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**National Fitness or Failure?**  
**Heredity, Vice and Racial Decline in**  
**New Zealand Psychiatry**

**A Case Study of the Auckland Mental**  
**Hospital, 1868-99**

**A thesis**  
**submitted in fulfilment**  
**of the requirements for the degree**

**of**  
**Doctor of Philosophy at**  
**The University of**  
**Waikato**

**by**  
**Maree Dawson**



## Abstract

This thesis examines anxieties about national fitness and efficiency in nineteenth-century New Zealand through a detailed study of medical and popular ideas about the causes of mental illness. In particular, it foregrounds the perceived roles played by heredity and vice in medical diagnoses both inside institutions and in wider discussions about mental illness. The thesis draws upon medical journals, popular newspaper articles, government reports and debates, and patient case notes from the Auckland Mental Hospital between 1868 and 1899 to investigate discourses about the mentally ill, and to highlight the relationships between anxieties about this ‘problem’ section of the population and contemporary social concerns. This methodology demonstrates how a range of texts helped to produce a discursive association between heredity and vice, mental illness, and a feared decline in the ‘fitness’ of the ‘British’ race in New Zealand and in the wider British World, and also that the mentally ill in nineteenth-century New Zealand were often depicted as living consequences of a family history of indulgence in various forms of vice, or of the procreation of the mentally unfit. Medical and popular ideas about general paralysis and puerperal insanity, in particular, were strongly related to gender and class norms, and throughout this thesis, ideals of class and gender are explored as shaping influences on medical and popular theories about the aetiology of mental illness in general.

By drawing on medical discourses from Britain and New Zealand, this thesis also demonstrates the transnational nature of psychiatric medical theories deployed in Britain and New Zealand. This transnational transmission of ideas occurred through the migration of British born and educated psychiatrists to New Zealand, the context of British medical journals (such as the *British Medical Journal* and the *Journal of Mental Science*) which circulated in New Zealand, and attendance

at Intercolonial Medical Congresses, shared between New Zealand and the Australian colonies from 1892. Transactions from these congresses, along with medical journal articles and popular sources, reveal that the period from 1868 until the end of the nineteenth century was an intellectual environment ripe for the emergence of concerns about racial decline, a trend highlighted by the presence of the mentally ill, in a 'new' society.

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## Introduction

This thesis explores the centrality of the concepts of heredity, vice and racial decline to concerns about mental illness and deficiency in nineteenth-century New Zealand. In particular, it examines the significance of specific forms of insanity to anxieties about national fitness and efficiency. These fears are generally thought of as predominantly twentieth-century phenomena. Yet concerns about declining national fitness and efficiency, and a perceived decline in the quality and quantity of the ‘white race’, spread through Britain and its colonies, including New Zealand, some decades before the turn of the century. One conduit for these anxieties was the appearance of the mentally ill and deficient in the ‘new’ population of New Zealand, and especially among white Europeans. This thesis argues that heredity, vice and racial decline were key factors in the development of ideas about the causes of mental illness and deficiency in nineteenth-century New Zealand, in the wider context of the British world. It also demonstrates that mental illness, in itself, was a significant concern because of the implied threat which it presented to national fitness in the nineteenth century. This thesis breaks new ground in New Zealand historical scholarship by providing a synthesis of these ideas about racial decline, mental illness, and medical and popular understandings of the causes of mental illness and deficiency in nineteenth-century New Zealand.

Recent scholarship deploys mental hospital patient case notes to present a patient-centred view of asylum practices in New Zealand and elsewhere. This thesis provides a context for these case notes through a close reading of medical journals both contributed to, and also read by, prominent New Zealand medical professionals. It also explicitly draws on the array of popular discourses found in newspaper articles of the nineteenth century to show how publicly disseminated writings were often influenced by medical ideas. It also suggests that popular perceptions of the causes of mental illness centred on ‘visible’ factors, particularly certain forms of vice, rather than the less visible aetiology of heredity. ‘Aetiology’, in this thesis, is used as both a collective term, for the many

suspected causes of mental illness and deficiency and the causes of mental disorders in general, and also refers to specific descriptions of certain psychiatric diagnoses.

This thesis illustrates that medical theories about mental illness in the nineteenth century tended to capitalise on any hints of heredity in patient aetiologies. Existing scholarship also explores different explanations for the ‘flow’ of information and ideas between New Zealand and other parts of the British world. This study builds on these works by identifying connections between British medical organisations and New Zealand mental hospitals - and between British and Australasian medical journals, as the voices of these organisations - and New Zealand psychiatric institutions, with a focus on the Auckland Mental Hospital (hereafter the AMH).<sup>1</sup> This thesis focuses on the AMH because of the usefulness of the extant case notes from this institution, and also because it drew patients from a wide geographical region – rural, coastal and urban – and a wide range of occupations, from the isolated gum diggers of the north, to the poor lower class house maids of Auckland city, to subsistence farmers on the East Coast. The AMH was also one of New Zealand’s largest mental institutions, but has not explicitly been associated with eugenics and concerns about racial health, unlike the South Island institution of Seacliff through the superintendence of the prominent figure Frederic Truby King.<sup>2</sup>

The Introduction explores the relationship between this thesis and other histories of mental illness in New Zealand institutions, and institutions from elsewhere in the British world, particularly in England and Scotland. It also outlines how this thesis differs from existing academic works, and foregrounds its contribution to histories of mental illness and of medicine in New Zealand. Heredity and vice were significant aetiological factors in medical and popular discourses about mental illness in the nineteenth century; arguably concerns about heredity, vice and racial decline provide a lens through which ideas about the causes of mental illness and deficiency may be observed and analysed.

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<sup>1</sup> The Auckland Mental Hospital was known in the nineteenth century as ‘The Whau’, and as a ‘lunatic asylum’. It is referred to as the Auckland Mental Hospital in this thesis because this name emphasises the medical nature of the institution as a ‘Hospital’, refers to the geographical location of the institution at Auckland, and situates this institution in an international field of concern about ‘mental’ health, exemplified by the British journal, the *Journal of Mental Science*.

<sup>2</sup> See *‘Unfortunate Folk’: Essays of Mental Health Treatment, 1863-1992*, ed. by Barbara Brookes and Jane Thomson (Dunedin, N.Z: University of Otago Press, 2001).

This thesis addresses three over-arching questions. First, it explores how heredity and vice were reflected in medical and popular theories about the cause of mental illness. Second, it addresses how concerns about class and gender were reflected in these sources. Third, it asks how medical and popular concerns about mental illness and deficiency were augmented by anxieties about declining national fitness and efficiency. ‘Popular’ in this thesis refers to the views of dominant elites in society, particularly those of politicians, newspaper editors and journalists, and local magistrates.

