degeneration. The road to progress was 'masculine aggression, the road to destruction sappy effeminacy'. Within this duality, Woman was represented as a 'clinging vine' entwining the male, and if unchecked, sapping his vitality. Medical discourse echoed this concern about woman's degenerative tendencies. As Inspector Jones contended:

I am more and more convinced that the feeble-minded woman, and what one may also call the high-grade imbecile, the chronic inebriate, the degenerate ne'er do-well, are all of a class more dangerous to the nation from a eugenic point of view than any other class of person.

Although the 'exciting' causes of men's madness were always deemed to be environmental, their 'predisposing' condition was less to do with their own inherent weaknesses than the company that they kept. In the initial years of the asylum, 'aloneness' was considered a possible catalyst for insanity. However, more and more it came to be seen that unwise relationships with women were more likely to initiate an 'attack' of insanity. Another historical change in constructions of men's madness was that definitions of madness widened. Diagnoses of Depression and 'melancholia' became much more common. In spite of these shifts, the vulnerability of males to incarceration still rested on the public nature of their behaviour, or increasingly, on their family or community's willingness to expose such behaviour.

114 See Dijkstra, Idols, especially Chapter Seven 'Clinging Vines and the Dangers of Degeneration.'
CHAPTER 7

A Gendered Malady — The Female Experience

A noise of combat arose, and, rushing to the place, I found two patients fighting after the manner of wild beasts and women.

S. James. 1876

Would you oblige me by letting me know when I will be considered, as you expressed it, a free agent, not knowing anything at all of my case, I am at the mercy of my bitterest foes ‘my own household’ [emphasis in original] and am conscious that my liberty is being lied away as before. I assure you or anybody else in authority that I have never done anything in my life to justify my being thrust among that seething mass of corruption.

Mary Whitmore (asylum patient) 1896

Alice Mabel Blamey was admitted to Kew asylum in 1899. She was brought by her husband and diagnosed as suffering from ‘melancholia’. Alice proved a difficult patient, complaining and ‘restless at night’, with ‘her conduct at times tending towards indecency’ and her ‘language of a most obscene character’.3 Before she came to Kew, Alice had undergone an operation which ‘was of the nature of a vaginal hysterectomy’.4 According to Thomas Blamey, Alice’s husband, she was ‘suffering very much under delusions before going to hospital’. It was Thomas who consented to Alice’s operation because in the opinion of her doctor ‘the brain would be relieved’.5 Unfortunately for

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1 James, Vagabond Papers, p.104.
2 PROV, VPRS 7397/P1, Unit 12, p.12, Letter from M. J. Whitmore to Dr. Steele, undated.
3 PROV, VPRS 7397/P1, Unit 13, p.80.
4 ibid., Letter from Homeopathic Hospital Melbourne, 21 October 1899.
5 ibid., Letter from T. Blamey, 23 October 1899.
Alice, the operation seemed to have added to her distress, becoming part of her morbid fantasies, as she imagined that ‘after the operation all the men on the street were ridiculing her’. She was also subject to outbursts of ‘alternatively laughing and weeping’, and continued to ‘hear voices’ as well as being afraid for the safety of her children.

There may have been very good medical reasons for Alice to endure a hysterectomy. Nevertheless, the reason presented to her husband as ‘relief for her brain’ demonstrated the widespread belief held by the medical profession and the community alike that women’s reproductive organs and brains were inextricably linked. This formed part of a wider notion held unproblematically within Victorian social theory, that one of the most fundamental differences between men and women was that women were somehow closer to Nature than men. According to accepted wisdom, this rendered them more susceptible to biological fluctuations, and the vagaries of their bodies.

Nowhere were these differences more persistently articulated than within the discourse of mental illness. The ‘causes’ of men’s madness were many and varied, but in general they were straightforward and largely environmental. For men, mental instability could be avoided by a moderate lifestyle, and the exercise of a strong will. On the other hand, women’s insanity was more likely to be assigned an internal cause. In addition, it was felt to be a much more complex condition. According to medical wisdom, the instability of women’s reproductive systems could upset their psychological and rational control. The emphasis was on the periodicity of a woman’s life. Times of particular vulnerability were the onset of menstruation, childbirth and lactation, and menopause. Woman’s mental health was always considered precarious, and could only be maintained by a careful

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6 The literature on this topic is extensive. See for example Hacon ‘Puerperal Cases’, *AMG*, vol.iii, no.11 (November 1883), pp.31-52, J. Jamieson. ‘The Present state of the Puerperal Fever Question’ *AMJ*, vol.6, (1884), pp.244-52, J.W. Springthorpe ‘Climacteric Neuroses’ *AMJ*, vol.8, no.3 (March 1886), pp.193-99, Beattie Smith ‘Insanity in its Relations’, *IMJA*, vol.8, no.2 (February 1903), p.66, and Kate Hogg, ‘An Introduction to the Relation of the Female Pelvic Organs to Insanity.’ *Australasian Medical Congress Transactions*, vol.iii, Melbourne 1908, pp.281-82.
balance of her essential (biological) nature. Put simply, women were represented as always in danger of going mad, merely by virtue of the fact that they were women.

The work of historians like Elaine Showalter, Ann Digby, Jane Ussher and Jill Matthews has exposed these theories as misogynist constructions. Nevertheless, it is clear that the experience of incarcerated females was vastly different from that of male inmates. In this chapter, I shall explore the particular tensions and ordeals of the female asylum patient. I also consider how contemporary social commentary then fashioned them as possible disrupters of orderly society.

**Early Female Committals**

**Increasing Vulnerability of Women**

In 1873, the Australian Medical Journal published a list of the type of people who, doctors believed, should be committed to asylums. This list included ‘female idiots’, but suggested that ‘harmless male idiots ... are far happier with relatives than they could be in the best asylum possible’. This suggested that, according to the medical profession, the two groups were different, not only in terms of the manifestation of their illness but in terms of their perceived relationship to society. This would also seem to indicate that women were more vulnerable to committal. Whereas male ‘idiots’ had to have their danger to society proven, female ‘idiots’ were by definition a danger not only to themselves but also to society. Despite this, as discussed in the previous chapter, there were consistently more men than women admitted to Australian asylums throughout the nineteenth century. The reason was possibly that women with their lesser participation in the ‘public sphere’ were simply less visible. Female madness was more likely to be hidden within the confines of the family. With the growing tolerance of more

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professional interference in the family around the turn of the century, more women came under the notice of doctors. Hence, the number of women admitted to asylums began to increase.

From the beginning, however, women always formed a presence in the asylum. An examination of some of the early case books reveals some interesting dissimilarities from their male counterparts in the manner in which they were treated. Although these dissimilarities appear insignificant in themselves, added together they point to a perception of female insanity very different from that of males. Insanity was not strictly a ‘gender defined’ illness, but its manifestation elicited different responses according to whether it appeared in men or women.

The construction of male and female madness was imposed upon two asylum populations which differed fundamentally in more than just gender. Male inmates were much more likely to be single and to have been brought to the asylum by the police. For women, a slightly different profile emerged. The majority of women were married. For the first two decades of the asylum’s operation, women were only slightly more likely to come through the efforts of the police than friends (See Table 6.3). This situation altered noticeably around the turn of the century when family and friends were more likely to bring inmates of either sex.

However, the early figures could be somewhat misleading. Although they indicate that many inmates had been brought by the police, in some cases of female committal especially, it seems the family had asked that the police intervene. Often they did so in order to allay the cost of sending their wife or daughter to the asylum, or at least acquiesced in their being taken there. This was definitely the case with Mary McEwan whose record states that she was brought ‘by the police’. However, an accompanying letter from the local police sergeant revealed that, as her husband was in ‘poor circumstances and not able to defray the expense of returning the patient to the asylum,’
he had had her ‘arrested and returned at the public expense’. There were other instances, like that of Margaret Davies, admitted in 1888, after having been brought by both the ‘police and her son.’ Another was Agnes Murtaghe, who was brought by her ‘brothers and the local police’.

By the 1890s, women were far more likely to be brought by friends or relatives (See Table 7.1). These women, regardless of who first brought them to the asylum, were also much more likely to have been married or widowed than to be single. This tendency remained constant throughout all the years under discussion (See Table 7.2). Overall, the profile of women brought to the asylum did not alter as much as that of men. The first male inmates were also much more likely to have come from the rural areas of the colony. In the 1870s and 1880s, men were more likely to have come from the country areas, but during the 1890s the numbers evened out. By the early twentieth century, the male patients were slightly more likely to have come from the urban areas of Melbourne. From the earliest days until the closure of the asylum, urban women were always more highly represented than those from the rural sector.

8 PROV, VPRS 7397/P1, Unit 11, pp.753-54, Letter from Sgt. P.M. Greal 7 December 1897.
9 PROV, VPRS 7397/P1, Unit 8, p.200.
10 PROV, VPRS 7397/P1, Unit 14, p.378.
11 The Annual Report for 1908 shows that at the 31 December that year there were resident in all Victorian asylums, a total of 488 single female patients, 761 who were married, 263 who were widowed and 106 who were of unknown marital status. (Source: VPP 1909, vol.2, p.11).
Table 7.1  Manner of Admission of Females to Kew Asylum 1885-1907

<table>
<thead>
<tr>
<th>Year</th>
<th>By Friends</th>
<th>By police</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1885</td>
<td>22</td>
<td>70</td>
<td>100</td>
</tr>
<tr>
<td>1886</td>
<td>28</td>
<td>71</td>
<td>107</td>
</tr>
<tr>
<td>1887</td>
<td>44</td>
<td>80</td>
<td>134</td>
</tr>
<tr>
<td>1889</td>
<td>59</td>
<td>77</td>
<td>162</td>
</tr>
<tr>
<td>1890</td>
<td>87</td>
<td>64</td>
<td>159</td>
</tr>
<tr>
<td>1891</td>
<td>81</td>
<td>68</td>
<td>161</td>
</tr>
<tr>
<td>1892</td>
<td>80</td>
<td>80</td>
<td>170</td>
</tr>
<tr>
<td>1893</td>
<td>81</td>
<td>73</td>
<td>159</td>
</tr>
<tr>
<td>1894</td>
<td>85</td>
<td>55</td>
<td>148</td>
</tr>
<tr>
<td>1895</td>
<td>60</td>
<td>37</td>
<td>97</td>
</tr>
<tr>
<td>1897</td>
<td>88</td>
<td>45</td>
<td>143</td>
</tr>
<tr>
<td>1898</td>
<td>78</td>
<td>66</td>
<td>154</td>
</tr>
<tr>
<td>1900</td>
<td>86</td>
<td>48</td>
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<td>30</td>
<td>133</td>
</tr>
<tr>
<td>1904</td>
<td>110</td>
<td>26</td>
<td>143</td>
</tr>
<tr>
<td>1905</td>
<td>98</td>
<td>31</td>
<td>147</td>
</tr>
<tr>
<td>1906</td>
<td>98</td>
<td>48</td>
<td>156</td>
</tr>
<tr>
<td>1907</td>
<td>97</td>
<td>37</td>
<td>140</td>
</tr>
</tbody>
</table>

In 1907 the Royal Park receiving house opened, and most patients were recorded as coming from there, thus obscuring the source of their initial contact with the asylum. (The slight disparity in figures between the 2 avenues of admission and the overall total is caused by the few numbers of women each year who came from other asylums, benevolent homes, or hospitals and gaols.

