Insights into the treatment of the insane in the South Australian lunatic asylums during the early years are few. It is possible to draw some conclusions from various comments made by the Visitors to the Adelaide Lunatic Asylum and from the evidence presented before the Select Committees and Commissions of the South Australian Parliament. Unfortunately the Committees and Commissions rarely asked directly about the treatment regime being practised. Rather information comes as a result of questions respecting the possible ill-treatment of patients. Despite this the various Minutes of Evidence remain one of the most important sources of information regarding the treatment of the inmates, attitudes towards the insane amongst South Australians and familiarity with overseas practices as well as trends in provisions for the insane.

From the evidence presented to the Select Committee appointed to inquire into the Treatment of Lunatics in 1856, it appears that the initial treatment regime was based on custodial care and restraint. Despite moral therapy having been practised for several decades in England and elsewhere, and the non-restraint movement gathering momentum, there is no evidence of them being practised in the early years of the Adelaide Asylum’s existence. This may have been a consequence of the Colonial Surgeon, James Nash’s lack of experience with the treatment of lunatics. The first evidence of attempts to introduce partial non-restraint came with Dr, Gosse’s time as Acting Colonial Surgeon around 1856. Dr. Gosse, however, did not reside at the Lunatic Asylum, and while he testified before the Select Committee that kindness was the most
effective form of treatment and restraint was never used as punishment, in evidence
Keepers Nash and Morris admitted that the plunge bath was used as punishment for
difficult patients (S.A. S.C. 1856: Q. 40, 50, 52, 97-8, 511-525, 773, 776). The evidence
would suggest that there was a marked gap between the desired treatment and the actual
treatment of the lunatics.

As indicated in the Select Committee Minutes of Evidence life for inmates was
dominated by monotony with no amusements beyond board games, cards, and reading for
the men, the women lacked even these. Employment was restricted to the women who
worked in the laundry and kitchen. The garden which may have provided work for the
men was not secured by walls (S.A. S.C. 1856 Q. 91, 93, 126-7). This again argues for
the non-application of moral management as there were no attempts to make life for the
inmates more bearable or to bring them to back to sanity by moral arguments. Rather
economics were more important to Gosse than the employment of an extra keeper to
employ the men (S.A. S.C. 1856: Q. 130). Religious services were not held. Morris was
to further testify that the treatment regime, which included the use of restraints and baths,
was similar to that he had experienced in Ireland, with the exception being that no
classification was achievable at the Adelaide Asylum due to overcrowding. Certainly the
more extensive classification used by Hill and others could not be practised as Adelaide
in effect had only two wards for each sex, and Morris’s evidence seems to indicate that
even the separation of new cases from convalescent patients was not occurring (S.A. S.C.
1856: Q. 796, 1048). It appears that the asylum was primarily a custodial institution with
some implied efforts towards a non-restraint system, rather than a curative institution as
envisaged as part of moral treatment. This is supported by the use of the Gaol as a lunatic
asylum.

It was Dr. Moore, the Colonial Surgeon from 1858, who introduced full non-
restraint and possibly some form of moral therapy to the Adelaide Asylum. As indicated
in his evidence to the Select Commissioners in 1864 he had a special interest in the
treatment of lunatics: “It is a branch of my profession, to which I have paid some special
attention” and he had attended lectures by John Conolly, the non-restraint reformer (S.A.
S.C. 1864 Q. 82). He had gone as far as to dismiss an attendant who would not work
under the non-restraint system and had met with some resistance among other attendants
on introducing non-restraint (S.A. S.C. 1864 Q. 6, 20-22, 34-5). The Master Attendant who had worked at the Asylum for 14 years, found that the new system was more successful and less troublesome, reflecting the English experience (S.A. S.C. 1864 Q. 31, 149). Happily Dr. Moore reported that the cure rate stood at over 50 percent (S.A. S.C. 1864 Q. 92).

Under Dr. Gosse there had been little attempt to employ the inmates or introduce other aspects of moral treatment. Dr. Moore appears to have made greater efforts as he believed work was useful in itself rather than for any economic value it may have had. Dr. Moore indicated clearly that he wished for more employment of the patients, particularly for those unable to do housework or outdoor work in 1864. Of 110 male patients only twenty were capable of outdoor work. It appears that mat-making and sewing bags had been done in the past but supplies of materials had not been regular. Many patients could not be encouraged to do anything and none were forced to work. (S.A. S.C. 1864 Q. 10, 11, 16, 17, 76). Activities appear to have been limited to chess, draughts, and bagatelle. Silk worm farming occupied patients for six weeks at a time. Caged birds and rabbits had also been bought into the wards to brighten them (S.A. S.C. 1864 Q. 77, 80).

As with the earlier Select Committee the evidence was primarily about the men, and the references to games seems to apply to them, for Dr. Gosse and Dr. Bayer, another Visitor, had noted that the women had no amusements apart from hard physical labour in the washhouse and some knitting and sewing, and only a small yard to walk in (S.A. S.C. 1864 Q. 305, 349). The separation of the sexes meant that the women could not go into the main garden at the same time as the men. Consequently Sunday afternoon was the only time they could go into the garden, and this had come to be seen as a privilege (S.A. S.C. 1864 Q. 458-459).