In answering these questions, this thesis proposes that the ways that heredity and vice were invoked in medical and popular texts, and in patient case notes, differed according to the type of source consulted. The examination of these three ‘pillars of discourse’ - published medical and popular discourses, and patient case notes - demonstrates that in medical sources, heredity generally gained popularity as a cause of mental illness as the nineteenth century drew to a close, but that this was less evident in popular discourses. This thesis also suggests that concerns about declining national fitness and efficiency were far less evident in patient case notes from the AMH than in British medical journals, and were markedly scarce in popular sources. This thesis identifies the ways that relationships were construed between concerns about mental illness and deficiency, and wider anxieties about racial degeneracy and decline. Finally, this work seeks to highlight the significance of heredity and vice both to specific forms of mental illness, and also to mental illness, in general. It is important to note that this thesis does not attempt to compare case notes from British institutions and publications with case notes from a New Zealand institution. Instead, this thesis uses the published extracts of case notes from British medical journals to anchor the analysis of AMH patient case notes by providing a reference point for New Zealand medical discourses.

By positioning itself at the nexus of several strands of historiography, this also furthers debate about how we might understand these histories in a larger scholarly framework. These strands include histories of concerns about national fitness and efficiency; the accompanying adoption of scientism into public, non-medical texts; and histories of mental health care in New Zealand and the British world. Aspects of this thesis are in conversation with histories of the eugenics movement in Britain and New Zealand, and still other parts of it are closely

aligned with scholarship dedicated to transnationalism. Transnationalism, used here, refers to the transfer of medical ideas between distant locations within the British world, a concept widely explored in recent historiography.<sup>3</sup> As Chapter Two explains, transnationalism incorporates the myriad ways that doctors working in nineteenth-century New Zealand were influenced by medical practices and theories circulating in the British world, predominantly from England and Scotland, but also between New Zealand and Australia. Gender studies and general histories of New Zealand are other fields of historiography to which this thesis contributes.

The concepts of national fitness and efficiency provide another central historiographical theme to this study. Earlier historical investigations of Geoffrey Searle's examination of this concept are insightful. For example, Searle defines as encompassing several facets of British public life, including the drive to apply 'business methods' to governance, and a push for elites to 'modernise' or perish.<sup>4</sup> But most significantly for this thesis, Searle also depicts national efficiency as promoting 'a view of men and women as resources, a kind of raw material that was being squandered through incompetence and neglect.'<sup>5</sup> Daniel Pick's work on degeneracy in Europe and England specifically identifies concerns expressed about racial decline in medical journals, a similar technique to that used in this research. Pick argues that medical journals aided the dissemination of ideas about racial decline and congenital idiocy, in particular, and that these medical texts were essential in 'reformulating the language surrounding the "condition of England question" with regard to a medical hypothesis about degeneration.'<sup>6</sup> Specifically, national fitness and efficiency refers to the maintenance of 'white' reproductive rates and the reproduction of the 'right' sort of individuals. Part of

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<sup>3</sup> Catharine Coleborne, *'Madness' in the Family: Insanity and Institutions in the Australasian Colonial World, 1860-1914* (Basingstoke, Hampshire: Palgrave Macmillan, 2010), pp. 8-9; Elspeth Knewstubb, 'Medical Migration and the Treatment of Insanity in New Zealand', in *Migration, Ethnicity, and Mental Health: International Perspectives, 1840-2010*, ed. by Angela McCarthy and Catharine Coleborne (New York and London: Routledge, 2012), p. 108; Giselle Byrnes, 'Introduction: Reframing New Zealand History', in *The New Oxford History of New Zealand*, ed. by Giselle Byrnes (Melbourne: Oxford University Press, 2009), pp. 14-15.

<sup>4</sup> Geoffrey Searle, *A New England? Peace and War 1886-1918* (Oxford: Oxford University Press, 2004), pp. 296-304.

<sup>5</sup> Searle, *A New England?*, p. 305.

<sup>6</sup> Daniel Pick, *Faces of Degeneration: A European Disorder c. 1848-1918* (Cambridge: Cambridge University Press, 1993), p. 178. Cited in Maree Dawson, 'A Degenerate Residuum? The Migration of Medical Personnel and Medical Ideas about Congenital Idiocy, Heredity, and Racial Degeneracy between Britain and the Auckland Mental Hospital, c. 1870-1900', in *Migration, Ethnicity, and Mental Health*, p. 93.

this was the ultimate desire that, if the ‘right’ sort of white people reproduced at a higher level than the ‘wrong’ people or those of other races, New Zealand would be better equipped to defend itself, and the British Empire, against foreign threats, and ensure British military, economic, and territorial supremacy. Crucially for histories of New Zealand, this thesis provides a historical context for the twentieth century’s escalation of debates about national fitness and efficiency.

The goal of national efficiency required that men and women needed to meet criteria of obedience to gender norms, resist over-indulgence in sexual vice and alcoholism, and avoid procreating with the hereditarily weak or flawed. Historian Peter Gibbons argues that vice was associated with concerns about national fitness and efficiency at the end of the nineteenth century through the temperance movement.<sup>7</sup> Mental illness and deficiency was often construed as a signal that these conditions had not been met, and represented a threat to national fitness and efficiency. New Zealand medical historian Warwick Brunton describes late-nineteenth-century British psychiatry as being characterised by ‘somatic-pathological approaches . . . together with an overlay of hereditary determinism and degeneracy theory.’<sup>8</sup> Similarly, literary historian William Greenslade refers to the link between degeneracy and the ‘crude differentiation’ between the opposing ‘normal and abnormal’, ‘healthy and morbid’, and the ‘fit’ and ‘unfit’, citing degeneration theory as legitimising this ‘hostility to the deviant.’<sup>9</sup> Referring to New Zealand, Bronwyn Labrum discusses a ‘population ideology’, which included concerns about decreasing reproductive rates and about the ‘quality’ and quantity of the white population.<sup>10</sup>

Population ‘quality’ was thought to be linked to several factors, in particular heredity and vice. These were also crucial factors in theories about national fitness and efficiency. Heredity refers to the transmission of physical and mental characteristics, including a tendency to develop mental conditions, from one generation to another. Usually, this was from a grandparent or parent to

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<sup>7</sup> P. J. Gibbons, ‘The Climate of Opinion’, in *The Oxford History of New Zealand*, ed. by Geoffrey Rice (Auckland: Oxford University Press, 1992), p. 312.

<sup>8</sup> Warwick Brunton, ‘The Scottish Influence on New Zealand Psychiatry before World War II’, *Immigrants and Minorities*, 29, 3 (2011), p. 321, cited in Maree Dawson, ‘Halting the ‘Sad Degenerationist Parade’: Medical Concerns about Heredity and Racial Degeneracy in New Zealand Psychiatry, 1853-99’, *Health and History*, 14, 1 (2012), p. 40.

<sup>9</sup> William Greenslade, *Degeneration, Culture and the Novel* (Cambridge: University of Cambridge Press, 1994) p. 2.

<sup>10</sup> Bronwyn Labrum, ‘The Changing Meanings and Practices of Welfare, 1840s-1990s’, in *The New Oxford History of New Zealand*, ed. by Giselle Byrnes, p. 401.

child, although in the sources consulted here, such a transmission is described as occurring between aunts, uncles, and cousins, to another individual. Vice refers to over-indulgence in alcohol, that is drinking frequently or to the point of intoxication, to sexual behaviour for non-reproductive purposes, particularly masturbation, homosexuality, extra-marital sex, pre-marital sex, and prostitution. Frequently, heredity and vice were combined, and were termed as ‘ancestral vice,’ which occurred when a patient’s predecessors indulged in vice. In this thesis, racial decline refers to a perceived decrease in the ‘quality’ of the mental and physical health of the white race, and the ‘value’ of individuals in the ‘white race’ to the nation and British Empire. Declining birth rates in the white population are part of the concept of racial decline, although this is of lesser significance to this thesis.

