of being in an asylum labelled one as ‘deviant’ or ‘mad’. While families could take comfort from the fact that they did not have to cope with their insane relatives on a daily basis their relinquishing of power over them to the asylum meant that the rest of society had access to them in a way they probably had not anticipated, and could no longer control.

Whether they visited the inmates or not was the prerogative of the family and friends. They were under no obligation to do so. If they chose to do so, they were able to negotiate for various concessions. In the main, however, they, like the patients themselves, were bound by the restrictions imposed by the asylum authorities.

**Trips and Short Outings**

Besides having visitors coming to see them, certain patients were, at times, permitted to leave the grounds of the asylum. Often these patients were placed under only a ‘moral obligation’ to return. It was the responsibility as well as the right of the superintendents to make decisions affecting inmates in this way. In general, the official methods that were followed approximated those practised in Britain. As the Board of the 1876 Inquiry noted in their summing up:

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107 James, *Vagabond Papers*, p.133.
With regard to the liberty to be afforded to patients, we are of the opinion that the plan which is in vogue at the Bethlem and St. Luke’s Hospital in England might be more fully adopted at Kew, although it certainly does obtain to some extent.  

Although this suggests that the liberty afforded inmates at Kew fell somewhat short of that enjoyed by patients at the English institutions, Dr. Robertson was quick to defend his own efforts in this regard. ‘There are’, he claimed, ‘a number [of patients] I allow to walk about and some I allow to go to town by themselves.’ He then added as if to emphasise that it was a matter of trust between himself and the patient that enabled him to grant them this type of freedom: ‘I have very rarely found a patient who gave me his word of honour that he would come back who went away.’ The Board agreed with Robertson’s assessment of the situation. They cited a recent occasion as ‘perhaps the most marked incidence of this where the superintendent permitted a patient to go out alone to the last Melbourne races, and he returned according to promise’. Whether or not that particular patient felt honour bound to return as promised, it may have been that many patients did not possess the necessary financial ability or social skills to exist on their own outside the institution, especially if they had no-one willing to assist them.

Nevertheless, some inmates did abscond from their day’s outing. During the Zoë Commission, an example was given of a patient identified only as M. M, who was allowed by Dr. McCreery to attend a race meeting. He, however, unlike the patient of whom Robertson spoke, did not return from the days outing. Nothing was heard of M for a year after he absconded, when he was discovered living with his sister-in-law. Although she ‘vouched for his good behaviour’, he was taken back to the asylum and detained there.

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108 Kew Inquiry, VPP 1876, vol.3 p.75.
109 ibid., p.76.
110 ibid.
Board of the Commission were of the opinion that if he could survive for a year outside the asylum he should have been left alone, although they considered it to be a ‘very ungrateful act on the part of a patient to escape when he is out on a day’s pleasure’.111 M’s case was further complicated by the fact that although his sister-in-law was willing to look after him at her home, his wife objected to his release. M was in the unenviable position of having too many relatives intervening on his behalf. His case was eventually resolved when ‘after several enquiries the authorities arranged for him to be released from asylum control’.112

An inmate who seemed determined to maintain a connection with the ‘outside’ under his own rules was Michael Hallisey of Terang. Hallisey, who was admitted to Kew in 1885, was an habitual escaper. Although he was usually recaptured before he was able to return to his home town, on one occasion he managed to avoid recapture for six weeks. His description was issued in the Victoria Police Gazette as being ‘56 years of age ... with beard, whiskers and moustache, wearing asylum clothing consisting of grey tweed suit, blucher boots and soft felt hat’.113 In spite of this comprehensive description, he was not apprehended until he reached Terang. An article in the Camperdown Chronicle which reported the incident expressed surprise at his ingenuity, noting that ‘the unfortunate man, mad as he is, had the sense on affecting his escape to take the shortest cut for home, avoiding in his way, it is thought, all settled districts’.114 Hallisey was eventually arrested by Constable Snowden of Terang, and returned to the asylum by 20 June 1885.

112 ibid.
113 Victoria Police Gazette, (13 May 1885), p.137.
114 Camperdown Chronicle 20 June 1885, p.2.
The Way Out

On Trial

As if to underline the ambiguous borderline that existed between the asylum and the community, there were two allied schemes in which patients lived a life bounded by the rules of the institution, yet not within the asylum itself. These were the On Trial or Probation scheme and the Boarding Out system. Although the terms were often used interchangeably, especially after 1890, they started out as two distinct processes with different underlying intentions.

The Probation or Trial system had existed at least since the 1867 Lunacy Act. As quoted in the Annual Report for the year 1875, 'Under Sec.60 of the Lunacy Act 1867 power is given to the Inspector of Asylums to allow absence on leave ... from any asylum ... upon trial for such period as may be thought fit.'\(^\text{115}\)

The 1876 Inquiry outlined the role of the person into whose home the patient was sent. It explained that the ‘person with whom the patient is allowed out signs a form that he undertakes to take charge of the patient and becomes responsible for his safe-keeping’.\(^\text{116}\) In order to enforce this responsibility, the local police were notified, ‘stating that such a patient has been sent on trial to such a person’.\(^\text{117}\)

The ‘trial’ of a patient was meant to ascertain if she or he was capable of ‘surviving’ outside the asylum. Survival usually meant being able to obtain employment. After a short time


\(^{117}\) ibid., p.93.
away from the asylum, ‘those who were found to be incapable of earning a living could be brought back to the asylum without trouble or expense’. Certain patients who could not actually earn their own living but would be supported by a relative or friend could also be discharged not as cured, but ‘relieved’. ‘In addition,’ Inspector Paley claimed, ‘there were patients not cured, who were discharged on bond at the request of relatives or friends, many of whom were sent back to the asylums when their friends found it necessary or convenient to do so.’ These statements by Paley are quite telling. They reveal that the main requirement for patients initially to be allowed out ‘on probation’ was that they had someone willing to take them in and care for them.