Source: Annual Reports 1885 - 1907.
Table 7.2  Marital Status of Women (1884-1915)

<table>
<thead>
<tr>
<th>Year</th>
<th>Kew Asylum only</th>
<th>All asylums</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1884</td>
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<tr>
<td></td>
<td>155</td>
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</tr>
<tr>
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<td>1886</td>
<td>1889</td>
</tr>
<tr>
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<td>33</td>
<td>62</td>
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<tr>
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<td>25</td>
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</tbody>
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Figures are not given for some years. When they resume in 1905 they are usually given as a total of all Victorian asylums.

<table>
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<td>122</td>
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<td>2</td>
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</table>

Kew only

<table>
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</thead>
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<tr>
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<tr>
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<td>0</td>
</tr>
<tr>
<td></td>
<td>72</td>
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</table>

All asylums

<table>
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<th>Year</th>
<th>All asylums</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1914</td>
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<tr>
<td></td>
<td>138</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>153</td>
</tr>
</tbody>
</table>

Source: Annual Reports 1884-1915.

Visible Women

In the early days of the asylum, the characteristics of the most vulnerable section of society to incarceration were: that they were male, single, of no fixed abode, either
unemployed or employed in itinerant occupations, and often in poor physical health. There was, however, a small group of women whose circumstances made them roughly analogous to this group in terms of both their position in society, and their familial situation.

One such woman was Mary Anne Clay who was brought by police to the asylum after being certified as a ‘lunatic wandering at large’. Mary Anne was admitted to Kew in March 1875, and diagnosed as ‘melancholic’. It was noted that she had ‘no occupation’. The supposed cause of her illness was ‘drink’, although she herself claimed that it was caused through ‘a fright she got’. Mary Anne’s physical health was precarious from the time of her admission. By 1877, she exhibited ‘symptoms of cardiac disease’ and was coughing up blood. She died in December of the same year. Although her casenotes state that she was married, her husband is not otherwise mentioned. The description of her employment status as having ‘no occupation’ [not even that of housewife] suggests that she was not living with him at the time of her committal.\textsuperscript{12} It was Mary Anne’s circumstances that rendered her vulnerable to incarceration. Of no fixed abode, unemployed, with an absent husband, a suspicion of alcoholic intemperance and a history of mental instability she represented a threat to orderly society.

Elizabeth Smeaton was 30 when she was admitted in June 1875. She was diagnosed with ‘mild mania’. No doubt the asylum staff would have considered that she had been leading a dissolute existence. Elizabeth was brought by the police, presumably having been arrested on the street in her native Ballarat East. She was clearly outside the bounds of respectability as her occupation was given as that of ‘prostitute’. This occupation also made her more susceptible to police surveillance. Her health was described as ‘not robust’ and she seemed ‘quite stupid’ and had to be force fed. After a few months, her health must have deteriorated rapidly, in spite of her relative youth. She was described in

\textsuperscript{12} PROV, VPRS 7397/P1, Unit 3, p.18.
February 1876 as being ‘in a low restless state,’ and was confined to bed for so long that she developed bedsores on both hips. She remained ‘low’, had an ‘attack of diarrhoea’, then ‘gradually sank and died’ from an unspecified cause on 12 July. Elizabeth’s early death came as no surprise to medical staff who assumed that physical illness and mental illness often occurred together, both being associated with a degenerate lifestyle.

Esther Heyneman was another patient of ‘intemperate habits’ and unrespectable lifestyle. In 1883 she was transferred from Sunbury. Esther was married but had ‘left the family and took to the streets’. Her condition was described as ‘hopeless[ly] chronic’ and it was suspected that she had contracted syphilis. Her occupation was also given as ‘prostitute’, and it was noted without a trace of irony that she was ‘inclined to run after the men’. She remained at Kew for some years, and although a ‘good worker’ she was simultaneously noted as using ‘bad language’ being ‘bad tempered at times [and] quarrelsome’. She died in the asylum from pneumonia in 1906. ¹³

There were also numerous examples of women for whom a sudden or dramatic change in lifestyle provided the catalyst that led to the asylum. These women, with a history of mental instability, were tolerated within the family until a dislocation of family circumstances, or estrangement from their family left them with diminished resources. They then became more ‘visible’ and more vulnerable to outside influences. Catherine Painter was brought by the police in 1876. According to the police report, she had been ‘deserted by her husband’. The Irish-born Catherine was a seamstress and had been admitted to the asylum twice before. She was destined not to leave again. It was recorded that her disorder took the form of ‘mild mania’. At the time of her committal, Catherine was 40. She was to spend the remainder of her days in the asylum. She sometimes proved a difficult patient who apparently fought with other inmates as well as staff. She was ‘very excitable at times’, her ‘language [was] very foul’ and she was often

¹³ PROV, VPRS 7397/P1, Unit 6, p.255.
prescribed ‘chloral mist’ which had the effect of temporarily calming her. She eventually
died in April 1897, from what was described as ‘disease of the brain’.14 Before her
desertion by her husband, Catherine’s mentally frailty was a private matter within her
family. Left alone, her disability became more socially ‘visible’.

For Jane Grogahan, the unexpected death of her husband rendered her susceptible to
asylum incarceration. Jane was 40 when she was brought by police from Malmsbury in
1880. Her occupation was given as ‘widow of poor labourer’, and her bodily health was
‘feeble’. Her six children had previously been removed to industrial schools, and she was
described as having ‘terminal dementia,’ which was indicated by the fact that she was
‘somewhat feeble-minded and easily excited’. During her stay at Kew, Jane’s physical
health improved and she was boarded out with friends. She was first sent home in
September 1891 and returned in December of the same year. After that date, her notes are
infrequent and her asylum career is uncertain. It appears she spent all of 1904 boarding
with a Mrs. Carver, but ‘visited [Kew] at times’.

Jane’s life remains unrecorded for many years. It was noted in August 1912 that she was
‘boarded out still’. She remained on the asylum’s records, however, and in September
1915 she returned in a pitiful state, ‘thin and emaciated. Body in a dirty condition, lice in
her hair and flea-bites on back and shoulders’. It is a matter for speculation whether she
would have fared better if she had remained at the asylum throughout the years, and the
details of her life remain tantalisingly inaccessible. In 1922, she was transferred to
Beechworth asylum.15

The likelihood of women’s incarceration, like that of men, rested on a number of factors,
and the signs of their mental instability had to develop in a particular material context for
committal to be the likely outcome. These women, and others like them, were the female

14 ibid., p.271.
15 PROV, VPRS 7397/P1, Unit 21, p.16.
counterparts to the much larger male population of visible 'problem' members of society. Isolated from their families, or from families unwilling to accept responsibility for them, the women formed a vulnerable group. If they exhibited signs of mental instability the institution was presented as the most appropriate solution, both for society's sake and their own protection. As the 'respectability' of the asylum increased and families became readier to commit their problem relatives, the asylum population became more diverse in terms of the social classes from which it was drawn. It also became more feminine.

Characteristics of Female Insanity

Menstruation and Insanity

During the committal procedures, prospective inmates or their families were asked a number of questions. Besides the basic ones about age, occupation and marital situation, men were also queried about their drinking or sexual habits. Women, however, were encouraged to give details about their menstrual and reproductive history, and in particular to recount any problems. The notion that the supposed fragility of women's reproductive systems was directly related to their mental health was pervasive within the medical profession. When Bridget Cornelly was admitted in September 1875 one of the first issues mentioned was the fact that she was 'reported to have a tumour about the neck of the womb'. This, it was suggested, was most likely the cause of her 'delusional insanity'.

Agnes Jensen who arrived the same year, was suffering from 'intestinal worries' which had supposedly caused her 'syphilitic dementia'. In addition to soliciting information about patients' reproductive lives, the asylum doctors examined them in order to to

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16 PROV, VPRS 7397/P1, Unit 3, p.113.
17 ibid., p.19.
substantiate a link between their insanity and gynaecological status. As the Australasian Medical Congress suggested, ‘It is justifiable and desirable to make an examination of the pelvic organs amongst the insane’. 18 When the superintendent examined Bridget Cornelly ‘externally’, he found no trace of the tumour, but fancied there was ‘a little disfigurement’. Of ‘regular habits’, Bridget appeared to be otherwise in ‘fair bodily health and condition’. 19 On her examination, Agnes showed ‘great tenderness at pressure over abdomen’. 20

This preoccupation with the connection between women’s biological and mental health enjoyed remarkable longevity. However, with the increasing use of a ‘scientific’ discourse for explaining insanity, the vagueness of terms like ‘intestinal worries’ began to be replaced by more specific terminology. The emphasis was on the incompetence of the female body to cope with its ‘natural’ functions, beginning with the passage into adulthood, and in particular its potential inability properly to control its secretions. As with men, it was felt that, for women, ‘puberty is the first really dangerous period of life in the occurrence of insanity’. For the male adolescents, however, culture was able to provide a means of achieving the balance necessary to counteract any propensity to physiological disturbance, or at least modify its effects. As Beattie-Smith maintained, ‘manly sports come in to balance the faults of emotional states, and prevent introspection’. 21 There was no such outlet for women. Furthermore, the onset of menstruation, the unique aspect of their puberty, marked the beginning of a possible loss of balance in bodily fluids which could eventually affect the brain. The Australasian Medical Congress described it most graphically:

19 PROV, VPRS 7397/P1, Unit 3, p.113.
20 ibid., p.19.
During menstruation there are well-marked changes ... It may be possible that the
secretion of the ovary ... necessary to the health of the organism may, when poured
into the system in excessive quantities, disturb the function of the nervous
system.\textsuperscript{22}

According to the influential British journal of psychiatric medicine the \textit{Journal of Mental
Science}, 'beginning with puberty, we may regard it as accepted that there is a mental
evolution coincident with that of the menstrual function, and that each recurring epoch is
attended with nervous and mental changes ... always more or less present'.\textsuperscript{23} Dr. Beattie-
Smith, the then superintendent at Kew, agreed, suggesting that 'mental derangement in
the girl being the expression of a process related to ovario-uterine excitement ... catamenia
[menses] periods must be watched with regard to irregularity, suppression or anaemia'.\textsuperscript{24}
For women in the asylums, this meant that their menstrual cycles were monitored
closely.