This thesis does not explicitly compare how these discourses about particular mental illnesses varied between location, between colonies, or between colony and metropole. These possibilities remain to be explored, particularly in view of specific mental conditions, but are beyond the scope of this thesis. Nor does this thesis engage in a strictly quantitative analysis of patient case notes, a method which potentially offers great insights into the patient population and the correlation between patient characteristics. By contrast, this thesis is primarily an examination of medical and popular discourses about mental illnesses, and patient case notes from the AMH between 1868 and 1899. Of significance to this thesis, Stephen Garton insists that in the nineteenth century, a ‘new frame of reference for lunacy emerged’ as a medical discourse.<sup>11</sup> Garton also discusses Michel Foucault’s work, crediting Foucault with highlighting the ‘productivity’ of discourses, which opens up possibilities for ‘contesting power.’<sup>12</sup> Foucault’s *Madness and Civilisation*, first published in the early 1960s, brought social control theory to the attention of historians.<sup>13</sup> This theory argued that ‘moral

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<sup>11</sup> Stephen Garton, *Medicine and Madness: A Social History of Insanity in New South Wales 1880-1940* (Sydney: University of New South Wales Press, 1988), p. 15.

<sup>12</sup> Stephen Garton, ‘Asylum histories: Reconsidering Australia’s Lunatic Past’, in *‘Madness’ in Australia: Histories, Heritage and the Asylum*, ed. by Catharine Coleborne and Dolly MacKinnon (St. Lucia, Queensland: University of Queensland Press, 2003), p. 15.

<sup>13</sup> Social control theory is described by Mary Ann Jiminez as being ‘based on an assumption that the movement to confine or regulate the behaviour of persons considered deviant by the larger society does not have the wellbeing of such persons as a dominant motive.’ See Mary Ann Jiminez, ‘Social Control’, in *Encyclopedia of Social History*, ed. by Peter Stearns (New York: Garland, 1994), p. 682.



treatment' was crucial to the history of treatment of mental illness.<sup>14</sup> In order to expose the constructed nature of 'seemingly natural categories', in *Madness and Civilisation* Foucault focused on the way that reason had been separated from unreason, conceptually a division which provided the suitable conditions for the emergence of modern psychiatry.<sup>15</sup> Subsequent revisions of Foucault's ideas have resulted in the emergence of histories of asylums and psychiatry which urged a 'more complex and nuanced analysis of reform.'<sup>16</sup> This thesis also uniquely employs methodologies of social and cultural history, by searching for patterns in data in order to understand aspects of popular culture and popular perceptions of mental illness.

Roy Porter engages with Foucaultian ideas about the construction of the patient. Porter cautions that the 'physician-centred account of the rise of medicine', which is partly the nature of my study, enacts a 'major historical distortion.'<sup>17</sup> In this, Porter advocates a greater patient perspective in histories of medicine and mental illness. Although this thesis supports the importance of a 'patient perspective' to the history of medicine, it does not attempt to apply this idea. In a direct reference to poststructuralist theory, Porter argues that 'the sick cannot possibly be regarded as a class apart, conjured up by the faculty.'<sup>18</sup> However, many historians, such as Elaine Showalter, argue that this 'conjuring' has had a major impact on asylum committal, and that increasing admission rates were a reflection of the 'medicalisation' of mental conditions, rather than strictly indicating an increase in the number of people who were truly in need of institutional care.<sup>19</sup> Similarly, in response to Porter's work, Flurin Condrau suggests that there is a need for debate between Porter's 'largely empirically

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<sup>14</sup> Andrew Scull, 'The Social History of Psychiatry in the Victorian Era', in *Madhouses, Mad-doctors and Madmen*, ed. by Andrew Scull (Philadelphia: University of Philadelphia Press: 1981), p. 9.

<sup>15</sup> Colin Jones and Roy Porter, 'Introduction', in *Reassessing Foucault: Power, Medicine and the Body*, ed. by Colin Jones and Roy Porter (London: Routledge, 1994), p. 4. Also see Jeffrey Weeks, 'Foucault for Historians', *History Workshop Journal*, 14 (1982), p. 107.

<sup>16</sup> Andrew Scull, 'Introduction', in *Madhouses, Mad-doctors and Madmen*, p. 2.

<sup>17</sup> Roy Porter, 'The Patient's View: Doing Medical History From Below', *Theory and Society*, 14 (1985), p. 175.

<sup>18</sup> Porter, 'The Patient's View', p. 192.

<sup>19</sup> Elaine Showalter, 'Victorian Women and Insanity', in *Madhouses, Mad-doctors and Madmen*, pp. 313-338.

driven account of the history of patients’, and the ‘Foucaultian perspective’, which describes the patient as a ‘construct of the medical sciences.’<sup>20</sup>

The time frame adopted by this thesis is instructive of the concerns which this work addresses. It begins in 1868 because of the 1868 Lunatics Amendment Act, legislation which demanded the appointment of inspectors at mental hospitals, although only some of these men were doctors.<sup>21</sup> The study ends in 1899, at the start of the Boer War, a conflict which provided an opportunity for the ‘New Zealand race’ to prove its loyalty to Britain, and their worth to the Empire. This conflict has been recognised by historians as a catalyst for ideas about eugenics and national efficiency in the twentieth century, so the beginning of this conflict and the impact of it on perceptions of national health marks a barrier of sorts between the end of the nineteenth century and subsequent movements in the twentieth century.<sup>22</sup> This conflict was also the first time that New Zealanders had a chance to prove their collective and individual racial strength, in comparison to the British themselves, other colonies, and the Boer enemy.<sup>23</sup> As Chapter One demonstrates, focusing on this period allows this thesis to trace changes in medical and popular ideas about mental illness, heredity, vice, and racial decline, over a period of time characterised by scientific discovery, the medical and popular adoption and adaptation of many scientific theories, growing urbanisation and industrialisation, and greater political, economic and military competition in Europe. These changes then provide a context for change or consistency in patient case notes at the AMH.

The AMH, one of several large, public asylums in New Zealand in the period, is the geographical location of this thesis, as it reflects wider practices, concerns and discourses for New Zealand.<sup>24</sup> Admission to the AMH signified the recognition that an individual had deviated from society’s ‘norms’. In view of this, scholars have argued that the idealised role of women and men in New

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<sup>20</sup> Flurin Condrau, ‘The Patient’s View Meets the Clinical Gaze’, *Social History of Medicine*, 20, 3 (2007), p. 535.

<sup>21</sup> ‘Lunatics’, *Statutes of New Zealand* (Wellington, 1868), p. 56. Also see Matthew Philp, ‘Scientific Pastors: The Professionalisation of Psychiatry in New Zealand 1877-1920’, in *‘Unfortunate Folk’ Essays on Mental Health Treatment 1863-1992*, p. 186.