Probationary programmes could be viewed as well meant attempts to divide responsibility for patients between families, communities and doctors. The limited success of such schemes is suggested through a number of case studies. Mary McEwan was admitted in August 1896. She was diagnosed as having ‘acute mania’ and with being ‘delusional, hallucinatory and incoherent’. She was also ‘thin and anaemic’. By November of that year, however, the medical officers declared her to be ‘dull and stupid’ but ‘apparently harmless’, and announced that she was to be ‘allowed on trial if suitable arrangements [could be] made’. Mary was subsequently sent home with her husband, but after a few months he re-opened negotiations to have her returned. To do this, he enlisted the aid of the local police. Sergeant Greal then wrote to the superintendent and related how James McEwan had stated that he ‘was unable to mind her,[Mary McEwan] and that she requires very close watching to prevent her committing suicide’. Convinced that she had made ‘a very determined attempt to commit suicide by drowning herself in an underground tank’, and mindful of McEwan’s poverty, Sergeant Greal noted that he had therefore ‘arrested and returned her at the public

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119 ibid., p.8.
120 PROV, VPRS 7397/P1, Unit 11, pp.753-54.
expense'. The unfortunate Mary was dead within a month of her return, from 'disease of the brain and pleuro- pneumonia'. She was also found to have had a fractured skull.

Other families who wished to reinstate relatives took a more direct approach and returned them themselves. Matilda Henley, who was committed in September 1899, was a patient for whom the doctors and her family held differing opinions as to her suitability for probationary 'leave'. She was allowed home 'on trial' in February 1900, but in July her family sent her back as 'unmanageable'. Dr. Mullen seemed quite surprised at this, expressing the view that she had 'acted very sanely here, and is free from delusions'. He also added, 'Were it not that she has been put on trial and returned as unmanageable I should ask you to take her out'. Her father, however, was adamant that Matilda was still suffering from delusions. 'The reason I took her back after she was out on probation was that she had undoubted delusions', he wrote, 'the chief one was that she was an actress, and that the manager of the theatre in Melbourne were waiting for her'. It is apparent however, that it had become inconvenient for Henley to have Matilda with him. He continued: 'When I took her out I had a home to bring her to at Queenscliffe, since then I have had to transfer my business and am staying with my daughter'. Matilda spent a total of 30 years under asylum control, but not always within the institution. Despite her father's reluctance to care for her, she occasionally spent extended periods living with other relatives or friends. She died at the asylum in January 1929.

121 ibid. Letter from Sergt. Greal, Victoria Police Southern Police District, Geelong West Station, December 1897.
122 PROV, VPRS 7397/P1, Unit 13, p.36, Memo re M. Henley from W.L. Mullen Acting Medl. Supt. 19 June, 1901.
123 ibid., Letter from J.H.Henley to Dr. W.L. Mullen, 3 July, 1901.
124 ibid.
125 ibid.
The probation scheme would have rendered the patient more vulnerable to the whim of their families removed as they were from the direct influence of the asylum staff, yet the doctors were generally enthusiastic about the benefits. They were quick to observe that often a period away from the asylum did have a positive effect on patients. As Dr. Robertson pointed out in 1873, when he was both Superintendent at Kew and acting Inspector of Lunatic Asylums:

The result of allowing patients to leave the asylums on probation cannot therefore be regarded as otherwise than favourable, more especially when it is considered that almost all patients who went out on probation had suffered from a prolonged and well-marked attack of insanity, and had only partially recovered when they left the asylums.126

Moreover, it soon became apparent to the medical staff that this system was also a useful device to help alleviate the overcrowding in the asylum itself. Just as importantly, it came to be seen as a cheaper option than detaining all patients in asylums. As the Annual Report 1873 suggested, the system was ‘found to be more economical when properly carried out than the treatment of patients in ordinary asylums.’ 127 In order to gain as much benefit as possible from the system, it was recommended that, in addition, a boarding out system might be adopted.

**Boarding Out**

Originally the boarding out system was portrayed as an extension to the probation system, whereby more patients were placed in the care of their families, or in other accommodation. In practice, it meant that besides patients who were expected to ‘recover’ it was also to be

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127 ibid.
used for patients who were considered incurable but harmless. As reported in the Annual Report for 1873, it was:


equally clear that the patients consist of a large proportion of harmless imbeciles, idiots, and epileptics, demented persons, and those labouring under chronic insanity, ...

who under proper regulations, might be treated elsewhere ... by eliminating such classes from the asylums the rapid extension of these costly institutions ... can be arrested. 128

Many families were reluctant to take their insane relatives back into the family home: it was after all they who had often brought them to the asylum in the first place. This situation is illustrated in a letter—brief and unequivocal—that was written by a member of the Scarlett family. In reply to Dr. Mullen’s suggestion that they should take Emma Scarlett from the asylum for a period of time, the note read, ‘I am writing this to inform you that we are not in a position to take my sister Emma out. I only wish we could do so for her sake’. 129 It was signed E.J. Scarlett. As an incentive to reluctant families like the Scarletts, it was suggested ‘many respectable though poor persons could be found who could take their relations from asylums to their homes if a small weekly payment were made for the cost of maintenance. Thus the boarding out system might be initiated’.130

By repositioning the situation as a matter for financial consideration the debate then revolved around the suitability or not of certain persons to accommodate patients in their homes. This debate quickly widened to consider the possibility of allowing patients to reside with friends, or even strangers, who were willing to take them. At first, this suggestion was greeted tentatively. Robertson was of the opinion that the ‘risk of placing patients to board with

128 Ibid. p.12.
129 PROV, VPRS 7397/P1, Unit 8, p.231, Letter to Dr. Mullens from E.J.Scarlett, April 1903.
strangers is so great that..we think it unwise to extend the practice'. More pragmatically, however, he recognised that 'if patients were boarded out only with relatives here, few would be sent (majority have no relations)'. Harking back to the oft-used argument about workhouses in England, he further maintained that 'considering the numbers that would not be confined in England, I venture to think that they might be boarded out with friends or strangers who are known to bear a respectable character'.