There were a number of women like Maria Chard, whose form of insanity was declared
to be 'climacteric'. May Walton’s insanity was felt to have been caused by 'irregularities
of the menses', \textsuperscript{25} Edith Smith's by 'stoppage of courses'.\textsuperscript{26} There were also many
women like Sophie Law who clearly endured intrusive procedures. It was noted just three
days after her admission in 1889 that not only was she 'at present menstruating', but that
the 'flow [was] more profuse than usual'.\textsuperscript{27} Jessie Harding who came to Kew in
November 1902, 'was menstruating for the first time since admission' in May 1903.
Consequently she was considered to be 'much improved, brighter'.\textsuperscript{28}

\textsuperscript{22} Hogg, 'Female Pelvic Organs to Insanity', p.283.
\textsuperscript{23} Dr. C. Clark 'The Sexual and Reproductive Functions, Normal and Perverted, in Relation to
\textsuperscript{24} Beattie Smith, 'Insanity in its Relations', p.65.
\textsuperscript{25} PROV, VPRS 7397/P1, Unit 2, pp.288 and 291.
\textsuperscript{26} PROV, VPRS 7397/P1, Unit 10, p.154.
\textsuperscript{27} PROV, VPRS 7397/P1, Unit 9, p.253.
\textsuperscript{28} PROV, VPRS 7397/P1, Unit 14, p.142.
In the same year, the asylum staff felt it necessary to note that Elizabeth Greenaway was menstruating when she arrived at the asylum. The following day it was added that the 'menses were still present'.\textsuperscript{29} Notions connecting menstruation and mental instability persisted into the twentieth century, as is illustrated by an article in the \textit{Australasian Medical Gazette} during 1911. The article cautioned that 'attention should be paid to any ovarian or uterine trouble'. The article also added that 'most of the female patients of an asylum seem to get an exacerbation of the mental disorder during their menstrual periods'.\textsuperscript{30} This last statement would not have surprised the relatives and friends of the inmates, as it reflected an assumption commonly held in the community. When the sister of a patient, Jane Robertson, wrote to the superintendent at Kew she made exactly the same point about her sibling. Jane was diagnosed as having neurasthenia, as well as being melancholic and delusional. According to her sister, 'just before her monthly period and also when they are leaving she seems to be at her worst'. That her delusions involved male acquaintances suggested a link between her mental state and her 'unsuitable' sexuality. Her sister continued, 'When her period first arrived she came here she wanted to go back to this man in Ballan and got very violent and used terrible language'.\textsuperscript{31}

\textbf{Pregnancy, Childbirth and Insanity}

According to late Victorian ideology, women's natural role was to produce children. Yet, it was during this crucial stage that she was again considered to be most vulnerable to the breakdown of her mental health. In 1887, most Australian asylum doctors agreed that 'there is this important connection between the uterus and the cortical substance of the

\textsuperscript{29} PROV, VPRS 7397/P1, Unit 15, p.56.


\textsuperscript{31} PROV, VPRS 7397/P1 Unit 16, p.8,Letter from Mrs. J. Lewis, 26 August 1906.
brain'. The Annual Report of 1889 listed pregnancy itself, parturition and the peurperal state, lactation, uterine and ovarian disorders among their major causes of insanity in women in Kew that year. Again this ‘connection’ was manifested through the possible failure of the female body to manage any ‘residue’ so that the result could be an ‘undue accumulation in the system of material that should properly be eliminated.’ According to the tables of causes, the number of cases of pregnancy-related insanity remained fairly constant, and was never very high (See Tables 6.4, 6.5, 6.6, and 6.7). By 1903, Beattie-Smith had become convinced that these figures understated the problem. He claimed that the ‘insanity of pregnancy seldom reaches the asylum’ and that ‘the practitioner is only too frequently called to treat peurperal insanity.’ During that same year, Beattie-Smith’s patient Matilda Nicol was admitted to Kew asylum, suffering from ‘melancholia’, the cause of which he stipulated as ‘childbirth’. Matilda, or Tilly, as she was known, presented the typical symptoms of female melancholia, being depressed to the point of self-destruction, as her casenotes read, ‘wants to tear herself to pieces ... several attempts made at suicide.’ She was also severely self-condemnatory. Her notes testify that she ‘says she has done some terrible things’, and ‘imagines she has committed some unpardonable sins’. Tilly remained at Kew for almost a year and was discharged in August 1904 when her doctor ‘satisfied myself by her subsequent rational conduct’ that she was well enough to leave.

Notions about the relationship of pregnancy and insanity were so compelling that any woman who came to the asylum after having been recently confined was automatically assumed to have some pregnancy related madness. An interesting case was that of the 21 year old Mary Johnson. Mary was brought by her husband and mother to Kew in 1905.

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34 ibid.
36 PROV, VPRS 7397/P1, Unit 14, p.376.
37 ibid., Letter from William Beattie Smith to Dr. Mullens, Kew Asylum, 11 September 1904.
Her condition was at once diagnosed as ‘peurperal mania’ when asylum staff learned that she had a 16 day old baby. Mary was deeply depressed, and ‘threatened to commit suicide’. She was also ‘noisy and restless’, besides being anaemic. 38 The conviction that Mary was indeed mad was reinforced by the knowledge that her father had previously been at Kew, where he had died some years before. Women like Mary seemed to prove doctors’ theories. With a family history of insanity, combined with a medical history of pregnancy related mental illness she represented the type of female inmate that they most expected to encounter. In addition, any mental illness associated with pregnancy (rightly or wrongly) would remain as a factor in explaining later problems with the mental health of such women. In other words, it was the fragility of the reproductive system itself that was the underlying cause of the madness, not just the immediate trauma of childbirth.

The cases of three women serve to illustrate how a tendency to gynaecologically inspired psychiatric problems was considered to be a part of some women’s makeup. These recurring problems could flare up at any time, no matter how long the interval between outbreaks. When Mary Watson’s husband brought her to the asylum in 1904, her local doctor furnished the information that she had been suffering from ‘cystitus[sic] and pneumonia’. This condition was assigned as the immediate cause for her madness. Mary’s husband also felt he should mention, however, that she had been committed to Ararat many years previously with ‘peurperal mania’.39

Melita Bradford, who was admitted in 1908, also had a history of ‘peurperal mania’. This had occurred two years previously with the birth of her second child but was said to have been the cause of her ‘second attack’. Melita was 30, married and of ‘quiet and temperate habits of life’. She was also anaemic and run down and her ‘domestic relations were unhappy’.40 Agnes Staniforth came to Kew in 1911. She was diagnosed with ‘primary

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38 PROV, VPRS 7397/P1 Unit 15, p.211.
39 PROV, VPRS 7397/P1, Unit 14, p.650, Letter from J. McLean to the Medical Superintendent Kew Asylum, August 1904.
40 PROV, VPRS 7397/P1, Unit 18, p.65.
dementia' or 'dementia praecox'. Today the same condition would probably be called Schizophrenia. This, Agnes's 'third attack', at the age of 38 was supposedly caused by her 'having been operated on gynaecologically as well as the shock of her father's death. Her first 'attack of insanity' occurred when Agnes was 16, at the birth of her first child.'\textsuperscript{41} Agnes's illness was apparently serious, causing her to suffer bizarre delusions and her behaviour to be erratic. She presented the image of the classic Victorian madwoman, 'rushing wildly' about the hospital, 'inclined to interfere with other patients' and with 'her hair streaming about her shoulders'.\textsuperscript{42} About six months after her incarceration, she was allowed out on trial with her husband. There is no record of either her return or her official discharge.

There was an added concern about the insanity of pregnant women and women who had recently given birth. Some doctors considered that their insanity was likely to be of a criminal nature and they were more likely to commit acts of unlawful behaviour than most other 'lunatics'.\textsuperscript{43} Not surprisingly, the most common crime associated with childbirth was infanticide. In 1907, according to the outgoing president of the Ballarat branch of the BMA, infanticide was 'much more common in [patients with] lactational than [with] peurperal insanity'.\textsuperscript{44} Regardless of the merit of his argument, infanticide was one of the most distressing of crimes and doctors were right in treating it with the utmost seriousness. In the same article, however, Dr. Steell also made the rather extraordinary observation that 'it has been frequently noted that the disposition to steal amongst pregnant women is by no means uncommon'.\textsuperscript{45} Yet, it was apparent that the majority of

\textsuperscript{41} PROV, VPRS 7397/P1, Unit 20, p.114, Unsigned letter dated 2 December 1912.
\textsuperscript{42} ibid.
\textsuperscript{43} J. Steell, 'Some Phases of Insanity in Relation to Crime' AMG, vol.xxvi, no. 3 (March 1907), pp.109-14
\textsuperscript{44} ibid., p.113. Steell went on to state that: As regards the method of murder associated with the peurperal period, it has been found that in the early acute delirious stage it is generally of an extremely violent character, such, for example, as dashing the child's brains out or throwing it on a fire, the more deliberate acts, such as poisoning and drowning being reserved for the later usually melancholic stage.
\textsuperscript{45} ibid.
women who came to Kew with symptoms attributed to their pregnancy or their new motherhood status, were self-destructive and withdrawn rather than violent towards their offspring.