<sup>22</sup> Marius Turda, ‘The Biology of War: Eugenics in Hungary, 1914-1918’, *Austrian Yearbook* 40 (2009), p. 241.

<sup>23</sup> Philippa Mein Smith, *A Concise History of New Zealand* (Port Melbourne: Cambridge University Press, 2005), pp. 118-9.

<sup>24</sup> This study will refer to primary and secondary literature from other psychiatric institutions in New Zealand.

Zealand between the 1860s and the end of the nineteenth century was reflected in beliefs about mental illness, diagnosis and recovery.<sup>25</sup> Diagnosis of mental illness and committal to a mental hospital was linked to deviations from this ideal.<sup>26</sup> This is reflected in an examination of the case notes of women committed to the AMH with PI and men with GPI, in Chapters Six and Four, respectively. GPI patients were often identified for the extent to which they adhered to social codes of acceptable behaviour. In a similar vein, as shown in Chapter Five, patients diagnosed as congenital idiots were compared to medically ‘normal’ people, although in a far less sympathetic way. An example of this is found in the case notes for Betsy J., a congenital imbecile, who was described as having the ‘mental capacity of a spoiled wayward child of any tender years.’<sup>27</sup>

Analysis of diagnoses in medical and popular discourses in the nineteenth century is achieved by focusing on three different medical conditions: General Paralysis of the Insane, Congenital Idiocy and Puerperal Insanity. General Paralysis of the Insane (GPI) presented a dilemma to asylum doctors of the time, as patients affected by this condition often did not match the ‘ideal’ of mental hospital patients. The eventual discovery of the aetiological role of syphilis in GPI, which by 1868 was already suspected, coupled with emerging fears about prostitution, contagion and sexually transmitted diseases, sufficient to prompt the Contagious Diseases and Vagrancy Acts, should have cemented the relationship between GPI and prostitution. But this did not occur.

Congenital Idiocy (CI) was also the subject of discourses which invoked fears of hereditary defectiveness and racial decline. CI incorporates the terms congenital idiocy and congenital imbecility. Although existing historical literature often distinguishes between these two diagnoses, for the purposes of this thesis, both conditions, provided they are stated to have been present at birth, are included in the ‘congenital idiot’ group of patients to show the range of ways that contemporaries applied these terms.

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<sup>25</sup> Bronwyn Labrum, ‘The Boundaries of Femininity: Madness and Gender in New Zealand, 1870-1910’, in *Women, Madness and the Law: A Feminist Reader*, ed. by Wendy Chan, Dorothy E. Chunn and Robert Menzies (London: Glasshouse Press, 2005), p. 68.

<sup>26</sup> Labrum, ‘The Boundaries of Femininity’, p. 68.

<sup>27</sup> YCAA 1048/6, folio 221 [Archives New Zealand/Te Rua o te Kawanatanga, Auckland Regional Office].

Puerperal Insanity (PI), in the context of this thesis, is a broadly defined term, which ‘encompassed diverse forms of mental illness associated with childbirth,’ most commonly appearing as ‘violent mania and severe melancholia.’<sup>28</sup> In the patient case notes from the AMH, individuals diagnosed with puerperal mania, puerperal melancholia, mania attributed to childbirth, and mania attributed to lactation are all classified as suffering from puerperal insanity. Discourses about PI in New Zealand in the second half of the nineteenth century were permeated by ideas of morality, heredity, and the decline of the ‘British race’.

### **Further Historiographical Questions**

While the historiography of the mental hospital is a well-developed genre overseas, and is also reflected in significant scholarship in New Zealand, work specifically linking the influence of heredity, vice and racial decline to ideas about mental health in nineteenth-century New Zealand is rare. One starting point for this discussion is the category of ‘New Zealand history’. General histories of New Zealand, such as those by James Belich and Michael King, explore the idea of New Zealand as a ‘Better Britain’, with political and judicial systems based on ‘Westminster models’, and a land being ‘progressively colonised’, along with Australia, Canada, South Africa and the United States.<sup>29</sup> While criticisms have been levelled at the works of both Belich and King, the idea that Pakeha New Zealanders between 1868 and 1899 viewed their country as inseparable from Great Britain, is generally accepted.<sup>30</sup> The idea of nineteenth-century New Zealand as part of a group of ‘neo-Britains’ is important to this thesis, as it justifies drawing on studies of psychiatry and mental hospitals from around the British World in the nineteenth century. This is particularly important in examining the spread of medical knowledge and discourses both towards New Zealand, and in the opposite direction. This idea is supported by Philippa Mein Smith’s contribution to the *New Oxford History of New Zealand*, which discusses

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<sup>28</sup> Hilary Marland, *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain* (Basingstoke, Hampshire: Palgrave Macmillan, 2004), pp. 3-4.

<sup>29</sup> James Belich, *Paradise Reforged: A History of the New Zealanders From the 1880s to the Year 2000* (London: Penguin Books, 2001), p. 17; Michael King, *The Penguin History of New Zealand* (London: Penguin Books, 2003), p. 177.

<sup>30</sup> ‘Pakeha’ is used in this thesis to denote ‘New Zealander of European descent’, the definition provided in *The New Oxford History of New Zealand*, p. xvii. For a discussion of Maori patients in the Auckland Mental Hospital, see Lorelle Burke’s master’s thesis, ‘“Voices caused him to become porangi”: Maori Patients in the Auckland Lunatic Asylum, 1860-1900’ (unpublished MA thesis, University of Waikato, 2006).

the history of the British world as being integral to the ‘Tasman world’, a world which developed from a ‘learning empire whose *modus operandi* was to exchange ideas, things and people habitually and with ease.’<sup>31</sup> The idea of New Zealand as part of the British world allows historians to draw some comparisons between New Zealand historiography and that of other white settler nations or colonies in the nineteenth century.<sup>32</sup>

Histories of New Zealand, the Auckland region, and of the British world as a whole therefore provide a context in this thesis for how patients admitted to the AMH may have lived and been classified in the ordinary world. This allows consideration of how the classification and attribution of mental illness to a particular cause such as heredity or vice within the AMH may have been a reflection of that other, ‘ordinary’ world. An example of this is Jock Phillips’s argument that so-called ‘moral norms’, which were formulated and policed within the region, nation and empire, meant that sexual desire in women came to be identified as a ‘transgression’.<sup>33</sup> Questions of morality and behaviours which were deemed to be ‘normal’ were closely linked to patient social class, and asylum histories have specifically shown that a female patient’s unwillingness or inability to meet these moral norms were at time prohibitive to a patient’s release or classification as recovered.<sup>34</sup>

Together with the work by Phillips, a considerable amount of New Zealand historiography has also recently taken on a gender-studies approach. Bronwyn Dalley, Erik Olssen, Charlotte Macdonald and Caroline Daley are among the historians who as well as contributing to the edited collection *The Gendered Kiwi*, have produced a number of individual titles relating to the role of gender in New Zealand history.<sup>35</sup> This thesis engages with a number of works by

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<sup>31</sup> Philippa Mein Smith, ‘The Tasman World’, in *The New Oxford History of New Zealand*, ed. by Giselle Byrnes, p. 299. Mein Smith defines the ‘Tasman world’ as the ‘diverse, multiple *communities of interest* between Australia and New Zealand.’ Mein Smith’s emphasis, p. 298.