Asylum administrators were heartened by positive reports about the extensive use of the practice in Scotland, where about 'one fifth [asylum patients] are boarded out in private dwellings'. They were also encouraged by the rhetoric that described the small town of Gheel in Belgium where 'for 1,200 years madmen have been treated in a rational kindly manner ... while in England the horrors of Bedlam were still in full force'. At the 1876 Inquiry, one of the recommendations was that 'the existing system of sending out patients on trial be continued, and that, in addition, the system of boarding-out patients be adopted.' Despite this, it was some time before the system was fully adopted, as debate over perceived problems continued during the 1880s. The most unequivocal statement in support of it came during the Zox Commission, when quoting the words of prominent British alienist Dr. Blandford, the Board asked, 'How are you to know if a patient is capable of living beyond the walls of an asylum? The answer is simple. Give him a trial.' It was not until 1890 that

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132 ibid.
133 According to the Vagabond, At Gheel a system operated where the patients resided in private dwellings under the care of 'the host and hostess, and share in the usual life of the family'. [Source: James, Vagabond Papers, p.162].
For more discussion on Gheel and the Scottish System of Family Care see also F. Jolly, 'On the Family Care of the Insane in Scotland', The Journal Of Mental Science (JMS) vol.xxi. (April,1875) pp.40-60.
134 Editorial, 'Recommendations of Kew Asylum Board of Inquiry,' AMJ, vol.xxi, (December,1876) p.399
135 Final Report', Zox Commission, 1886, p.320. G. Fielding Blandford M.D. Oxon., F.R.C.P, was a lecturer on Psychological Medicine at the School of St. George's Hospital London. His treatise Insanity and its Treatments; Lectures on the Treatment, Medical and Legal, of Insane Patients was first published in 1871, to be greeted enthusiastically by his peers. The Journal of Mental Science
it ‘first took effect, when patients were sent from the asylums under care of guardians paid by the State’.

Asylum doctors were keen to insist that the boarding out of patients gave them greater freedom, seeing themselves as pioneers in asylum reform. The Commissioners of the Zox Report in particular found occasion to indulge in self-congratulation, claiming that the introduction of a boarding out system would give them cause to say:

As the last generation did away with the fetters and mechanical restraint in asylums we have released from the restraint of an asylum all those capable of enjoying a large amount of liberty and a freer atmosphere than that in which they formerly fretted and chafed.

In practice, however, an important component of the boarding out scheme was that the patient remained under the supervision of asylum staff. This inevitably entailed some supervision of the person boarding the patient. It was noted when the system was first mooted that ‘of course it would be requisite to exercise supervision over those boarded out’. It was anticipated that relieving officers be appointed who would ‘be required to satisfy themselves that the relief is adequate and properly applied, that the diet, clothing and bedding are sufficient and treatment of the patient satisfactory’. There was much concern about the feasibility of this supervision. In 1876, Dr. Robertson fretted that ‘there would be

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in its review claimed that it was ‘more suited than any book yet published to the requirements of the ordinary student of medicine’. [Source: ‘Reviews’, JMS, vol.xvii, (April1871),p.116]. The Second edition was received with equal acclaim in the same journal in 1877 where the importance of his detailed instructions for treatment ] and his notions of classification were highly praised. During the Zox Commission it was claimed that many of Blandford’s comments ‘may have been written about our own asylums’. [‘Final Report Zox Commission, p.318]

136 Annual Report 1890, VPP 1891, vol.6, p.5
much more difficulty in keeping a proper supervision over these people than in the old country'.\textsuperscript{140} In 1882, it was even suggested that families unrelated to the patient would make better guardians because they were more easily controlled, not having a vested interest in the patients themselves. Based on the Scottish experience, Dr. Dick—then Inspector of Asylums—contended that the ‘preference is given to strangers because their contract can be annulled and patients transferred to other care in case of necessity’.\textsuperscript{141} The Zox commissioners were less worried about the mechanics of control while still insisting on the necessity for it. ‘There are scores of monomaniacs’ they claimed, ‘who only require surveillance and a limit of their supply of money’.\textsuperscript{142}

\section*{Family, Community, and the Probation Schemes after 1890}

When the system of Boarding Out first began operating in 1890, it was made clear that the decision to grant a patient an ‘extension of liberty’ was not taken lightly. As the 1890 Annual Report solemnly proclaimed, patients ‘adapted for such an extension of liberty had to be selected by the asylum authorities, who also approved of the proposed guardians and the household accommodation’.\textsuperscript{143} For this to be possible, a proximity of asylum and household was desirable, a fact remarked upon in 1886 in the Australasian Medical Gazette: ‘For purposes of supervision also, close proximity of ... the asylum ... would be desirable’.\textsuperscript{144} With relief, the 1906 edition of the Gazette reported that, ‘these [boarded out] patients are almost all living in the immediate neighbourhood of the asylums, so that the medical officers are able to visit them periodically’.\textsuperscript{145} This meant that the asylum doctors had extended their

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\item[140] Kew Inquiry, p.92.
\item[143] Annual Report 1890, VPP 1891, vol.6, p.15.
\item[144] Editorial, ‘Care and Treatment’, p 49.
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surveillance into the family itself. This policing of families is best explained by Jacques Donzelot who defines it thus:

the main recourse was no longer a crude dumping ground for wayward members of the family ... but rather a sort of annex, a last prop serving a system of referral to the family and a surveillance of it”. 146

Whether through not enough volunteers, or lack of resources, the ‘boarding out’ system was never considered a success. In terms of alleviating the overcrowding there were simply not enough patients boarding out to make any appreciable difference to conditions. In 1891, Dr. Dick reported that the introduction of boarding out ‘with paid guardians has so far been of little effect’. There were in fact only one male and two females boarded out from Kew at the end of the year. Nevertheless, Dick still reasoned that ‘it has large possibilities in the future’. 147 These possibilities appeared never to have been realised. At the height of its popularity in 1897, there were six males and 14 females boarded out 148 from Kew. In 1898, there was a total of five males and 12 females. 149 The figures dropped steadily in subsequent years. In 1897, it had been noted that ‘the boarding out system had ‘not been extended during the year’ and that there seemed ‘little prospect of the asylums being relieved by this system of the care of the incurable and harmless patients to any considerable extent for many years to come’ 150 The Annual Report 1898 also identified what the doctors perceived as the main problem in obtaining more places outside for patients. ‘This system has not made any

146 Donzelot, Policing, p.85.
149 Annual Report 1898, VPP 1899-1900, vol.4, p.3
headway during the year’, it lamented, ‘as guardians can only be found for patients whose labour can be made useful’.