The following two cases are typical of many women admitted soon after the birth of their children. Mabel Reitman, a housewife of ‘good habits’, was admitted in 1906. She exhibited symptoms of ‘acute melancholia’ so severe that she would sit ‘with her face buried in hands, crying’. She was also ‘self-accusing’ as well as generally run down after a bout of influenza, and anaemic. Mabel’s insanity was considered to be ‘probably lactational’ as she was ‘run down by suckling her nine month old [child]’. Mabel’s condition worsened, she became unable to converse, and with the development of socially unacceptable habits was probably never able to resume her life outside the institution. In 1909, she was recorded as ‘demented’ and a ‘good worker in O ward’. At that point her record ceased.

Florence Price arrived in 1912. She was another woman whose madness was supposed to have been caused by nursing her infant. Florence was 26, married, and a cook in her pre-institutional life. She was noted to be of ‘careful habits’. She had two children, the younger being just two months old. Her diagnosis was ‘delusional insanity’ with the ‘cause of attack-lactational’. It was recorded that she had been ‘queer since the birth of infant.’ Florence was also considered suicidal, and heard ‘whispering in her ears’.

Other Gynaecological ‘Causes’

Lactation was a process which also was seen as using up women’s vital energy, in competition with her brain. Hence, ‘lactational insanity’ was seen as being the result of the female body being unable to maintain full mental capacity while nursing a child. As

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46 PROV, VPRS, 7397/P1, Unit 16, p.4.
47 PROV, VPRS 7397/P1, Unit 20, p.172.
Beattie-Smith described it, 'this condition [lactational insanity] is one of brain exhaustion, and perhaps the term neurasthenia describes it better than any other.'\(^{48}\) Once again, the scientific terminology emphasised the excretory nature of the process. It was argued that 'the mammary secretion is of increasing importance, after from six weeks to three months, we have the period when we have an acute nerve storm, with visual and aural delusions, fears, suspicions'. He went on to suggest that the 'complete return of feeling comes with menstruation'.\(^{49}\) This was in apparent contradiction to his earlier remarks when he suggested that during menstruation was a time when women were particularly vulnerable to the onset of madness.\(^{50}\)

If a woman managed successfully to negotiate her childbearing years without succumbing to insanity, there was still yet another time of her life fraught with danger: menopause. As the *Australasian Medical Gazette* saw it 'mental derangement taking the place of epilepsy usually assumes a form of chronic insanity; this occurs at the termination of the reproductive period'.\(^{51}\) Nor were epileptics the only ones at risk. The *Australasian Medical Congress* was emphatic: 'There is an undeniable connexion[sic] between the menopause and insanity'.\(^{52}\) Caroline Templeton arrived at Kew in 1911. She was 50, married and of 'temperate habits'. This Fitzroy housewife was brought by her husband, who estimated that her 'first attack' had occurred when Caroline was 38. Nevertheless, the reason for her insanity was given as 'menopause.' Caroline was 'morbidly depressed', inclined to violence and had a family history of madness. Her 'aunt had senile psychosis, her son shot himself, a nephew also shot himself, father died through an effusion of the brain'. Caroline came to Kew from the Royal Park receiving House. her doctor at that hospital suspected that she had GPI. Whatever the reason, her

\(^{48}\) Beattie Smith, 'Insanity in its Relations', p.68.
\(^{49}\) ibid.
\(^{50}\) ibid., p.65.
\(^{51}\) Steell, ' Phases of Insanity', p.112.
\(^{52}\) Hogg, 'Relation of the Functional Disorders ', p.283.
physical and mental health deteriorated rapidly, and she was to die less than a year after her admittance.\textsuperscript{53}

Although there were a few women like Alice Blamey who had gynaecological operations to ‘relieve the brain’, doctors simultaneously considered that any such operation could at other times, provoke mental disturbance. According to the \textit{Medical Congress}, most doctors held that ‘in operations on the female pelvic organs there is a greater disposition to mental disturbance than after other operations.’\textsuperscript{54}

Anne Walsh was admitted to Kew in 1912. Her condition was attributed to a series of ‘uterine operations’, as well as to a ‘previous attack’. Anne’s age was not firmly established. Asylum staff estimated only that she was ‘over 40’. Her habits of life were ‘erratic’ and she had suffered her ‘first attack’ when she was 22. Her symptoms were her ‘violent emotional language, threats of violence, shouting at the top of her voice’. Anne was to spend many years in the asylum, eventually being transferred to Beechworth, as an elderly lady in 1934.\textsuperscript{55}

Mary Pound was another woman with, it was suspected, gynaecological problems. According to her doctor, these problems distressed her so much she administered to herself ‘a vaginal injection’.\textsuperscript{56} Mary was 41, married, and with five live children, four of whom showed ‘some evidence of inheritance [of their mother’s madness]’.\textsuperscript{57} Although doctors were convinced of an association between insanity and the state of a patient’s reproductive health, their research into the area failed to produce any useful revelations. By 1908, they were forced to concede that they understood very little on the subject.\textsuperscript{58}

\textsuperscript{53} PROV, VPRS 7397/P1, Unit 20, p.48, Memo from Receiving House, Royal Park, 19 July 1911.

\textsuperscript{54} Hogg, 'Relation of the Functional Disorders', p.285.

\textsuperscript{55} PROV, VPRS 7397/P1, Unit 20, p.185.

\textsuperscript{56} ibid., p.125, Letter from R.S. Callender, Medical Officer 22 December 1911.

\textsuperscript{57} ibid.

\textsuperscript{58} Hogg, Relation of the 'Functional Disorders,' p.285.
Nevertheless, they remained adamant that ‘one may admit, whilst awaiting more definite research, that gynaecological diseases are comparatively common amongst the insane’. 59

As can be seen from the preceding case studies, when doctors used both social theory and medical hypothesis to reinforce and underpin each other, they proved capable of accommodating numerous contradictions. Reproduction was portrayed as a precarious affair, relying as it did on women’s notoriously unstable infrastructure. Nevertheless, reproduction was essential to society’s survival. This fact was thrown into sharp focus in late nineteenth century Victoria where the supposed falling birthrate was a cause of much consternation. 60 The specific needs of society thus created a paradox in the construction of mental illness in women. Despite the dangers inherent in motherhood, an alternative reason for a woman to descend into madness was if she was to remain unmarried and childless. Once again, this was conceived within notions that the maintenance of a balance in the fragile reproductive abilities of the female body was necessary for mental health.

In 1867, Henry Maudsley declared that women who did not have children could be plagued by ‘the unrest of organic dissatisfaction, a vague void of being, the dim craving of something wanting to full womanhood’. 61 George Savage, resident doctor at Bethlem, agreed. In 1883, in slightly less sensational manner, he wrote in the Journal of Mental Science that ‘most of us know the unsatisfactory nervous state seen in women ... who have no children’. 62 Dr. Paul Ward Farmer, the Australian doctor castigated for some of his more unconventional views, was speaking within the orthodoxy of his profession

59 ibid.
61 Cited in Pick, Faces, p.212.
with this comment: 'if you will produce the birth rate you will see that as the disease rate has gone up, the birth rate has come down'. During his three weeks in the asylum, Farmer noticed 'a poor little deformed woman ... who carried a doll, and exemplified to a striking degree the womanly instinct to possess a child'. Whether the woman he described was a real patient or a product of Farmer's imagination in an attempt to prove his theories, is impossible to say. Nonetheless, a woman called Fanny Barlow who was admitted in 1905 could have fitted his description. She was 33 and single, but, according to asylum staff she 'imagines she has a child and that her husband is with her.' They saw this imagined child as part of Fanny's delusions, and accepted it as an indication of her frustration that she was, in reality, childless. The Australasian Medical Gazette alleged that the desire to have a child was so strong in some women that in extreme cases childlessness could precipitate suicide. In 1907, an article concluded that 'one curious phase ... in relation to the female is that of women who kill themselves by excesses or by suicide, the majority are childless'.

**Female Sexuality and Insanity**

That women should only produce children from within a monogamous marriage went without question. Whether marital sex in itself would allay insanity was a little more problematic. George Savage remained sceptical in his essay about the effect of marriage on neurosis. He conceded, however, that 'certain unstable nervous persons benefit by the development of their full animal natures.' Paul Farmer was more certain that the solution to madness in the community— in fact to most of society's ills— was that every woman be part of a respectable middle class family, the larger the better.

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64 ibid., pp.17-18.
65 PROV, VPRS 7397/P1, Unit 15, p.20.
66 Steel, 'Some Phases of Insanity in Relation to Crime', p.110.
67 Savage, 'Marriage', p.51.
There is no doubt about the remedy, [he exclaimed] It is to see that every woman has, as far as possible, a husband who will support her ... and a family of children ... without the latter she cannot be a normal healthy woman'. 68

These theories seemed proven by women like Jane Robertson. Jane was admitted in August 1906. She was 38, single, and of 'regular, temperate habits'. Her behaviour suggested a 'sexual element' as she 'pesters men, insisting that she is engaged to them, and tries to insist on them marrying her'. She also entertained a delusion that she was the wife of her doctor. Later, she insisted that 'she was engaged to the post master at Ballan', her home town. It was obvious, the asylum staff decided, that hers was a case of 'old maid's insanity'.69

**Some Alternate Explanations**

**Motherhood, Morality and Insanity**

Insanity had to develop in a particular material context for incarceration to be the result. These included issues like a lack of family, or a family unwilling or unable to care for the individual, a history of previous mental instability, and a history of mental illness in other family members. For the first few years of the life of the asylum, these conditions were roughly the same for men and women. This resulted in a slightly more masculine asylum population owing to their greater numbers in the community, and their greater public visibility. The shift in the dominant rhetoric which led to the pathologising of women began to have real effects by the turn of the century, both on the women themselves, and in the perceptions of the medical profession and the rest of society. The major shift in the prevalent discourse concerned the increasing importance placed on infant mortality and

68 Farmer, Three Weeks, p.55
69 PROV, VPRS 7397/P1, Unit 16, p.8.
paediatric health. A healthy and numerous population came to be seen as a national resource. In Australia, motherhood had become ‘a patriotic duty’. Middle class convention of the time assumed that the proper context for children was within the family, and the person most responsible was the mother.