<sup>32</sup> Katie Pickles describes New Zealand as emerging from the ‘British imperial project’, with a ‘historiographical tradition’ which developed out of this sense of having an ‘imperial past.’ See Katie Pickles, ‘Colonisation, Empire and Gender’, in *The New Oxford History of New Zealand*, p. 219.

<sup>33</sup> Jock Phillips, *A Man’s Country?: The Image of the Pakeha Male, a History* (Auckland: Penguin Books, 1996) p. 80, cited in Erik Olssen, ‘Families and the Gendering of European New Zealand in the Colonial Period, 1840-80’, in *The Gendered Kiwi*, ed. by Caroline Daley and Deborah Montgomerie (Auckland: Auckland University Press, 1999), p. 48.

<sup>34</sup> Phillips, in Olssen, p. 48. Also, see Labrum, ‘The Boundaries of Femininity’, pp. 66-7.

<sup>35</sup> *The Gendered Kiwi*.

these historians. Barbara Brookes' chapter in *Women in History 2* combines a gender studies approach with the use of patient case notes from one asylum, the Seacliff Asylum, to uncover the relationship between gender and committal in a New Zealand context. Brookes' work is a case study applicable to New Zealand in general, and one which is comparable to studies conducted on overseas asylums.<sup>36</sup> More specifically, Bronwyn Labrum's evaluation of the admission of female patients to New Zealand mental hospitals in the nineteenth century articulates the way that deviation from social norms could lead to the incarceration of women in mental institutions, and was also linked to a perceived unfitness for motherhood.<sup>37</sup> Another model for this thesis is Macdonald's most recent work, which explicitly links concerns about national fitness in the twentieth century to government policy, international political rivalry, and physical well-being.<sup>38</sup> While Macdonald focuses on the twentieth century, this thesis is concerned with the nineteenth-century manifestations of the areas which she highlights. Labrum's chapter in *The New Oxford History of New Zealand* emphasises the significance of the concept of a 'deserving and undeserving poor' in nineteenth-century New Zealand, and identifies Inspector-General of Lunatic Asylums Duncan MacGregor as a key public figure who made this distinction.<sup>39</sup> Read together, these sources illustrate the various facets of anxieties about mental health and national fitness in nineteenth century New Zealand, including violation of gender roles, political will to ensure national 'health', and notions that the vulnerable and unwell were in some cases the architects of their own demise.

Catharine Coleborne also examines the link between gender studies and the history of psychiatry in both a New Zealand and Australian context. Coleborne's *Reading 'Madness', Gender and difference in the colonial asylum in Victoria, Australia, 1848-1888* focuses on the 'textual productions of madness', and discusses the 'narrative manoeuvres' of texts in the social, medical and legal areas which reflect the nineteenth-century concern to frame disease, a framework

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<sup>36</sup> Barbara Brookes, 'Women and Madness: A Case-study of the Seacliff Asylum, 1890-1920', in *Women in History 2*, ed. by Barbara Brookes, Charlotte Macdonald and Margaret Tennant (Wellington: Bridget Williams Books, 1992), pp. 129-147.

<sup>37</sup> Labrum, 'The Boundaries of Femininity', p. 60.

<sup>38</sup> Charlotte Macdonald, *Strong, Beautiful and Modern: National Fitness in Britain, New Zealand, Australia and Canada, 1935-1960* (Wellington: Bridget Williams Books, 2011).

<sup>39</sup> Labrum, 'The Changing Meanings', p. 399.

which is highly relevant to this thesis.<sup>40</sup> Coleborne's work is strongly influenced by Stephen Garton, whose ground-breaking *Medicine and Madness*, sought to 'chart the emergence of a distinct discourse of psychiatry' from a mix of 'medical, legal and moral ideas and practices.'<sup>41</sup> In her discussion of gender differences in discourses about mental illnesses, Coleborne explains that the dominant view was that although men were vulnerable to the physical upsets of colonial life, 'the seed of insanity did not lie inside their [reproductive] bodies as it did inside the bodies of women.'<sup>42</sup> In a similar way to Coleborne's work, this thesis argues that, for male patients in AMH, the causes of insanity were frequently identified as external forces, such as vice, while heredity was frequently 'hidden'.

As Chapter Four of this thesis shows, the recent historiography about GPI focuses on the way that changing aetiologies, particularly the growing belief in the later nineteenth century about the role of syphilis as a cause of the condition, presented new challenges for asylum psychiatrists. General Paralysis of the Insane has been discussed at length by Gayle Davis and Margaret Thomson. Thomson suggests that the growing popularity of syphilis as a cause of GPI towards the end of the nineteenth century created a difficult situation for Scottish doctors, Thomas Clouston in particular, which manifested in medical denial of the syphilitic nature of general paralysis.<sup>43</sup> Gayle Davis, in contrast, suggests that Clouston's reluctance to embrace syphilis as a cause of the condition was rather based on a lack of statistical evidence of this relationship.<sup>44</sup> The primary research in this thesis reveals that in both a New Zealand and British context, even as GPI became more explicitly connected with syphilis, and syphilis remained firmly linked to prostitution, particularly in government legislation, the seemingly obvious relationship between prostitution and GPI was not made clear in medical or popular texts. Medical theories of this condition were strongly shaped by ideas of heredity, degeneracy, and ancestral vice. These were concepts intrinsic to medical discourses around mental illness in the nineteenth century.

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<sup>40</sup> Catharine Coleborne, *Reading 'Madness': Gender and Difference in the Colonial Asylum in Victoria, Australia* (Perth, W. A.: Network Books, 2007), pp. 2-4.

<sup>41</sup> Stephen Garton, *Medicine and Madness: Insanity in New South Wales, 1880-1940* (Kensington, New South Wales: New South Wales University Press, 1988), p. 15.

<sup>42</sup> Coleborne, *Reading 'Madness'*, p. 7.

<sup>43</sup> Margaret Thompson, 'The Wages of Sin: The Problem of Alcoholism and General Paralysis in Nineteenth-century Edinburgh', in *The Anatomy of Madness: Essays in the History of Psychiatry. Volume III The Asylum and its Psychiatry*, ed. by W. F Bynum, Roy Porter and Michael Shepherd (London and New York: Routledge, 1988).

<sup>44</sup> Gayle Davis, *'The Cruel Madness of Love': Sex, Syphilis and Psychiatry in Scotland, 1880-1930* (Amsterdam and New York: Rodopi, 2008).

In a similar way, Congenital Idiocy is a diagnosis which is, by definition, present in an individual at birth, although contemporary aetiological theories and evidence presented by patients' families argues that many of these patients were 'normal' at birth. David Wright in particular has written about the 'mentally deficient' in the nineteenth century, and shows how CI, as a type of mental deficiency, was explicitly linked to concerns about racial decline, or 'regression.'<sup>45</sup> The connection made by Wright between CI and racial decline is very relevant to this thesis.