The probation, or trial system was more successful. This effectively meant that friends, and especially family, were again more heavily relied upon. Although families may have found it burdensome there were occasions when the system could act as a face-saver, especially for middle class families who did not wish their insane relatives to die within the asylum walls. An example of this was the case of Irene Beaver. Irene was admitted in 1893. After she had been in Kew for some years, the asylum received a letter from her sister. In it she made the request that ‘in case of impending death’[of Irene] she wished to ‘take patient O.T.’. Irene did not die until May 1914, presumably at her sister’s Brighton home, after she had spent 11 years in the asylum.

In 1891, there were 34 males and 71 females out on trial from Kew. This compared with eight males and 15 females out of a total population of 893 in 1876. A few patients went to stay with strangers rather than their own family by this time. They were supported by a small retainer. In 1897, the Inspector General noted that he was gratified to find that, ‘the system of allowing patients out on trial has been growing more and more into favour in the Victorian asylums where it is used to a much greater extent than in any part of the world’. However, he also lamented the lack of enthusiasm shown by the public for boarding patients. By the following year, administrators consoled themselves with the notion that the large numbers of patients ‘permitted to leave on trial greatly lessens somewhat the need for

152 PROV, VPRS 7397/P1, Unit 10,p.257, Memo re I.Beaver,(undated).
boarding out’. By 1900, all patients boarded out were on probation; they were effectively on probation as to whether or not they could behave in a manner thought by asylum administrators to be ‘suitable’. The family, with the help, and especially the supervision of the institution, was to achieve this. In Donzelot’s terms:

What was at issue, then, was ... a government through the family. The family no longer served to identify an interlocutor completely apart from the established powers ... it became a relay, an obligatory or voluntary support for social imperatives. 157

**Community Concern**

Although the test of patients’ right to remain outside the institution relied on their acceptance by their own family, or ability to blend into a family that complied with the outward signs of morality and respectability, the expectations of family and patient remained ambiguous. This lack of understanding is illustrated in a letter from a frustrated host to a previous inmate. Signed only M. Carmale and addressed to the patient Sarah Ellen Glover, it reads:

Since you took it upon yourself to leave me, I wrote to the Kew asylum and told the Dr. that you had left me and asked him if I was still responsible for you, and the answer I received was yes as I had taken you out on probation, which I am very sorry that I did, after the way that you have treated me. 158

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158 PROV, VPRS 8397/P1, Unit 16, p.103, Letter from M. Carmale, Oakleigh (undated) to Mrs. Glover.
Anxious only to be relieved of a duty which had become too onerous, the writer pleaded, then threatened:

Please answer by return of post ... or come and see me yourself -if not I am informed that I can take extreme measures to compel you which you know what that means. I don’t want to do it if I can help it, but when you are off my hands you can go where you like.  

The letter ended with a P.S. that revealed a belief on the part of the probationary host in the patient’s sanity and an indication of the paternalistic attitude in which she was regarded. ‘I know you are well mentally but ungrateful[sic].’

There were also people in the general community for whom the probation scheme represented a source of concern. Isabella O’Connell was one such worried resident. A member of the community of South Melbourne, she was literally in fear for her life as a result of it. Her specific concern was related to her neighbour, Sarah Lynch, who had been an inmate of Kew from 27 March 1897. When Sarah was let out on probation in April 1899 it caused Isabella to become nervous. Her fear led her to write to the asylum:

Sir ... you had a patient Mrs. Sarah Lynch ... in your institution until a short time ago. ... I do not like to act to put her there again. But I do solemnly declare that I am afraid of my life of her even before she was sent to the asylum. She often swore she would be

159 ibid.
160 ibid.
hung for me-poor woman is not realy[sic] in her proper senses-and if she got me alone I solemnly believe she would choke me. 161

Although she was afraid of Sarah prior to her admittance to Kew, Isabella’s fears were intensified by the knowledge of her neighbour’s incarceration. Having spent time in Kew had rendered Sarah Lynch visible as deviant, ‘pointed to her madness’, so that even outside the walls of the asylum she was still recognised as ‘an inmate’ and treated accordingly.

Complaints such as these reveal the complicity of the community in the confinement of the insane. There is little doubt that the system of asylums was to a certain extent a creation of the society it was meant to control. Regardless of this, it was apparent that once a person had come under the control of an institution the community’s power to influence events was limited. It was dependent on their understanding of, and access to the resources available. Perhaps most importantly, it was tied to the willingness of asylum medical staff to listen to community voices, or act upon their suggestions.

One of the avenues still open to a community in returning probationary patients to the asylum was to appeal to the police for assistance. This is illustrated by a case of 1906. When Constable McKay of Grantville wrote to the asylum with a request for the re-committal of John Hade, he noted that his attention had been ‘drawn to [Hade’s] peculiar behaviour.’ His inquiries revealed that Hade was out on probation from Kew, and that ‘he threatened violence and ill-used his wife ... In conversation he accused people of trying to poison him and that he would, through his wife’s bakery, poison half the people of Grantville and then suicide’. 162

Again, as in the majority of instances of committal, the community had not acted until the

161 PROV, VPRS 7397/P1, Unit 12,p.54, Letter from I. O'Connell to Doctor or Manager of the Yarra Bend Asylum (Referred on to Kew) 25 October, 1899.