The construction of motherhood as a ‘patriotic duty’ meant that the significance of female bodies lay not only in their physical ability to produce healthy offspring. It also placed women in a custodial role, where they were held primarily responsible for the ‘moral’ well-being of these children. Nowhere was this more explicitly expressed than within medical science. The *Journal of Mental Science* (with even more than its usual pomposity) declared:

> When woman perceives that to her is entrusted the greatest of all human assets, the child, during those impressionable years, consecrated to character, formation and physical development, it will be like a trumpet call to awaken her to her weighty obligations imperial, domestic and social, for the web of civilised life is woven by women, and it is her concern to raise the tone of life in all its relations. It is her privilege to maintain the health of every human being, and upon her standard depends the manners and morals of her country.  

At the beginning of this century, familial values were constructed from within bourgeois notions of morality. Lyn Finch, Ann Summers and Beverly Kingston, among others, have illustrated how women became the pivot around which such notions revolved in the quest to restructure colonial society. According to Finch, ‘the key measuring gauge of

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morality ... referred back to the central location of the family within social order, around which the bourgeois notion of morality took meaning' . 73 This meant that women were expected not simply to be more moral, but to act as the guardians of morality. Because of their position as moral guardians of the community, women’s madness was always perceived as a greater threat to the stability of society than was men’s . Women’s insanity was never harmless, but always carried the potential threat of social upheaval. For women’s status and functions were ultimately tied to national needs.

Stephen Garton has suggested that, for some women in NSW asylums, the narrowness of the feminine role could have been at least partially responsible for their mental breakdown. The emphasis placed on motherhood and mothering at this time may have placed a strain on women, especially those whose experience did not measure up to expectations. This could have led, he surmised, to some women experiencing feelings of confusion, inadequacy, anxiety and depression. 74 This was undoubtedly true for some Victorian women. It was apparent that the majority of women who came to the Kew asylum were suffering from some form of depression, usually diagnosed as ‘melancholia’. Very few women were seen to have been suffering from ‘exaltation’. Most women admitted were depressed, withdrawn or even suicidal. A large number too, were self accusing or self-condemnatory. Women like Tilly Nicol who continually moaned ‘and says she has done some terrible things ’75 and Mabel Reitman who was ‘self-absorbed and self-accusing’, 76 or Annie Branchflower who ‘thinks she has ruined her husband and children’ 77 were all too numerous. Still others like Christine MacFarlane

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Also M. Dixson, The Real Matilda :Women and Identity in Australia 1788 to the Present, Penguin Australia, Melbourne,1994 (originally published1976)

74 Garton, Medicine, Madness, pp.151-52.
75 PROV, VPRS 7397/P1, Unit 14, p.376.
76 PROV, VPRS 7397/P1, Unit 16, p.4.
77 PROV, VPRS 7397/P1, Unit 17,p.54.
who wrote that she ‘had been very wicket[sic] ... I am the worst person in the world’ 78 testified to the terrible guilt experienced by some of the female patients.

For many women patients, however, their inadequacy as moral guardians was a description bestowed after their incarceration. Whatever the material conditions may have been that had led them to the asylum, once they had been certified, their madness was interpreted, at least partially, as a failure to conform to their allotted feminine role. The pressure on women to conform to their role as wives and mothers really began at puberty, when wifehood and motherhood were presented as the ultimate goal for every woman. Puberty therefore signalled the beginning of the search for a suitable husband. This search was not without its hazards, however. In an earlier chapter I have described how ‘abnormal sexuality’ was increasingly seen as a major cause of insanity. 79 For women, ‘abnormal sex’ was any sexual activity outside marriage, and early or traumatic sexual experiences were especially viewed as possible causes of madness.

In 1904 Kate Hook was admitted to Kew. She had worked as a maid, and was apparently raped by her employer. The response by asylum staff to Kate’s predicament was not entirely sympathetic. They recorded that she was ‘possessed of a ‘bad temper’. Her guardian also implied she was at least partly to blame for what had happened, as she had ‘insisted on going into service’. 80 ‘Disappointment in love’ was another cause, usually applied to single women of ‘marriageable’ age. Julia Clancy suffered this fate. She came to Kew in 1906 after she had been abandoned by the young man with whom she had been ‘keeping company’. 81 Any woman still unmarried by her late thirties could be diagnosed, like Jane Robertson, as having ‘old maid’s insanity’.

78 ibid., p.195.
79 See Chapter Five, ‘The Birth of the Hospital’.
80 PROV, VPRS 7397/P1, Unit 14, p.590.
81 PROV, VPRS 7397/P1, Unit 15, p.350.
The nationalistic imperative was for women to produce children who were not only healthy and robust but, just as importantly, legitimate. One of the major worries of the asylum doctors therefore, was that the young women under their care should not become pregnant. Under the strictly segregated conditions of the asylum itself this was unlikely, but the ‘boarding out’ and ‘on trial’ systems appeared to render these women especially vulnerable. As early as 1883, when boarding out was first debated, Dr. Paley, in discussing the procedure in England, warned that ‘the system is not without serious evils, the occurrence of pregnancy in these boarded out female lunatics being comparatively frequent’. By 1909, in language typical of the puritanical articulations of the early twentieth century, Inspector Jones commented:

I have seen fit to discountenance the system of boarding out, particularly of the female children ... in the face of certain undesirable happenings during the past years ... the grave responsibilities connected with the care of these weak-minded girls ... only recoil upon the officers of the institution.

The majority of female inmates, however, were married or widowed, and most had children. The numbers who arrived at Kew within a short time of giving birth were, I suggest, large enough a group to merit special attention. The reason for their presence appeared to have been a combination of the material conditions of their lives and contemporary ideological forces. Some reasons for the increase in women being admitted to asylums were quite prosaic. With the increasing medicalisation of procedures such as childbirth, many women may have come under the notice of the medical profession for the first time in their lives when they became pregnant. Judging from the extreme behaviour of some of the women mentioned, some of them may have had some long-standing psychiatric problems that simply went unheeded except within their own families. Their contact with a public hospital to have their babies would have rendered

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them more ‘visible’ than they would previously have been. A number of the women were physically debilitated, or very young, or in such lamentable economic situations, that the care of an infant was simply beyond their capabilities. This made them susceptible both to mental distress, and to accusations by others that they were incompetent mothers.

In addition, there was the possibility that some women were suffering from mental distress as a result of the birth of their child. Today we accept the existence of a condition labelled ‘post-natal depression’ as being both hormonal and environmental, but probably temporary. Any woman exhibiting signs of this affliction at the beginning of the century would probably have been labelled as a case of ‘puerperal insanity’ with a poor prognosis. It is highly unlikely that a couple of months in a place like Kew asylum would have provided the support needed to help overcome this, or any similar state of depression; in fact, could have exacerbated it.

A lack of suitable maternal feeling was understood as both a cause and a symptom of insanity in women, whether or not they had children. Some interesting case studies illustrate the phenomena. When Mary Adams was brought by friends to the asylum in 1890 her condition was described as ‘dementia’. A widow of 44 with five children, it was noted that she could not ‘collect her thoughts or express them properly’. Her ‘memory was very bad, especially for recent events’ although her ‘attention and judgment [were] apparently good’. Mary’s most damaging shortcoming however, was that her ‘maternal affection[was] blunted’.84

Kate Black exhibited similar signs of ‘blunted maternal affection’ many years later, when she seemed equivocal about seeing her young sons. Kate was admitted in May 1912. She was widowed, of ‘temperate habits’, and her occupation was given as ‘house duties’.

84 PROV, VPRS 7397/P1, Unit 9, p.224.
Kate however, was in ‘poor bodily health’. In spite of her ‘temperate habits,’ the superintendent was convinced that her insanity was ‘of alcoholic origin’. When she was asked if she wished to see her sons she replied in her ‘usual fashion, slowly and stammeringly ... first saying no then yes’. Kate also had a maternal cousin who was considered to be insane. This reinforced ideas about Kate’s own insanity. It also coalesced with the belief, held widely among the medical profession, that inherited madness was more likely to be passed through the female members of a family.

Women’s Work and Insanity

In an earlier chapter, I described how the movement of women out of the home and into the workforce was construed as being disadvantageous both to the ability of women to produce healthy offspring, and in particular, to the upbringing of the children they did produce. For the women in the asylum, a lack of interest in household duties was construed as symptomatic of their madness. Beattie-Smith unblushingly described the signs of neurasthenia in women. ‘In it’, he intoned, ‘you have household duties done without interest, sympathy and affection’. Given the tedious, back-breaking nature of the housework these women would have been called upon to perform, their recalcitrance should not have been surprising. Nor did it seem to occur to doctors that extreme tiredness and lack of enthusiasm for housework were normal reactions in women recently delivered of their second, third, or even first child: especially when many of them were already rundown, often to the point of anaemia. There were many women like Melita Bradford, of whom it was commented, ‘neglects home duties and children’, or Florence Price who was accused of ‘neglecting her home etc.’ In the asylum, Florence was also condemned for her tardiness. Her notes confirmed that she ‘sometimes does a little work halfheartedly but is mostly idle’, and after a month she ‘refuses to work,

85 PROV, VPRS 7397/P1, Unit 20, p.189.
86 Beattie-Smith, ‘Insanity in its Relations’, p.68.
87 PROV, VPRS 7397/P1, Unit 18, p.65.
now’. Her fellow-inmate Anne Walsh, was even more thoroughly chastised for having ‘her house in a disgustingly neglected state’. An indication of a general acceptance in the community of the same rigid gender roles is provided by the husband of Mary Phoebe Pound. Pound wrote a long, detailed letter to the asylum superintendent just days after Mary was admitted in December 1911. In it he pondered her behaviour, describing actions that suggested to him that Mary was insane. First among these was that she was ‘always trying to do a man’s work ... and neglecting her own home,’ and that she would ‘curse and swear at me without provocation and, was never satisfied’. Mary had seven children, two of whom were stillborn. Her husband acknowledged that ‘some of the confinements were rather severe’ and the ‘children were born a fair size’, adding that his wife ‘always worked up to an hour of birth of child’.