The Adelaide Lunatic Asylum’s regime seemed to be severely lacking in variety in its day to day life and the lack of grounds and the shortcomings of the buildings were playing a part in this failure. The other failing repeatedly mentioned was the lack of classification (S.A. S.C. 1864 Q. 327, 384). This had implications not just limited to the disturbance of convalescent patients by refractory ones. There was the question of the plan of treatment. The encouragement of patients recovering from their sanity had to be
limited if the attendants were occupied by refractory cases. Similarly extra comforts and indulgences in amusements and furniture for convalescents could not be followed through with if day space was extremely limited. As Boothby indicated:

... what is wanted is to induce a cheerful spirit amongst the patients; they should always have some sort of occupation; their safe custody should not be the only matter considered (S.A. S.C. 1864 Q. 591).

Even religious instruction which may have helped lift the spirits of the inmates was not being attended to as no ministers were visiting the asylum regularly (S.A. S.C. 1864 Q. 5). While there was no specific chapel, a room capable of holding forty to fifty was set apart for religious services and patients were given prayer books and Bibles (S.A. S.C. 1864 Q. 60, 201). Reverend Farr believed that there should be a designated clergyman for the Asylum, if not a resident minister. Farr, quoting Dr. Charlesworth of Lincoln Asylum, indicated that religious instruction could help induce new associations leading away from the erroneous thinking that led to insanity (S.A. S.C. 1864 Q. 772, 774-5).

Overall the evidence given before the Commission seems to indicate that attempts to achieve a better life for the inmates were being made, but only in a piecemeal way with no plan of management, which would suggest the full application of the treatment regimes suggested by non-restraint reformers. This is supported by the lack of a Resident Medical Officer due to no accommodation being available for him, Dr. Moore, the Colonial Surgeon, visited every second day (S.A. S.C. 1864 Q. 1-3, 31). The Resident Officer would certainly have been able to maintain a perpetual influence over the patients and the management of the asylum (S.A. S.C. 1864 Q. 288-295, 334, 394-5, 523-4, 576, 579-581).

Thus the introduction of moral therapy rested with individual interest rather than any wider public interest in the treatment and cure of the insane. But attempts to introduce moral therapy which included an emphasis on classification, employment, activities, exercise and individual attention was to be difficult to achieve because of the nature of the buildings at the time, which allowed only two wards for men and women,
and limited airing court space. Consequently classification was almost impossible to achieve based on the patient’s condition and new and chronic cases were not separated. This scheme of moral management appears to have continued under Dr. Paterson initially. In evidence before the 1869 Select Committee he indicated that the insane could only be managed by moral arguments and inducements; modern treatment forbade coercion (S.A. S.C. 1869 Q. 6, 12). Refractory patients were locked up only when they disturbed the whole yard, assaulted another patient, or disturbed the quiet of three or four patients. Seclusion was a tool to prevent violence and a part of the medical treatment (S.A. S.C. 1869 Q. 18). But while Dr. Paterson appears to have been practising moral management, its curative aims were tempered by his belief that the majority of the inmates of the Lunatic Asylum, numbering some 220, were hopelessly insane, leaving only about 20 curable patients (S.A. S.C. 1869: 19-22, 259). So importantly, he may not have seen this as a curative regime per se, but rather as means of managing day to day behaviour within the asylum (S.A. S.C. 1869 Q. 6, 12).

Dr. Paterson certainly from the evidence given had attempted to bring life closer to the ideals of moral management and non-restraint practises, which were very much about making life more bearable and distracting the thoughts of the inmates. In terms of amusements for the men there was bagatelle, cricket, walking expeditions, newspapers, books, backgammon, and so forth. For the women, Paterson found it was more difficult to find amusements. They had walking expeditions, the Illustrated News, and ‘a great deal of needlework’. Again the borders between amusements and work were blurred; if he wanted to give a bazaar female patients would be employed to make goods (S.A. S.C. 1869 Q. 27).

The class attitudes that informed some of the attitudes towards activities appear to have changed with Dr. Paterson’s appointment as he indicates that dances were now being held, along with concerts, theatrical entertainments, ‘Christy Minstrels’, and other entertainments. These were attended by all but the sickest inmates (S.A. S.C. 1869 Q. 27, 29). The range of activities now more closely followed those recommended in England to alleviate the boredom of an enclosed life within the asylum. Paterson indicates that nothing was as beneficial to the patient as entertainments, apart from work. Several women had shown improvements after attending entertainments (S.A. S.C. 1869 Q. 45-
The retirement time of patients also had been extended with patients now staying up to 8 p.m. and visits by Ministers of religion had recommenced (S.A. S.C. 1869 Q. 76, 203-211).