162 PROV, VPRS 7398/P1, Unit 18,pp.245-6 and 437, Report of Constable P.McKay, Grantville Station to Sup’t of Asylum for Insane Kew, (undated).
behaviour of the patient had become extreme. As Constable McKay continued, ‘people in the neighbourhood were for some time in dread of him and terrified by his threats, and expected he would commit some tragic act at any time’. 163 Hade was returned to the asylum not because of his family’s inability to cope with him, but because of the concern expressed by the community.

The likelihood of being returned to the asylum always existed for the probationary patient, as did the possibility of exploitation. In 1905, it was suggested that the boarding out methods appeared to be regarded ‘as one way out of the servant difficulty problem’. 164 An asylum patient’s time outside the institution was always precarious. To be so inadequately in the world acknowledged as normal would have only served to emphasise the sense of exclusion of many patients. The sensibility of their outcast nature would surely have been heightened by their ability to move between the ‘inside’ and ‘outside’ world under such circumstances. Thus, the ‘strategic leverage’ created by the ‘tension between the home world and the institutional world’ 165 was maintained.

**Gender and Boarding Out**

In using the notion of a ‘moral career’ as offered by Goffman it is possible to explore the ongoing relationship between the institutional and the familial world. This method nevertheless has its limitations. These are partly explained by Goffman himself when he warns that his view is ‘probably too much that of a middle-class male.’ 166

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163 ibid.
166 ibid., Preface. p.x. Note: Goffman is not so much concerned with his ‘maleness’ but his ‘middle classness’ as he goes on to say that ‘perhaps I suffered vicariously about conditions that lower class patients handled with little pain’ indicating his own uncritical acceptance of the class-based assumptions employed by the asylum administrators.
Acknowledgement of this male centeredness does not alter the fact that it manifests itself not only in the almost exclusive use of the male noun and pronoun, but more importantly in that his descriptions imply fundamentally male-based assumptions about reality. The impact of the asylum such as the ‘loss of self’ suggests a deviation from a male socialisation, which then functions as the normative process against which to measure the ‘abnormal’ processes of the institution. The three separate spheres of life, for instance – work, sleep and play— that are advocated as the norm, indicate a more male way of relating to home life than a female experience. There is therefore no allowance that the asylum experience itself would have been modified through the gender of the inmate. It also assumes that males and females were perceived in the same way by the staff at the asylum, which was clearly not the case. The implications of gender within the asylum procedures are far-reaching, and as such deserve detailed analysis. I do this more comprehensively in Chapters Six and Seven, but at this point I wish to mention a gender issue that is directly related to the ‘inside – outside’ experience.

The number of females out in any given year on either probation or as ‘boarders’ was always consistently higher than the number of males. In 1883, the difference was only one, with 51 females and 50 out on probation, but by 1895, with the ‘boarding out ‘system officially in operation, there were 71 females living outside the asylum and 45 males likewise. This trend continued. Although there are no figures given to support it, it is likely that the greater number of women ‘outside’ were elderly, because of the notion that ‘entrenched insanity’ was impossible to cure. In addition, these women would have been considered

169 In 1910 there were 98 females on trial or boarded out, and 68 males.[Source:Annual Report 1910 VPP, 1911, vol.2, p.3.]
In 1912 -104 females living away, 83 males [Source: Annual Report 1912, VPP 1913-4, vol.2, p.3.]
(From around 1900 the total number of females and males in Victorian asylums was about equal. Earlier figures suggest a male-dominated population).
quite harmless to the community, if not to themselves. It is also worthy of note that his imbalance occurred in spite of the warnings given by various doctors of the vulnerability of women of child-bearing years. One of the concerns articulated frequently about boarding out was described in the *Australian Medical Journal* in 1883 as ‘a serious evil.’ The article went on to warn that ‘young women are not free from sexual dangers even when boarded out with careful women’, and noted that ‘the occurrence of pregnancy in these boarded-out female lunatics was comparatively frequent’. The caution exercised in allowing younger women out of the asylum is well illustrated by the situation of Elizabeth Raymond. Elizabeth was a domestic servant who had spent much of her life in institutions. Brought up in a Geelong orphanage, the grown up Elizabeth returned ‘every two years or so for a holiday’. It was during one of these visits the superintendent of the orphanage claimed ‘we found it necessary to procure for her medical attendance with the result that she was committed to the asylum’. Elizabeth was admitted on 17 July 1903, diagnosed as delusional. The next day the asylum staff had decided that she was ‘rational’ apart from the fact that she ‘thinks angels are in her room at night and sees visions’.

At the end of November the medical staff had pronounced her ‘fit for O.T. [on trial] if anyone will take her’. An appeal to the orphanage to re-admit her was refused on the grounds that she was too old. ‘We regret not being able to take her among so many young children’ was the response, and the orphanage suggested that she be sent instead to ‘the Benevolent or some similar institution’. Elizabeth however met a benefactor in a Mrs. Ada Smith of Moonee Ponds, who wrote to Dr. Mullens volunteering to take her in. ‘I have

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170 Medical Society of Victoria – Ordinary Monthly Meeting, ‘Administration of Lunatic Asylums’, *AMJ*, vol. v, no. 9 new series, (September 1883) p. 401.
171 PROV, VPRS 7397/P1 Unit 14, p. 320, Letter from M.E. Donegan to The Medical Superintendent, Kew, 12 January, 1904.
172 ibid.
173 ibid., Letter M. E. Donegan to The Medical Superintendent, 12 January, 1904.
decided, she wrote to Mullens, 'after seeing Mrs. Raymond to offer her a home'. The medical officer then wrote to the police sergeant at Moonee Ponds to 'inform me in confidence whether we would be justified, from your knowledge of Mrs. Smith in allowing that lady to take the girl'. The constable wrote back with assurances that Mrs. Smith was 'a divorced lady living on independent means' and 'a very kind and ladylike person', and that he 'felt sure that the Lunacy department would be justified in allowing her to have charge of the girl'. There is no way of ascertaining the motives of Ada Smith but Elizabeth Raymond was duly entrusted into her care on 20 February 1904. She was discharged completely from care, in July of that year. It is possible that the situation proved amenable to both women, Elizabeth gaining a home and employment and Ada Smith a housekeeper. Almost certainly, the staff of the asylum would have been pleased with the result.