Taking Exception to the Rules

Showing a Fighting Spirit

Some women fought the label of insanity, and its implied presumptions of incompetence, with great vigour. Mary Whitmore, who was admitted in 1896, was adamant that she should not have been in the asylum at all. With her liberty ‘being lied away’ she described the other inmates of the asylum, most graphically, as ‘that seething mass of corruption’. Mary was 30 and pursued the occupation of governess. Although her sister told asylum staff that she had been very violent before she had been admitted to Kew, Mary proved a tractable patient ‘anxious to make herself generally useful’. Visits from her family left her ‘very irritable’ however. She was eventually sent home ‘on trial with

88 PROV, VPRS 7397/P1, Unit 20, p.172.
89 ibid., p.185.
90 ibid., p.125, Letter from F. S. Pound to Dr. Gamble, 22 December 1911.
91 PROV, VPRS 7397/P1, Unit 12, p.7, Letter from M. J. Whitmore to Dr. Steele, undated.
her sister' in February 1900. Eighteen months later she was formally discharged.\textsuperscript{92} Jessie Harding was also anxious to blame her family for her incarceration. Less vividly perhaps than Mary, but with as much conviction, she contended that 'I was a very good patient but I have quarrelled with my husband he has been a drunkard.'(sic)\textsuperscript{93} These women did not simply succumb to a discourse that characterised them as mad, nor were they the hapless victims of a repressive society. Some of them were spirited, dynamic women who were genuinely concerned about their mental or physical health and thought that the doctors at the asylum could help them. Alternatively, some of them were brought unwillingly by other family members, and were trying to resist their situation, even if at times their methods were unconventional.

In December 1901, the widowed Mary Henry was brought to Kew by her mother. She was 37 and in 'feeble physical health'. Mary eventually decided that the doctors could do nothing for her, and meticulously planned her escape on the day of the annual picnic. Once away from the asylum, she wrote to her mother, explaining her actions. 'I have tried these doctors', she announced, 'to do something for me and they never gave me no satisfaction. [sic] The picnic was yesterday and I disguised myself and made my escape'.\textsuperscript{94} When she was discovered Mary was returned to the asylum in spite of her resistance. Shortly after, however, through her own determination, and by enlisting her mother to plead on her behalf she was discharged.\textsuperscript{95}

Mary Grant, a 'trained nurse' from Wedderburn, expressed her annoyance in no uncertain terms, as she 'threw her tea all over the arresting constable', and had 'a habit of throwing her medicine over the nurse'. She was also 'impudent on being addressed'. That her conversation was considered 'rational' at other times suggests a degree of intent

\textsuperscript{92} ibid.
\textsuperscript{93} PROV, VPRS 7397/P1, Unit 14, p.142, Letter from J. Harding, 1 May 1905.
\textsuperscript{94} PROV, VPRS 7397/P1 Unit 13, p.690, Letter from M.L. Henry, undated.
\textsuperscript{95} ibid.
in her actions. Despite her erratic behaviour, she was discharged one year after her admission. Another woman of resolution and courage was Annie Mansfield. Although it appears that her brother felt justified in placing his sister in the care of the asylum, Annie wrote to Dr. Mullen emphatically proclaiming ‘I am not a criminal, neither is my intellect weak’. During December 1903, Annie was allowed out on trial. She simply absconded during her leave, thereby proving to asylum staff that she could survive outside the institution. In July of the following year she was formally discharged,

Class and the Inmate

How well Annie survived is a matter for conjecture, but her plight highlights an aspect of women’s asylum life with which I have not yet engaged to any extent. That is the issue of class. Annie, I would suggest, was from a middle class background, and was employed before her incarceration in the genteel occupation of governess. She also resided in the respectable middle-class suburb of Albert Park, probably with her brother. Although she may not have been a ‘typical’ inmate there were undoubtedly many others like her. The idea that asylums were repositories of working class misfits has been accepted too unproblematically. Certainly, in the first few years of its opening, Kew, along with Yarra Bend, was home to mostly young, single, unemployed or itinerant workers with physical as well as mental health problems. However, to accept them as representative of all inmates throughout the life of the asylum, is to accept too readily the rhetoric of asylum doctors, who claimed that madness, like other diseases, was the province of the poor and unrespectable.

The notion that Australian asylums were used as an alternative to the English workhouse was a popular complaint of doctors battling with overcrowding in their institutions but

96 PROV, VPRS 7397/P1, Unit 20, p.184.
97 PROV, VPRS 7397/P1, Unit 13, p.788, Letter from A. Mansfield to Dr. Mullen 23 August no year given.
has not been demonstrated to be the case. Asylums served a different purpose, catering
to a specific population. The poor and unrespectable were never the only people in the
asylum, but represented part of a diverse, dynamic patient population. It was not so much
the social class of the inmates, as their position in the family which rendered them
vulnerable to incarceration. The individual member who ended up in Kew was often the
most powerless socially and/or economically. These included non-working wives and
children, especially daughters or sisters living in isolated areas.

For middle-class families, or working-class families striving for respectability, the
problem was one of deciding which was preferable, having a visibly mentally disturbed
member constantly in their midst, or one safely locked out of sight, if not out of mind, in
an institution. There seems to have been more middle-class women than middle-class
men in the asylum. Families were often more reluctant to apply to admit their main
breadwinner because of the economic deprivation this could entail. Because of the
makeup of families, the main breadwinner was usually a male. That the feminine role
was more restrictive than the masculine role, no doubt also contributed to a larger number
of middle class women being incarcerated. It is, however, notoriously difficult to
ascertain to which class many of the women belonged. Female occupations were usually
given as ‘household duties, domestic duties, housewife’ or ‘married woman’
successfully obscuring any occupation-derived class. Alternatively, they were listed under
the occupation of their husband. A number of the women whose occupation was given
as ‘widow’ might have been in poor circumstances, but it may have been their recent
widowhood which had precipitated them into this position. The social position of Mary

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98 See for example A. Robertson, Annual Report 1872, p.8, Harrington Tuke, ‘President’s

99 In The Annual Report for 1910 (all asylums) there were 172 men who were classed as miners,
labourers, seamen and shepherds etc. (generally considered to be the lowest social strata
other than the unemployed) but only 7 women described as ‘wives of labourers seamen etc.
There were also 9 ‘professional men’ but 16 ‘wives of professional men’. There were 42
‘Tradesmen’ and 8 Tradesmen’s wives’. (Source: VPP.1911, vol.2, p.13).The low number of
labourers, miners wives etc. may be partially explained by the fact that many of the men in
these itinerant occupations were unmarried, a factor that I have noted as being more
important in incarceration than occupation, or even class in many cases.
Giddons, admitted in 1875, was clear. She was described as a ‘housewife in poor circumstances.’\textsuperscript{100} That of Margaret Sealy whose occupation was given as ‘baker’s wife’\textsuperscript{101} or Margaret Davies, as ‘grocer’s wife’\textsuperscript{102} remains ambiguous.

The medical profession believed that a delicate nervous system was even more pronounced in women from the higher strata of society. In 1883, the \textit{Journal of Mental Science} published an article that equated a more delicate nervous system not just with women generally, but with women of a certain class. ‘Most of us know,’ the article read, ‘the unsatisfactory nervous state seen in women of the upper and middle classes especially’\textsuperscript{103}. The upsetting of this more delicate nervous system exhibited by upper class females usually led to specific manifestations of madness, most notably hysteria or neurasthenia.

The manner in which hysteria, in particular, was held by the Australian medical profession to have an unquestioned gender base is best illustrated by the case of ‘J.W.,’ which confounded doctors in 1897. A description of the case appeared in the \textit{Intercolonial Medical Journal of Australasia} and was read before the Melbourne Medical Association by Dr. J.R.M. Thompson, a prominent Melbourne doctor. Dr. Thompson related how he was called to attend to a man, identified as ‘J.W, contractor married’, who presented a particular set of symptoms. Thompson was surprised to find that the only diagnosis that seemed appropriate to his symptoms was one of hysteria. He admitted that ‘hysteria is a disease, which ... is not so very well understood’. The one aspect of the illness that was understood however was the sort of person in whom it might manifest itself. Thompson continued:

\textsuperscript{100} PROV, VPRS 7397/P1 Unit 3, p.49.
\textsuperscript{101} PROV, VPRS 7397/P1 Unit 2, p.277.
\textsuperscript{102} PROV, VPRS 7397/P1 Unit 8, p.200.
\textsuperscript{103} Savage, ‘Marriage in Neurotic Subjects’, p.53.
We hardly expect to meet it in such a case as I am about to describe, viz., a big, robust, level-headed man, whose business is road contracting, and whose recreation is shooting. I mean, the elements usually regarded as necessary to the causation are wanting here. ¹⁰⁴

The major ‘element regarded as necessary’, coyly not mentioned but implied by Thompson, was that the patient be female. J.W. was treated at home by a nurse, who echoed the doctor’s surprise at his condition. ‘Doctor’, she was reported as having said, ‘if he were not such a big, strong man, I would say that it was a case of hysteria’.¹⁰⁵ The patient eventually recovered at home with the aid of a brief holiday, without being sent to an asylum. The case of J.W. is a particularly interesting one for it demonstrates the dilemma of doctors when faced with a situation that challenged their preconceived notions about gender and insanity.

Respectability and Gender

When Stanley James, under his pseudonym the ‘Vagabond’, wrote his account of life in Kew Asylum in 1876, his most graphic portraits were of the female inmates he encountered. Although he presented himself as a champion of the underdog and something of a ‘ladies man’, the ‘Vagabond’ was very much a product of his time. He certainly held many deeply conservative views. Within the dualistic sensibility so prevalent in his age, he saw women as being either respectable or disreputable. Even within the asylum he was gratified to discover a number of the former. He considered that there were 'some [women] very superior to the rest; and those charming young ladies to whom I was so formally introduced can flatter themselves that they are of the number. I won't tell any more tales out of school'.¹⁰⁶ Fortunately, James's disclaimer was merely

¹⁰⁵ ibid., p.662.
¹⁰⁶ James, Vagabond Papers, p.155.
a nod in the direction of gentlemanly reticence. The tales he did tell of the women at the asylum reveal much about the attitudes of the time. A careful analysis of his work also adds to the complex picture of the lived experience of many women who languished in the asylum for either a short or a prolonged period.