Hilary Marland's *Dangerous Motherhood, Insanity and Childbirth* a text partly based on records from the Royal Edinburgh Asylum, is another key secondary text for this thesis – in particular Chapter Six- which is dedicated to Puerperal Insanity. Of particular resonance for this thesis is Marland's idea that 'the rhetoric of heredity and degeneration' became a focus for explanations about PI, with the consequence that only certain types of women, that is, those with a hereditary disposition, were considered 'vulnerable to puerperal insanity.'<sup>46</sup> This thesis analyses the validity of these claims in a New Zealand context, through an examination of patient case notes, and of newspaper articles. Heredity, vice and racial decline are also a concern in Harriet Deacon's work, which interrogates patient case notes from a South African mental hospital taken from the nineteenth- and twentieth-centuries. Deacon suggests that heredity was viewed by doctors in the Robben Island Lunatic Asylum as the 'primary aetiology' in insanity, by 1900.<sup>47</sup> She also discusses the gendered rationales for patient committal.<sup>48</sup> In a New Zealand context, Philippa Mein Smith refers to the equation of 'maternal moral purity' with racial purity, a concept that links deviation from ideals of feminine behaviour, as appeared in patient case notes as part of the symptomology of PI, with fears about national fitness.<sup>49</sup>

Marland situates cases of PI, a disorder linked by its very definition to the reproductive function of women in the context of early nineteenth-century Britain

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<sup>45</sup> David Wright, *Downs: The History of a Disability* (Oxford: Oxford University Press, 2011), p. 77.

<sup>46</sup> Marland, p. 207.

<sup>47</sup> Harriet Deacon, 'Insanity, Institutions and Society: The Case of the Robben Island Lunatic Asylum, 1846-1910', in *The Confinement of the Insane, International Perspectives, 1800-1965*, ed. by Roy Porter and David Wright (Cambridge: Cambridge University Press, 2003), p. 35.

<sup>48</sup> Deacon, p. 27.

<sup>49</sup> Philippa Mein Smith, 'Blood, Birth, Babies, Bodies', *Australian Feminist Studies*, 17, 39 (November 2002), p. 307.



and the perceived threats to the ‘sanctity of the bourgeois home’ which the condition presented.<sup>50</sup> While there was a difference between the contexts of nineteenth-century Britain and nineteenth-century New Zealand, anxieties about the constructed relationship between PI cases and heredity were evident in both locations. GPI patients were less favoured as patient of asylums, due to the incurable nature of their illness. In line with Foucault’s focus on the construction of disease, this thesis examines the way that the specific diagnoses of GPI, CI, and PI were constructed in the latter part of the nineteenth century at the AMH and also in medical publications, rather than considering these diagnoses as ‘naturally occurring’, unmediated events in patients’ lives. It also explores how the context of the society in which the AMH was constructed, both physically and intellectually, may have influenced the attribution of certain causes to diagnoses.

Studies of PI, an exclusively female illness, and GPI, a predominantly male condition, suggest the intrinsic gendered nature of diagnoses. Mary Poovey asserts that the relationships between doctors and female patients were governed by assumptions that ‘woman’s reproductive function defines her character, position, and value, and that this function influences and was influenced by an array of nervous disorders.’<sup>51</sup> Poovey, writing about the ‘mid-Victorian representation of women’, bases her argument on articles from the *Lancet* and medical reference books published between 1846 and 1856, an approach with close parallels to this thesis.<sup>52</sup> In contrast, studies about GPI and those affected by it suggest that doctors struggled to reconcile the characteristics of many GPI patients, as educated, middle-class family men, with the indulgence in sexual vice implied by the syphilitic aetiology of this condition.

The nineteenth-century medical classifications of GPI, CI, and PI are the focus of the primary source research in this thesis. The decision to focus on these conditions was deliberately made in order to emphasise the role of heredity, vice and racial decline in the discourses expressed in the medical literature. This thesis will examine whether heredity, vice and racial decline were highlighted in the patient case notes for patients diagnosed with conditions which were strongly implicated by heredity, vice, and threats to the health of the ‘white race’. This

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<sup>50</sup> Marland, p. 3.

<sup>51</sup> Mary Poovey, ““Scenes of an Indelicate Character”: The Medical “Treatment” of Victorian Women’, *Representations*, 14 (1986), p. 146.

<sup>52</sup> Poovey, p. 139.

part of the thesis, when compared to findings made from an analysis of popular discourses from New Zealand, will indicate the relationship between medical and popular discourses, and demonstrate how these different types of source material dealt with concerns about heredity, vice and racial decline.

## **Methods and Sources**

The main body of source material for this thesis draws from the patient case notes from the AMH. Literature around historians' use of such sources is a burgeoning field. Among established literature which focuses on medical casebooks, the theories of Charles Rosenberg and John Harley Warner are highly relevant. Warner, along with Guenter Risse, has discussed the possibilities which patient case notes offer to historians.<sup>53</sup> Among these possibilities, Warner and Risse identify the potential for historians to gain insight into the 'cultural assumptions, social status, bureaucratic expediency and the reality of power relationships' which both shaped the attitudes of the authors of the casebooks, and also the discourses of insanity within the asylums.<sup>54</sup> Although there is a considerable recent historiography which centres on histories of individual asylums based on patient case notes, and also cautions against taking clinical case notes purely at face value, the same literature argues that it would be remiss of historians to ignore these accounts of mental illness.<sup>55</sup> Here, several chapters analyse medical discourses, popular sources, and patient case notes in both a quantitative and qualitative manner, although the qualitative analysis takes precedence in this thesis. The quantitative analysis is carried out on information gained from the patient admissions books and *AJHR* tables, and is used primarily to identify a relationship between mental illness, heredity, vice and racial decline.

In its examination of case notes and medical texts, this thesis approaches written texts as socially constructed sources. This approach draws on the idea that 'evidence' needs to be examined in light of the possible agenda or agendas introduced by the author or authors of the source, as such opinions and purposes skew what is recorded and how that record is presented. This thesis privileges the

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<sup>53</sup> Guenter B. Risse and John Harley Warner, 'Reconstructing Clinical Activities: Patient Records in Medical History', *Social History of Medicine*, 5, 2 (1992), pp. 183-205.

<sup>54</sup> Risse and Warner, p. 183.