However, the situation of the young Catherine Hook illustrated the type of incident that asylum doctors feared. Catherine, or Kate as she was known, had spent a great portion of her life in institutional care. She was sent to a Reformatory school in 1894, then to an Inebriate Asylum in 1899, from where she was transferred to Kew around 1904. During a period when she was not living at either of these institutions, she was employed as a servant in a house in Brunswick. Her brother-in-law, Peter Newsome, who had accepted responsibility for her while she was on probation wrote to the asylum in March 1903 in a state of agitation, insisting, 'I will not have her on any consideration any longer.' The reason for his wishing to relieve himself of the responsibility of his sister-in-law was that she was found to be 'in a certain condition'. Kate was described as a 'clean useful imbecile girl'. Although Kate claimed she had been assaulted and 'outraged' by her employer while his wife was at church Peter Newsome seem to feel that she was at least partly to blame for the incident, as 'she

174 ibid., Letter from A. Smith to Dr. Mullins 12 February, 1904.
175 ibid., Memo from Kew Lunatic Asylum 15 February, 1904.
176 ibid., Letter from Constable J. Deyson, Essendon, 17 February, 1904.
would go into service'. Kate also indicated a certain amount of determination while in the asylum. She was a recalcitrant patient, 'bad tempered at times', to the point where she once threw a cup at a nurse, but she was also a hard worker, determined not to complain even when obviously suffering from acute pain in her right ear. There is no mention of what happened to her baby, or even if her pregnancy went to full term.

In 1909, Dr. Barker, then Superintendent at Kew, expressed his personal view about such situations. His assessment, however, was also cloaked in the euphemistic language that was consistent with the increasing strain of puritanism that characterised the early twentieth century in Victoria. He spoke of 'certain very undesirable happenings during past years', and warned of the possibility of 'any unfortunate contingency'. Consistent with these puritanical expressions was his belief that the cause of the problem lay not with male sexuality but with the failure of the women to be strong enough to contain it. Barker confessed to being at a loss as to how to find suitable guardians for 'these young and weak-minded girls'. Gender was clearly an important consideration when doctors made decisions about patients being boarded out. Inevitably, gender was also one of the major factors which determined the overall experience of individuals once they submitted themselves to treatment under the therapeutic regime of the institution.

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177 PROV.VPRS 7397/P1, Unit 14, p.590, Letter from P.Newsome March 13, year unclear1903?
178 ibid.
Part 2: The Treatments

4. The Therapeutic Function of the Asylum
5. The Birth of the Hospital
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Asylum doctors were keen to insist that the boarding out of patients gave them greater freedom, seeing themselves as pioneers in asylum reform. The Commissioners of the Zox Report in particular found occasion to indulge in self-congratulation, claiming that the introduction of a boarding out system would give them cause to say:

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When the system of Boarding Out first began operating in 1890, it was made clear that the decision to grant a patient an ‘extension of liberty’ was not taken lightly. As the 1890 Annual Report solemnly proclaimed, patients ‘adapted for such an extension of liberty had to be selected by the asylum authorities, who also approved of the proposed guardians and the household accommodation’. For this to be possible, a proximity of asylum and household was desirable, a fact remarked upon in 1886 in the Australasian Medical Gazette: ‘For purposes of supervision also, close proximity of ... the asylum ... would be desirable’. With relief, the 1906 edition of the Gazette reported that, ‘these [boarded out] patients are almost all living in the immediate neighbourhood of the asylums, so that the medical officers are able to visit them periodically’. This meant that the asylum doctors had extended their

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One of the avenues still open to a community in returning probationary patients to the
asylum was to appeal to the police for assistance. This is illustrated by a case of 1906. When
Constable McKay of Grantville wrote to the asylum with a request for the re-committal of
John Hade, he noted that his attention had been ‘drawn to [Hade’s] peculiar behaviour.’ His
inquiries revealed that Hade was out on probation from Kew, and that ‘he threatened violence
and ill-used his wife ... In conversation he accused people of trying to poison him and that he
would, through his wife’s bakery, poison half the people of Grantville and then suicide’. 162
Again, as in the majority of instances of committal, the community had not acted until the

161 PROV, VPRS 7397/P1, Unit 12,p.54, Letter from J. O’Connell to Doctor or Manager of the Yarra
Bend Asylum (Referred on to Kew) 25 October, 1899.
162 PROV, VPRS 7398/P1, Unit 18,pp.245-6 and 437, Report of Constable P.McKay, Grantville
Station to Sup’t of Asylum for Insane Kew, (undated).

160
behaviour of the patient had become extreme. As Constable McKay continued, 'people in the neighbourhood were for some time in dread of him and terrified by his threats, and expected he would commit some tragic act at any time'. 163 Hade was returned to the asylum not because of his family's inability to cope with him, but because of the concern expressed by the community.

The likelihood of being returned to the asylum always existed for the probationary patient, as did the possibility of exploitation. In 1905, it was suggested that the boarding out methods appeared to be regarded 'as one way out of the servant difficulty problem'. 164 An asylum patient's time outside the institution was always precarious. To be so inadequately in the world acknowledged as normal would have only served to emphasise the sense of exclusion of many patients. The sensibility of their outcast nature would surely have been heightened by their ability to move between the 'inside' and 'outside' world under such circumstances. Thus, the 'strategic leverage' created by the 'tension between the home world and the institutional world' 165 was maintained.