One of the most startling opinions he expressed was that the insanity of the inmates was more obvious in the female wards. He commented on the fact that the female side of the asylum presented a 'more dismal appearance ... the rough walls, not much softened by the bilious-coloured paint, together with the cheerless aspect of the windows, sans blinds and curtains,' appeared more gaol-like than the male domain. However, it was the appearance of the women themselves that meant 'a visitor here realises at once that he is in a lunatic asylum.' The reason for this more instant recognition, so the 'Vagabond' believed, was the fact that mental illness wrought a more profound change in the physical features of women than it did in men. 'I do not know,' he exclaimed, 'if in insanity, the features of women are in reality more changed than men's; but it appeared so to me.' 107 James's conservative middle class assumptions about gender and respectability, are never more apparent than when he writes specifically about women. It was on this topic that he frequently resorted to his most purple prose. In an illustration of the women's quarters, he described a scene populated by Ophelia-like individuals whose insanity was written on their faces and emphasised in their demeanour and dress. 'Many of these poor creatures, attired in shapeless gowns of print or linsey and with their disordered locks streaming around them appear much more mad than they really are.' 108 In addition, the women in the hospital wards, having been divested of their 'locks,' displayed their closeness to the animal world:

Women with their heads shaved around the crown, or with their hair all cut short, lie in bed, having lost with their tresses, all trace of their sex ... Old and young

107 ibid.
108 James, Vagabond Papers, p.155.
women walk around, crooning to themselves, or tragically waving their hands. Many are possessed with a melancholy apathy, and, covering their heads with their dresses, lie around on the ground crouched up like wild beasts.\textsuperscript{109}

Clearly, this article was written for dramatic effect, and the quiet, withdrawn, or simply undemonstrative individuals who would have constituted the bulk of the asylum population were ignored by James in the interests of a good story. Nevertheless, his descriptions presupposed an understanding about the distinctive nature of female madness. There is clear reference to the increasing responsibility placed upon women for their own mental breakdowns, as well as a hint of blame for the supposed general increase in insanity in the whole community. As the female asylum population increased, the shift in the dominant ideology tended further to emphasise the moral guardianship status of women.

In 1910, Kew experienced its ‘highest admission rate yet’.\textsuperscript{110} At the close of the year there were 91 more cases under care than there had been at the beginning. Furthermore, what was of great concern was that this increase in the asylum population was ‘wholly feminine’.\textsuperscript{111} In fact, of the new admissions at Kew that year, 169 were males, and 170 were females.\textsuperscript{112} The increase in the number of women who were resident, however, was attributed to a decline in the morality of women in general. That women were

\textsuperscript{109} ibid., p.156.


\textsuperscript{111} ibid.

\textsuperscript{112} The Annual Report for 1909 shows that there were 1320 inmates registered at Kew. This was comprised of 724 males and 596 females. Of these 474 males and 339 females were in the main asylum, 165 males and 143 females were in the Idiot Asylum, 54 males and 96 females were on Trial Leave from the main asylum, 9 males and 5 females were on leave from the Idiot Asylum and 22 males and 13 females were boarded out. (Source: \textit{VPP} 1910, vol.2.p.2.) The Annual Report for 1910 showed 1343 patients registered at Kew Asylum. Of these 733 were males and 610 were females. 492 males and 375 females were shown as resident in the main building, 173 males and 139 females were in the Idiot Asylum, 58 males and 84 females were on trial leave from the main asylum, 9 males and 5 females were on leave from the Idiot Asylum and 1 male and 7 females were boarded out. At the end of 1909 the ration of insane to population was 1 in 250, at the end of 1910 it was 1 in 246.5. (Source: Annual Report 1910, \textit{VPP} 1911, vol.2, p.3). From these figures it is difficult to understand what was meant by a ‘wholly feminine’ increase, nevertheless this was the phrase used.
becoming ‘less moral’ seemed proven to the administrators when asylum returns suggested that by 1910 there was a ‘greater incidence of GPI among female patients than obtained formerly in Victorian asylums and ... a marked increase in an incurable form of alcoholic insanity among the women of this state’.113 This was a cause for comment: not that there were actually more cases of GPI and alcoholic-induced insanity in women than men but that the number of women with these problems was increasing relative to the men’s numbers.

Because of women’s unique position as the upholders of morality in society, the suspected ‘feminisation’ of the asylum population meant that the nation’s stability itself rested ever more precariously upon its foundations. In 1912, Inspector Jones reported that the ‘feeble-minded woman’ was the major element in the ‘class more dangerous to the nation ... than any other.’114 This notion of the greater danger of female madness formed part of a wider discourse that emphasised the dangerousness of femininity itself, and was a belief given increasing credence at this time. As Bram Dijistra has explained, late nineteenth century professionals, including doctors, biologists, sociologists and anthropologists were implicated in ‘building a pseudo-scientific foundation for the anti-feminine attitudes prevalent around 1900’.115 This attitude was reflected in a comment by Superintendent Gamble in 1910. He claimed that one of the reasons for the increase in madness ‘per se’ in Victoria, was the fact that society was experiencing not only a low birth rate, but also a ‘high degree of femininity’.116

The assumption that women were closer to Nature than men took on added significance at this time. As I have argued in the previous chapter, Social Darwinism provided a scientific legitimation for the anti-feminine attitudes so widespread within society. The

115 Dijistra, Idols of Perversity, p.163-4.
positioning of woman on the evolutionary scale as at a ‘lower state of civilization’\textsuperscript{117} gave her a near-bestial actuality, particularly if her reason deserted her. The women whom the ‘Vagabond’ so graphically depicted, shorn of their hair and their fashionable attire, were shown up for the ‘wild beasts’ they really were. Some individual case notes reflect similar observations. These included women like Mary Johnson who was ‘swearing, and careless of her appearance’\textsuperscript{118} Mabel Reitman was described as ‘dishevelled, untidy and obscene’.\textsuperscript{119} Alice Thompson demonstrated her wildness by ‘throwing her food, and tearing her clothes’.\textsuperscript{120} These actions all illustrated the depraved depths to which unchecked female nature could descend. The idea of women as moral guardians had always carried an apparent irony, as women’s natures forever seemed poised on the brink of this kind of chaos. The female body was portrayed as a repository of toxic substances, that seeped, leaked, or poured, and threatened to burst forth and overwhelm rational society at any time, if not kept under control. In addition, there was something perverse about women’s essential nature, and the animalistic sexuality that simmered just below the surface. It was this perversity, or what Dijistra has described as the perception of the ‘viraginity of woman’,\textsuperscript{121} that made her a threat not only to herself, but to the whole of society.

Any woman not happy with her allotted role displayed her predatory nature, infecting the community with her own deviance. As Paul Farmer explained it, ‘with discontented women we shall have plenty of lunatics, criminals and unhealthy people’.\textsuperscript{122} These perceptions of femininity within the cultural context of late Victorian and early twentieth century Australia burdened women with a disproportionately heavy ideological load.

\textsuperscript{117} Quoted in Dijistra,\textit{Idols of Perversity}, p.172.
\textsuperscript{118} PROV, VPRS 7397/P1, Unit 15, p.212.
\textsuperscript{119} PROV, VPRS 7397/P1, Unit 16, p.4.
\textsuperscript{120} PROV, VPRS 7397/P1, Unit 15, p.190.
\textsuperscript{121} Dijistra, \textit{Idols of Perversity}, pp.210-15. In similar vein, Sandor Gillman referred to ‘woman as source of pollution’.\textit{(Source:S. Gillman,‘The Iconography of Disease’,\textit{October Journals}, no. 43, 1987, p.98.)}
\textsuperscript{122} Farmer, \textit{Three Weeks}, p.61.
There is no doubt that these notions of gender influenced the definition and treatment of mental disorders. Thus, women admitted to the asylum were then depicted as failing in their allotted feminine role. As a consequence, they were considered to have simultaneously wronged not only themselves but the whole of the developing nation.
CHAPTER 8

Families and Insanity

Under the Lunacy Act anyone whose mind is impaired may be regarded as a proper person to be taken charge of and detained when neglected by relations.

Superintendent Robertson 1873\(^1\)

Dear Mother and Father,

Wish you would come and take me home.

Alice Bannerman (asylum patient) 1912\(^2\)

Throughout this work on the Kew asylum, the family has been a strong presence, both as an ideological construct and as a location in which real people lived a real existence. This chapter explicitly addresses the ways in which certain families used the asylum in coping with their ‘problem’ relatives. The family has been called the ‘smallest political organisation possible’.\(^3\) It is a site of conflict, disharmony and tension, as well as the haven its champions insist it provides. The works of Mark Poster, Jacques Donzelot and Christopher Lasch have done much to reveal this political nature of families, problematising the assumption that the family always represents a unity of interests.\(^4\) While it is true that the family must be looked at as

\(^1\) Annual Report 1874, *VPP* 1874 vol.2, pp.9-10.

\(^2\) PROV, VPRS 7397/P1, Unit 20, p.139.

\(^3\) Donzelot, *Policing*, p.48.


357
an entity separate from society, with its own internal political manoeuvrings, it must also be viewed as a dynamic organism with a dialectical relationship to society.

There have been several works exploring the notion of the Australian family as both ‘a locus of struggle’ and an ‘active agent with unified interests’. Two of the most prominent are *Families in Colonial Australia* and *The Family in The Modern World*. These works are mostly concerned with ‘successful’ or ‘normal’ families. The former pursues the theme in a collection of essays about specific conjugal groups in various localities. The latter is concerned with the establishment of families within Australia more generally, describing how they changed over time.

The social structuring of familial and personal relationships in Australian society is explored in Kereen Reiger’s *The Disenchantment of the Home*. Like Donzelot and Lasch, she explores the relationship between the family and the emerging alignment of special interest groups, such as doctors and other professionals. In *The Classing Gaze*, Lyn Finch explores the discourses employed by these professional groups to distinguish the ‘respectable’ from the ‘unrespectable’. Within the psychological rationalism of these discourses, the unrespectable were classed as the ‘sick, feeble-minded and insane’ or collectively as ‘outcasts’. While both Reiger’s and Finch’s analyses are sharply observed, they are concerned with the construction of the ‘respectable’ by the elimination of the ‘unrespectable’ or ‘Other’. My concern is in examining the survival techniques of the ‘unrespectable’ family.