<sup>55</sup> Joseph Melling, 'Sex and Sensibility in Cultural History': The English Governess and the Lunatic Asylum, 1845-1914', in *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry*, ed. by Jonathan Andrews and Anne Digby (Amsterdam and New York: Rodopi, 2004), p. 204.

constructed nature of mental illness and deficiency and narratives which bolstered this construction, rather than trying to determine scientific ‘facts’ about the progression of mental diseases in patients or their treatments. This is not to deny the concrete existence of mentally ill patients in nineteenth-century New Zealand, but rather to highlight the socially constructed nature of these sources. This thesis sets out to establish how patient populations were conjured, or indeed constructed in medical texts, as well as how patient case notes provide an insight into the practical impact of discourses on patients. However, a truly meaningful analysis of the discourses expressed in all consulted medical texts, both published and unpublished, is difficult to achieve. As discussed by a range of scholars, awareness of official records such as patient case notes as ‘socially constructed documents’ has been reflected in analyses of such records which identifies and acknowledges the impartiality of these documents.<sup>56</sup> In a similar vein, published medical discourses, in the form of journal articles, present challenges for analysis. The use of patient case notes in journal articles can make the prevalence of conditions among certain populations appear greater than it really is, and overstate the role of certain aetiological factors. Furthermore, contributions to journals may be written with more than the sharing of medical knowledge in mind, and may reflect specific cultural, social and political agendas, as medical texts were produced in a context with meaning and relevance to their contemporaries.

The sources themselves offer strengths and weaknesses. Medical journals provide an example of doctor-to-doctor professional interaction and an insight into ideas about aetiologies of mental illness. These sources were perhaps not affected by concerns about popular perceptions, as these medical journals were not necessarily intended for public, non-medical readership. However, contributions to medical journals were not intended as a representation of the majority of cases, but rather were more likely to examine unusual cases or cases in which publicity about a successful cure could advance a doctor’s career. Newspaper articles successfully present evidence of information and opinions which the contemporary, literate, newspaper-reading public are exposed to, but it is important to note that the readers do not necessarily agree with the opinions stated in the press. Finally, patient case notes provide an insight into how individual doctors constructed patients, the types of information deemed

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<sup>56</sup> Emma C. Spooner, ‘Digging for the Families of the “Mad”’: Locating the Family in the Auckland Asylum Archives, 1870-1911’ (unpublished MA thesis, University of Waikato, 2006).

necessary for a patient history, and are a source intended as a medical record, rather than a document for public consumption. Consequently, patient case notes may be less ‘self-censored’ than a journal article or newspaper column. However, patient case notes do not produce a ‘patient perspective’, and any insight into the patients’ lives gleaned from their case notes have been mediated by doctors’ own ideas about gender, class, ethnicity, and the implications of certain diagnoses.

To situate these discourses in the context of the medical ideas circulating in New Zealand and the British world at this time, this thesis consults a wide body of medical literature. This includes medical journals, published medical reference texts, and official reports in the *Appendices of the Journals of the House of Representatives (AJHR)*, written during the period under examination. The data for this thesis is drawn from several sources and includes patient case notes, medical journals, newspaper articles and official government reports. The nature of this thesis makes a quantitative analysis of all patient case notes unnecessary, and so case notes are examined qualitatively, while quantitative analysis is performed on AMH patient statistics, published in the *AJHR*. By drawing upon patient case books and patient admission registers from every year between 1868 and 1899, from the AMH, this thesis mounts a significant analysis of patients diagnosed with GPI, CI or PI, although case notes for patients admitted under other diagnoses are also analysed to provide a ‘control group’ for the three major diagnostic cohorts examined.

As explained earlier, this thesis explores the construction of insanity, specifically, how discourses about mental illnesses in the nineteenth century incorporated ideas about heredity, vice and racial decline. The analysis focuses on those ‘supposed causes of insanity’ which equate to heredity and to vice. This examination is carried out by looking at the language used to describe the patient, references made to other family members in terms of their mental and physical health, and how class and gender were discussed in the case notes and case files for these patients, in relation to heredity.

The first part of the methodology draws heavily on British-based medical journals, the *BMJ* and the *JMS*, in particular. This section addresses how medical ideas about the causes of the three key types of mental illness and deficiency - GPI, CI, and PI – changed in the later nineteenth century, particularly in view of

concerns about heredity, various forms of vice, and racial decline. Some published medical textbooks are also referred to in this section. This part of the method not only demonstrates medical theories about the causes of mental illnesses, but also provides evidence of the transnational nature of medical ideas and education in the nineteenth century. This is demonstrated through the role of dominant figures in New Zealand psychiatry as contributors to these sources, and contributions by others who had a close association with psychiatrists working in New Zealand.

In the second part of the thesis, each of the three key diagnoses forms discrete chapters. Each of these three chapters maps the medical and popular discourses analysed, as well as the textual content of patient case notes. The second part of the methodology examines articles, court reports, editorials, advertisements and letters to the editor published in popular newspapers between 1868 and 1899.<sup>57</sup> This section shows how non-medical, popular ideas about the causes of specific psychiatric diagnoses and mental illnesses in general were influenced by medical discourses and varied over the last three decades of the nineteenth century. This part of the method also involves searching for the names of individual AMH patients in a Papers Past search. In this, the patients' committals, often via the police and local magistrates, were published in local and regional newspapers, along with other details about these patients, such as previous court appearances. These public notices show the relationship between the AMH and the public sphere, and depicts the role of the AMH as a carceral institution, as part of a network of such public institutional facilities in nineteenth-century New Zealand.

The third step of the methodology uses the admissions registers from the AMH and the admission statistics collated in the Annual Report into the Lunatic Asylums of New Zealand, published in the *AJHR* from every second year between 1868 and 1899, to present any existing trends in how the identified roles of heredity or vice in the aetiology of specific mental illnesses changed over time. This is achieved by using specific columns in the admissions registers, titled 'type of insanity' and 'supposed cause of insanity'. The ideas and discourses expressed in this medical literature are contrasted to those found in patient case notes and in popular discourses. The purpose of this part of the method is to show how

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<sup>57</sup> These sources were viewed in digitised form through Papers Past.

heredity, vice and racial decline were implicated in discourses around puerperal insanity and congenital idiocy in published medical writing, as well as to consider the similarities and differences between the discourses in the medical publications and the patient case notes and case files. This part also considers how discursive trends may have changed over time. This will allow exploration of heredity, vice and racial decline, and the circulation of medical discourses and ideas around these problems, in the context of nineteenth-century New Zealand.

### **Thesis Organisation**

As signalled in the discussion of primary source materials, this thesis addresses its major questions in two parts. Part One of this thesis outlines anxieties about the perceived decline of the ‘fitness’ of the white race in Britain, New Zealand, and the British world, in a popular context, and the role of mental illness in this perceived decline. In the first three chapters, the thesis establishes the context in which the primary sources used in this thesis were created, both geographically and intellectually, and examines how discourses and debates circulating in this context changed during the period of 1868 to 1899. This section of the thesis also explores medical anxieties about national fitness and efficiency and about racial decline, and the relationship between these factors and mental illness and deficiency, also demonstrating the transnational nature of psychiatric medical ideas and personnel in the nineteenth century by tracing the careers of significant psychiatrists between British, particularly Scottish, universities and mental hospitals, and New Zealand institutions. It also draws on medical journals as evidence of these relationships in the nineteenth century.