Gender and Boarding Out

In using the notion of a 'moral career' as offered by Goffman it is possible to explore the ongoing relationship between the institutional and the familial world. This method nevertheless has its limitations. These are partly explained by Goffman himself when he warns that his view is 'probably too much that of a middle-class male.' 166

163 ibid.
165 Goffman, Asylums, p.13.
166 ibid., Preface. p.x. Note: Goffman is not so much concerned with his 'maleness' but his 'middle classness' as he goes on to say that 'perhaps I suffered vicariously about conditions that lower class patients handled with little pain' indicating his own uncritical acceptance of the class-based assumptions employed by the asylum administrators.
Acknowledgement of this male centeredness does not alter the fact that it manifests itself not only in the almost exclusive use of the male noun and pronoun, but more importantly in that his descriptions imply fundamentally male-based assumptions about reality. The impact of the asylum such as the ‘loss of self’ suggests a deviation from a male socialisation, which then functions as the normative process against which to measure the ‘abnormal’ processes of the institution. The three separate spheres of life, for instance – work, sleep and play – that are advocated as the norm, indicate a more male way of relating to home life than a female experience. There is therefore no allowance that the asylum experience itself would have been modified through the gender of the inmate. It also assumes that males and females were perceived in the same way by the staff at the asylum, which was clearly not the case. The implications of gender within the asylum procedures are far-reaching, and as such deserve detailed analysis. I do this more comprehensively in Chapters Six and Seven, but at this point I wish to mention a gender issue that is directly related to the ‘inside - outside’ experience.

The number of females out in any given year on either probation or as ‘boarders’ was always consistently higher than the number of males. In 1883, the difference was only one, with 51 females and 50 out on probation, but by 1895, with the ‘boarding out ‘system officially in operation, there were 71 females living outside the asylum and 45 males likewise. This trend continued. Although there are no figures given to support it, it is likely that the greater number of women ‘outside’ were elderly, because of the notion that ‘entrenched insanity’ was impossible to cure. In addition, these women would have been considered

169 In 1910 there were 98 females on trial or boarded out, and 68 males. [Source: Annual Report 1910 VPP, 1911, vol.2, p.3.]
   In 1912 -104 females living away, 83 males [Source: Annual Report 1912, VPP 1913-4, vol.2, p.3.]
(From around 1900 the total number of females and males in Victorian asylums was about equal. Earlier figures suggest a male-dominated population).
quite harmless to the community, if not to themselves. It is also worthy of note that his imbalance occurred in spite of the warnings given by various doctors of the vulnerability of women of child-bearing years. One of the concerns articulated frequently about boarding out was described in the *Australian Medical Journal* in 1883 as 'a serious evil.' The article went on to warn that ‘young women are not free from sexual dangers even when boarded out with careful women’, and noted that ‘the occurrence of pregnancy in these boarded-out female lunatics was comparatively frequent’.\footnote{Medical Society of Victoria – Ordinary Monthly Meeting, ‘Administration of Lunatic Asylums’, *AMJ*, vol.v, no.9 new series, (September 1883) p.401.} The caution exercised in allowing younger women out of the asylum is well illustrated by the situation of Elizabeth Raymond. Elizabeth was a domestic servant who had spent much of her life in institutions. Brought up in a Geelong orphanage, the grown up Elizabeth returned ‘every two years or so for a holiday’. It was during one of these visits the superintendent of the orphanage claimed ‘we found it necessary to procure for her medical attendance with the result that she was committed to the asylum’.\footnote{PROV, VPRS 7397/P1 Unit 14, p.320, Letter from M.E. Donegan to The Medical Superintendent, Kew, 12 January, 1904.} Elizabeth was admitted on 17 July 1903, diagnosed as delusional. The next day the asylum staff had decided that she was ‘rational’ apart from the fact that she ‘thinks angels are in her room at night and sees visions’.

At the end of November the medical staff had pronounced her ‘fit for O.T. [on trial] if anyone will take her’.\footnote{ibid.} An appeal to the orphanage to re-admit her was refused on the grounds that she was too old. ‘We regret not being able to take her among so many young children’ was the response, and the orphanage suggested that she be sent instead to ‘the Benevolent or some similar institution’.\footnote{ibid., Letter M. E. Donegan to The Medical Superintendent, 12 January, 1904.} Elizabeth however met a benefactor in a Mrs. Ada Smith of Moonee Ponds, who wrote to Dr. Mullens volunteering to take her in. ‘I have
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\(^{171}\) PROV, VPRS 7397/P1 Unit 14, p.320, Letter from M.E. Donegan to The Medical Superintendent, Kew, 12 January, 1904.

\(^{172}\) ibid.

\(^{173}\) ibid., Letter M. E. Donegan to The Medical Superintendent, 12 January, 1904.
decided, she wrote to Mullens, 'after seeing Mrs. Raymond to offer her a home'.\textsuperscript{174} The medical officer then wrote to the police sergeant at Moonee Ponds to 'inform me in confidence whether we would be justified, from your knowledge of Mrs. Smith in allowing that lady to take the girl'.\textsuperscript{175} The constable wrote back with assurances that Mrs. Smith was 'a divorced lady living on independent means' and 'a very kind and ladylike person', and that he 'felt sure that the Lunacy department would be justified in allowing her to have charge of the girl'.\textsuperscript{176} There is no way of ascertaining the motives of Ada Smith but Elizabeth Raymond was duly entrusted into her care on 20 February 1904. She was discharged completely from care, in July of that year. It is possible that the situation proved amenable to both women, Elizabeth gaining a home and employment and Ada Smith a housekeeper. Almost certainly, the staff of the asylum would have been pleased with the result.