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8 Finch, *Classing Gaze*, p.147.
Certain families, because they contained an individual who was at odds with society, were often classified as ‘problem’ or ‘dysfunctional’ families. Families with members who were incarcerated in the asylum were often seen in this light. By focusing on some of these families, I will explore the manner in which their members sought to maintain the fragile balance necessary to survive, both collectively as a family and individually.

It is apparent that certain family members in particularly difficult circumstances consciously used the asylum for their own ends. In her work on nineteenth century American asylums, Ellen Dwyer found that New York’s first two state asylums, Utica and Willard, ‘served a wide range of individuals, families, and communities.’ For Mark Finnane, his study of insane asylums in Ireland and NSW convinced him that:

Its [the asylum’s] meaning was to be found not only in the incarceration of dependent family members but also in the institutionalisation, often for short periods though also often repeated, of those whose demeanour, behaviour, antagonism, resistance or withdrawal failed to fit their immediate context.

Before I discuss individual families, however, I wish to make some points about how the conditions of certain family groups made them particularly susceptible to professional intervention.

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9 Dwyer, *Homes for the Mad*, p.3.
Familial Vulnerability

The New Experts

There were two major facets of life that made families in Australia particularly responsive to the advice of experts, or to actively seeking them out to assist them in solving their problems. The first was the changing nature of society, and the second was related to the particular characteristics of the colonial family itself. Beginning around the 1870s, the colonies had experienced increased urban growth and greater industrialisation in the major cities. The shift from a predominantly rural to an urban economy was part of this process. By the last decade of the nineteenth century one-third of the population lived in capital cities.\(^{11}\)

Increasing urbanisation was just one of the factors that made it more difficult to keep problem relations within the confines of the family as the large numbers who continued to come to Kew from outlying rural areas testify. The answer seems to lie more within changing notions about the structure and organisation of families themselves and the belief systems adopted by the people within those families. In both a rural and urban context families relied on the shared work of individual members. Increasingly, within the expanding capitalist economy, they did so for the contribution of wages rather than labour. The family was changing from a unit of production to a unit of consumption. With these changes in the structure of the workplace, there was something of a psychological change in the way that families perceived themselves. According to Christopher Lasch, as society became more separated from the workplace, the family became increasingly vulnerable.\(^{12}\) Lasch makes the extremely problematic assertion that capitalism and patriarchy are incompatible, and it is the

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family’s relinquishing of the patriarchal structure that rendered it vulnerable to reliance on experts. Nevertheless, his general notion that the opacity of the new forms of domination created new justifications for anxiety seem particularly applicable in late nineteenth, and early twentieth century Australia.

The second feature was the essential character of colonial familial groups. The immigrant nature of colonial society meant that when discussing ‘the family’ what was usually understood was a fairly small group of related people. As Patricia Grimshaw explains in *The Family in the Modern World*:

A remarkable feature of colonial families ... is that they undertook the task of establishing an economic foothold and of rearing their children cut off from the assistance of an extended family network. If one accepted a definition of the modern family as one constituted of a narrow range of kin, the Australian family was de facto ‘born modern’. Settlers arrived in the colonies usually single or as young married couples. They were uprooted from their families of origin, and, hence, were deprived of access to a wide range of kin from whom material assistance and emotional support might have been anticipated in their home environments. A raw frontier society placed much stress on the conjugal family, vulnerable because it was responsible for the youngest and weakest members of that society.13

The colonial family thus explained, neatly fits Lasch’s model of the ‘stripped down family’ who were vulnerable to the reliance on experts. As he sees it, the ‘guardians of public health and morality insisted that the family could not provide for its own needs without expert intervention.’14 I have argued throughout this work that this intervention was sought by

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13 P. Grimshaw, ‘The Australian Family; An Historical Interpretation.’ in Burns, Bottomley and Jools (eds), *The Family*, p.36.
families as much as imposed upon them. In Chapter Six I demonstrated how young single males were the most vulnerable social group to incarceration, during the first few years of the life of the asylum. This suggests that absence of family was an important factor. Of those who did have families, the support of their family was vital. However, some families found it difficult to offer this support, largely because they were without extended networks of kin. As a group, the family most likely to have an inmate among its members was the Irish family. This appears to be directly related to the peculiar position of the Irish family in the colony.

Irish Families and the Asylum

According to Dr. Manning’s report in the January 1889 edition of the Australasian Medical Gazette the proportion of insanity is, throughout Australia, much greater among the foreign than among the native born.\(^\text{15}\) Ethnicity of inmates was recorded for the first time in 1886. Of the 595 patients who entered all Victorian asylums that year, 116 were Irish-born. That number represented about one fifth of all inmates, although the Irish constituted less than one seventh of the general population.\(^\text{16}\) The 1887 Annual Report also showed a high Irish number of inmates, with 141 out of 657 patients being born in Ireland. A comparatively low 156 were natives of Victoria.\(^\text{17}\) In 1889, 79 of the 347 new admissions to Kew asylum were Irish-born. This number roughly equated to Manning’s estimate of the total percentage of all

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\(^{15}\) Manning, ‘On Lunacy,’ p.84. Manning also stated in the article that the asylums contained ‘stray specimens of nearly every race and nationality’.

\(^{16}\) Annual Report 1886, VPP 1887, vol.2, p.16.

\(^{17}\) Annual Report 1887, VPP 1888, vol.3, p.15.

*The Census 1871* from PROV 1872 Victoria Statistics, Series 943, Unit 27 shows there was a total of 731528 persons in the colony. Of these 329,597 were born in Victoria, 164,287 were born in England, 100,468 persons were born in Ireland. These three made up the greater proportion of the total.

*The Census 1881* from *Census of Victoria 1881. Birthplace of the People*, VPP 1883 vol.2, p.149, gives a total of 862,346 comprising 539,060 born in Australian colonies, 142,906 English-born and 86,733 born in Ireland.
patients of Irish birth in the Australian colonies which he estimated as ‘upwards of 26 per cent.’\textsuperscript{18} This made them the largest single ethnic group to be incarcerated, although they were never the largest group in the general population.

However, from 1890 onwards, the numbers of Irish began to diminish appreciably in relation to native-born inmates. In 1892, a total of 703 new patients were admitted to Victorian asylums. One hundred and two were born in Ireland.\textsuperscript{19} While this was still an appreciable number, it was a much smaller percentage than had made up the numbers in recent years, even allowing for their diminishing numbers in the general population. In 1901, only an extra 86 Irish become part of the asylum population, although a large total of 769 persons were admitted that year. Of these, Manning would have been perturbed to discover, 329 were born in Victoria, and a further 48 were natives of other parts of Australia.\textsuperscript{20} The figures for 1905 show that more than half the patients admitted that year were Australian-born. Of a total of 738, 403 gave their birthplace as Australia. Only 68 were Irish-born.\textsuperscript{21}

By 1910, the birthplace of inmates had apparently ceased to be of concern to asylum management and ethnicity of patients was no longer recorded. It is difficult to come to definite conclusions because of these inconsistencies. Nevertheless, the figures that are recorded suggests that all Victorian asylums, including the Kew asylum, housed an

\textsuperscript{18} Manning, 'On Lunacy', p.84.
\textsuperscript{19} Annual Report 1892, VPP 1893, vol.1, p.8.

Note: The number of both Irish-born and English-born in the general population decreased substantially around 1900. Although the number of Irish-born in asylums decreased correspondingly, the numbers of English-born entering asylums actually increased.

\textit{The Census of Victoria 1891, Birthplace of the People} from VPP 1892-3 vol.2 p.135 shows a total population of 1,140,405 comprising 793,314 born in the Australian colonies, 157,813 born in England and 85,307 Irish-born.

\textit{The Census of Victoria 1901} from VPP 1902-3 vol.2. p.171. gives a total of 1,202,341 comprising 941,097 born in Australia, 113,432 born in England and 61,512 born in Ireland.
extraordinarily high number of Irish immigrants during the early years, but that the numbers tapered off as the asylum became established.

Any conclusions about Irish participation in asylum life must remain conjectural owing to the incomplete nature of the information – for example, the figures do not indicate the number of those of Irish descent as well as Irish-born. However, there are indications that there were some peculiarities of original Irish immigration which made the Irish particularly vulnerable to incarceration in the state’s asylums. This becomes more apparent when it is observed that the number of Irish entering asylums began to lessen quite rapidly into the early twentieth century, diminishing considerably more quickly than did the percentage of Irish-born in the overall population of the newly-created state.

The Nature of Irish Families

Chris McConville suggests that early Irish settlement in Victoria showed marked differences to other immigrant groups. In particular the Irish became more thoroughly disconnected from their families and friends back home. McConville states:

in their means of leaving Ireland and in their familial practice in the antipodes, these emigrants set themselves apart from compatriots. Few of those who braved the long voyage to Melbourne, Geelong or Portland found a place in lengthy chains of emigration. 22

This meant that the Irish, more than any other immigrant group, were likely to be without the support of family or long-time friends when they first arrived in the colony. This fracturing

22 C. McConville. ‘The Victorian Irish-Emigrants and Families, 1851-91’ in Grimshaw et al, Families, p.3.
of families was caused firstly by conditions in Ireland, and further exacerbated by colonial immigration policies.

Some Irish, particularly those from rural areas, emigrated as a direct result of oppressive economic conditions. McConville describes an enforced emigration brought about by the combination of poverty and the Irish practice of passing family farms onto one child only:

Continued subdivision of already small family farms among male children had proved a disaster during the potato famine of 1845-49. The solution which became increasingly common after 1850, was to leave the farm to one son. A few of the daughters either married the sons of neighbours, sons who had inherited land, or more often they emigrated. Male non-inheritors usually emigrated as well. Ireland by the 1870s had become a society in which children grew up expecting either to emigrate or to remain unmarried. 23

Other commentators emphasis the diversity of wealth and social standing of Irish emigrants. In The Irish In Australia, Patrick O'Farrell insists that those who emigrated were the farmers who ‘have sufficient left to carry them away’ and that it was the ‘provident and energetic farmers and the most respectable tradespeople and shopkeepers’ 24 who emigrated.

Regardless of the social class of emigrants, they were overwhelmingly youthful. ‘Most migrants were between 18 and 25’. 25 Some of these young people left with the deliberate intention of cutting themselves off from their home and, therefore, their family. Although most emigrated to England or North America, a substantial number came to Australia,

23 ibid., p.2.
25 ibid., p.58.
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