Paterson indicated that he liked to keep the inmates as much at work as possible. The women were employed in doing all the washing and in making all the clothes for the establishment apart from the stockings. Interestingly the tailor, who lived in the Asylum, worked with only two male patients; presumably he was not allowed contact with the women (S.A. S.C. 1869 Q. 1507). The employment of the men was not detailed but the Asylum employed a gardener to attend the vegetable gardens and the general grounds, and the men would have assisted him. All the artisans employed lived in the Asylum and were expected to take a turn at ward duty (S.A. S.C. 1869 Q. 216, 219, 221-2). James Watson, the Head Attendant, indicated some of the activities used to occupy the patients included hair picking, hat and mat making, although the latter was not economic. Hair picking involved separating the hairs matted in wet mattress (S.A. S.C. 1869 Q. 292).

By the 1880s Dr. Paterson’s belief in the organic causes of insanity had become more entrenched and his focus had shifted to providing an environment where these physical causes could be treated. He believed insanity was both the product of the disordered function of the brain and organic and physical changes to the brain. The former, the cause of temporary insanity was curable, the latter less so (S.A. Comm. 1884 Q. 486-488). Paterson indicates that many of the newly arriving cases had suffered from too much labour and not enough food. They began to recover after resting and being given good food (S.A. Comm. 1884 Q. 696). This would suggest that physical stress was an important contributing factor in causing insanity in the colony. Paterson firmly believed that cured patients were as good as before if the disease was of a functional nature, organic disease was another matter (S.A. Comm. 1884 Q. 581-3, 648). Clearly moral arguments would have less sway in bringing a person back to sanity if the cause was not some failing of the personality or habits but arose from an organic cause. While moral management had gained favour with many, possible organic causes for insanity had not lost favour with writers on lunacy in England and the growing emphasis on hereditary weaknesses in the second half of the nineteenth century was fuelling a shift in perceptions of insanity (Skultans 1975 for overview). In practice Paterson emphasising
rest, proper nutrition and later on work as the curative regime for many cases (S.A. Comm. 1884 Q. 696).

The activities and work tasks listed before the Select Committee of 1864 continued into the 1880s. The women continued to do the washing for the asylum, making all their underclothing and the shirts for the men as well as mattress making and knitting. While the men were employed digging and working in the garden, teasing hair, making new mattresses, and in repairing and cleaning old ones, kitchen and store work. Both sexes did household work. There were fortnightly dances and once a week patients from both Adelaide and Parkside went out in the omnibus (S.A. Comm. 1884 Q. 525, 6085-6090). There was no indication that work had become more regular, particularly as these were basically the same irregular activities as pursued in the 1860s. The major difference was the trips outside of the asylum. Amusements included cards, bagatelle, dominoes, chess, backgammon, dancing, football and cricket for the men (S.A. Comm. 1884 Q. 629). Religious services had become a regular event as these induced habits of regularity and order (S.A. Comm. 1884 Q. 534-5).

There was no training of the inmates in trades; rather those with specific skills were employed in them, for example carpentry. Paterson indicates that most were pick and shovel men (S.A. Comm. 1884 Q. 630-1). Similarly neither asylum had a library despite a government grant of £100 per annum for amusements (S.A. Comm. 1884 Q. 681-3).

Unless a patient had knowledge of the few games provided, asylum life was in effect characterised by monotony both in terms of amusements and work. Little had changed from the first Select Committee in 1854. Classification and improvements to life within the Asylum had only been marginally improved upon, with the majority of patients seeming to have spent their day in the airing court rather than the main building (S.A. Comm. 1884 Q. 3124). Dr. Paterson’s evidence before the 1884 Commission was to also indicate the continuing relationship between Adelaide and Parkside Lunatic Asylum. While Adelaide was intended to be a curative asylum and Parkside the chronic asylum, there were still a large number of chronic patients resident at Adelaide, and acute and chronic cases were still being mixed in the wards. Paterson desired an admitting ward separate from the acute ward at one of the asylums as this would facilitate better care
Interestingly there was no policy dictating the removal of chronic patients to Parkside, when room was required, patients were moved. This would suggest that Parkside was considered as an annex of Adelaide rather than a chronic asylum with a particular role, such as that envisaged for the chronic asylum in England, of providing lower cost accommodation for the chronic or incurable patients. As in England many of the chronic cases were simply those suffering from senile decay rather than being purely insane, and imbeciles (S.A. Comm. 1884 Q. 814).

**Conclusion.**

The treatment regime at the South Australian lunatic asylums then effectively mirrors changes in the treatment of lunatics that was occurring in England. The custodial period, followed by a period of moral therapy with its possibilities of a shift to the belief in the organic and hereditary causes of insanity. Similarly there was a shift from restraint to non-restraint. In England these changes had been accompanied by a focus on the living environment of the insane, to providing initially a curative environment where the building is used to support the curative process through classification and rewards of better rooms and galleries. Here through authors, such as John Connolly, the idea of an ‘ideal asylum’ was developed, where the patient was occupied, kept comfortable with a reasonable standard of living, and the building design supported the effective supervision and management of the inmates.

From the establishment of the first Colonial Lunatic Asylum in 1846 to 1890 the treatment of the lunatics in the colony was to run the full gamut from restraint to non-restraint, from moral management to a curative regime that focussed on the lunatics’ health.
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