However, the situation of the young Catherine Hook illustrated the type of incident that asylum doctors feared. Catherine, or Kate as she was known, had spent a great portion of her life in institutional care. She was sent to a Reformatory school in 1894, then to an Inebriate Asylum in 1899, from where she was transferred to Kew around 1904. During a period when she was not living at either of these institutions, she was employed as a servant in a house in Brunswick. Her brother-in-law, Peter Newsome, who had accepted responsibility for her while she was on probation wrote to the asylum in March 1903 in a state of agitation, insisting, 'I will not have her on any consideration any longer.' The reason for his wishing to relieve himself of the responsibility of his sister-in-law was that she was found to be 'in a certain condition'. Kate was described as a 'clean useful imbecile girl'. Although Kate claimed she had been assaulted and 'outraged' by her employer while his wife was at church Peter Newsome seem to feel that she was at least partly to blame for the incident, as 'she

\textsuperscript{174} ibid., Letter from A. Smith to Dr. Mullins 12 February, 1904.
\textsuperscript{175} ibid., Memo from Kew Lunatic Asylum 15 February, 1904.
\textsuperscript{176} ibid., Letter from Constable J. Deyson, Essendon, 17 February, 1904.
would go into service'. 177 Kate also indicated a certain amount of determination while in the asylum. She was a recalcitrant patient, ‘bad tempered at times’, to the point where she once threw a cup at a nurse, but she was also a hard worker, determined not to complain even when obviously suffering from acute pain in her right ear 178. There is no mention of what happened to her baby, or even if her pregnancy went to full term.

In 1909, Dr. Barker, then Superintendent at Kew, expressed his personal view about such situations. His assessment, however, was also cloaked in the euphemistic language that was consistent with the increasing strain of puritanism that characterised the early twentieth century in Victoria. He spoke of ‘certain very undesirable happenings during past years’, and warned of the possibility of ‘any unfortunate contingency’. Consistent with these puritanical expressions was his belief that the cause of the problem lay not with male sexuality but with the failure of the women to be strong enough to contain it. Barker confessed to being at a loss as to how to find suitable guardians for ‘these young and weak-minded girls’.179. Gender was clearly an important consideration when doctors made decisions about patients being boarded out. Inevitably, gender was also one of the major factors which determined the overall experience of individuals once they submitted themselves to treatment under the therapeutic regime of the institution.

177 PROV,VPRS 7397/P1, Unit 14, p.590, Letter from P.Newsome March 13, year unclear1903?
178 ibid.
Part 2: The Treatments

4. The Therapeutic Function of the Asylum
5. The Birth of the Hospital
CHAPTER 4

The Therapeutic Function of the Asylum

The object of the Kew asylum is to cure lunatics, not to provide a cheap means for the disposal of eccentric people.

Board of the Kew Inquiry 1876

The main object of placing the insane in asylums is for purposes of treatment, with a view to the cure or alleviation of their mental disease, it will follow that anything to impede the medical officers, in their attempts to bring about the most favourable result, is necessarily prejudicial and out of place.

Australasian Medical Gazette 1886.

Although it was primarily family, friends, neighbours, and to a certain extent the local police who instigated and continued proceedings that led to the incarceration of individuals, after committal it was the asylum medical personnel who determined the experience of the inmate. This was most evident with any curative treatment applied. Throughout this chapter I will explain some of the most common treatments used during the early years of the asylum’s operation examining the rationale behind them, and placing them within their historical context.

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1 'Minutes of Evidence', Kew Inquiry, VPP 1876, vol.3, p.60.
The Rhetoric of the 1870s

The Medical Heritage

The Kew Asylum was, as were Australian colonial asylums generally, heir to the philosophy and methods of Phillipe Pinel and Samuel Tuke. Phillipe Pinel the doctor in charge of the Parisian madhouses during the Revolution, obtained permission from the Commune to unchain the lunatics at the Bicetre and Salpetriere [asylums]. This has been interpreted as 'a politically symbolic act like the freeing of the prisoners in the Bastille.'

To an overseeing revolutionary, who privately questioned him on the wisdom of this action, Pinel is reputed to have replied: 'Citizen, I am convinced that these madmen are so intractable only because they have been deprived of air and liberty.' This 'liberation of the insane' by Pinel is also portrayed as a pivotal event in the medical history of madness. More than any other single act, it is often seen as symbolising the change from a religious to a medical explanation of madness. After Pinel, it is claimed, the insane were regarded as humans who were ill, not as monsters to be feared.

A contemporary of Pinel's was the English Quaker Samuel Tuke, the best known of a family dynasty of asylum superintendents and doctors. Although it was his grandfather William Tuke who founded an asylum specifically to treat mentally disturbed Quakers, it was the work of Samuel that has been heralded as the practical application of the reforms implied by Pinel's actions in Paris. The institution, which adopted the name 'The Retreat for Persons Afflicted with Disorders of the Mind' became known simply as the Retreat. Completed in 1793, it was widely accepted as the realisation of

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3 Showalter, *Female Malady*, p.2.
6 Samuel Tuke was born on 31 July 1784, the second child of Henry Tuke and Mary Maria Scott and their only son to live to maturity. Samuel's grandfather William (1732-1822), who founded the family firm of wholesale tea and coffee merchants, founded also the Retreat, to which he, his son Henry (1755-1814) and his grandson Samuel devoted their lives.
a new type of asylum dedicated solely to the cure of insanity. With its emphasis on familial and domestic values it became a model for future asylums.  

A contemporary commentator noted that the asylum, which he described simply as a 'house' was 'situated a mile from York, in the midst of a fertile and smiling countryside; it is not at all the idea of a prison ... but rather that of a large farm; it is surrounded by a great, walled garden. No bars, no grills on the windows.' Along with the freeing of the insane in Paris, the construction of the Retreat at York was accepted unproblematically as a great advance in the humane treatment of the insane–the moment when for the first time the 'real' nature of their affliction had been observed and understood. By rejecting the notion of divine interpretation, the 'demons of madness' became domesticated into 'organic imperfections' and the possibility of their 'perfectibility' through the application of scientific knowledge could be countenanced.

Yet, it was equally true, as observed by Foucault, that although the:

Legends of Pinel and Tuke transmit mythical values, which nineteenth century psychiatry would accept as obvious in nature ... beneath the myths themselves there was an operation, or rather a series of operations, which organised the world of the asylum, the methods of cure, and at the same time the concrete experience of madness.

This 'experience of madness' which was now no longer understood in terms of a descent into bestiality was condemned as a lapse of morality. The imperative that had been introduced into the

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9 Foucault, Madness and Civilization, p.243.
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