In an exploration of non-medical ideas about heredity, vice and racial decline, the first chapter of the thesis examines discourses about national fitness and efficiency in the British world and in New Zealand between 1868 and 1899. It also locates the AMH in both a legislative and physical sense in New Zealand and provides a background to prominent non-medical people, places and debates in New Zealand, relevant to anxieties about mental illness, heredity, vice and racial decline during this period. It then describes and analyses the official reports about the AMH in the *AJHR*, considering why these reports were created, who they were created for, and how these reports were construed. This chapter provides the non-medical context for this thesis and notes the adoption of

‘scientism’, defined by science historian Richard Olson as the application of ‘ideas, practices, attitudes, and methodologies’ from the natural sciences to ‘humans and their social institutions.’<sup>58</sup>

Following this general contextualisation, the second chapter introduces the medicalisation of mental illness and identifies the many specific links between psychiatric medicine in Britain and New Zealand. It provides biographies of key medical personnel in New Zealand in particular, medical superintendents from the AMH, and Inspectors-General of Lunatic Asylums in New Zealand. It also examines the relationship between the medical profession in New Zealand and other centres of psychiatric knowledge, particularly Edinburgh, where many psychiatrists working in New Zealand trained, and London. This chapter examines how this relationship created a shared medical culture between Britain and New Zealand, with a particular focus on the education of New Zealand doctors, many of whom trained in both Dunedin and Edinburgh. This chapter explores the readership in New Zealand of medical journals and transactions of intercolonial medical congresses produced throughout the British world, and the consequent ideological commonalities between New Zealand medicine and the medical professions in other ‘white settler states’, such as Australia.

The third chapter investigates how heredity, vice and racial decline appeared in relation to mental illness and deficiency in general in the *BMJ* and *JMS*, in popular New Zealand newspapers, and in patient case notes from the AMH. This chapter also uses *AJHR* statistics to identify the different forms in which heredity and vice appeared as causes of all mental hospital patients admitted to the AMH. It examines popular discourses about mental illness and deficiency through newspapers and the relationships identified between mental illness and deficiency, and heredity, vice and racial decline in medical journals. In particular, this chapter demonstrates that heredity was often ‘hidden’ in popular discourses about mental illness but was more obvious in medical discourses, including patient case notes. Both popular and medical discourses show a clear link between vice and mental illness. The use of patient case notes in this chapter is significant for the example it provides of contemporary power relations in

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<sup>58</sup> Richard Olson, *Science and Scientism in Nineteenth-Century Europe* (Champaign, Illinois: University of Illinois Press, 2008), p. 1, cited in Marius Turda, *Modernism and Eugenics* (Basingstoke, Hampshire: Palgrave Macmillan, 2010), p. 14, n. 6.

mental hospitals, and the contexts in which those institutions existed, rather than an ‘objective’ and purely ‘scientific’ written record.<sup>59</sup>

Part Two of the thesis explores the specific diagnoses and conditions of GPI, CI, and PI. It highlights how these diagnoses and conditions were defined in medical journals, in newspaper articles, and in the patient case notes, and it provides a detailed analysis of the patient admission registers and case notes in both qualitative and quantitative modes. This section argues that heredity was less visible, so was less likely to be identified as a cause of mental illness - particularly in popular sources - in comparison to various forms of vice. However, heredity was ‘made visible’ in medical discourses through the frameworks of phrenology and investigations into family histories. This section reveals how these ‘scientific’ ideas pervaded popular theories about heredity as a cause of mental illness and deficiency. This part of the thesis uses specific categories of mental conditions to explore how particular groups of patients were constructed as ‘agents’ of heredity, vice and racial decline. These three diagnoses: General Paralysis of the Insane; Congenital Idiocy; and Puerperal Insanity, are analysed as subjects in medical journals, as diagnoses affecting people, which were attributed to various causes, particularly, heredity and vice. This section pays particular attention to the aetiology of these conditions and sheds light on medical or popular contemporary attitudes about certain genders or classes of patient.

Chapter Four outlines the origins of medical ideas about GPI and its aetiology as found in medical publications from this period. In this chapter the AMH patient registers are analysed to show how the identified causes of GPI changed over time. This chapter explores how the identified causes of GPI as discussed in British medical journals and New Zealand newspapers varied across both sources and time. It also focuses on how psychiatrists during this period balanced the role of sexual vice in GPI with the often outwardly ‘respectable’ nature of GPI patients committed to mental hospitals.

Similarly, Chapter Five provides a background to international medical theories about Congenital Idiocy drawn from medical publications from this

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<sup>59</sup> James Mills, ‘The Mad and the Past: Retrospective Diagnosis, Post-Coloniality, Discourse Analysis and the Asylum Archive’, *Journal of Medical Humanities*, 21, 3 (2000), p. 152.



period in time. This chapter, then, presents medical ideas about the aetiological factors believed to contribute to this condition, and popular ideas about the causes of CI. This final section of this chapter draws on patient case notes of CI patients at the AMH, highlighting how heredity, vice and racial decline appeared in these sources.

Finally, Chapter Six explores the diagnosis of Puerperal Insanity, identifying how this condition was described and ‘explained’ in medical journals, in popular sources, and in AMH patient case notes, particularly in view of anxieties about heredity, vice and racial decline. This chapter also explores how the notion of feminine respectability influenced these discourses. This chapter also demonstrates concerns about mentally ill mothers, and the threat, to both the very lives of their children, and to the inherited mental health of their children, which this cohort was feared to present to future generations.

This thesis demonstrates how the social and intellectual milieu of the last few decades of the nineteenth century provided a fertile environment for the development of anxieties about declining national fitness and efficiency in New Zealand. These anxieties emerged prior to the documented trend towards eugenics in the early twentieth century. The Conclusion to this thesis suggests that mental illness, in general and across specific diagnoses, offers a way to explore concerns about national fitness and efficiency, racial decline, and ideas about heredity and vice.

The range of sources explored and the multiple diagnoses examined, along with the various strains of anxiety observed and interrogated, ensures that this thesis is significant to several areas of historiography. Using the patient case notes and case files from the AMH between 1868 and 1899, my study provides important illumination of a relatively unexplored part of the history of New Zealand and New Zealand medical theory and practice in the latter part of the nineteenth century. The nature of the conditions this thesis focuses on makes this study an important contribution to the historical consideration of gender, particularly in the case of GPI and PI, and class, for all three diagnoses. In addition, this study examines medical journals and medical texts from across the British world. This means that this research provides an insight into the history of the British world over a period of time, into the ways that documents produced

elsewhere in the Empire were received in New Zealand, and into how the administration of the Empire from its London hub led to the creation of reports, documenting the practices and ideas employed in a New Zealand asylum.

Finally, beyond its contribution to certain aspects of New Zealand history, this study is significant for the challenges it presents to existing international texts in studies of the causes of mental health in the nineteenth century. By using qualitative techniques of analysis, together with quantitative analysis, the thesis establishes how the identification of causes of both specific mental conditions, and mental illness and deficiency in general, varied across geographical location and time. It is also significant in that it provides a comprehensive examination of the specific discursive themes, heredity, vice and racial decline and degeneracy, in the *British Medical Journal (BMJ)* and the *Journal of Mental Science (JMS)*. These themes in medical journal articles, written on the topics of GPI, CI and PI, form a largely untouched body of source material, making this study an original contribution to historical research. The examination of the discourses in two levels of writing on mental illness - with the most informal level being the patient case notes and case files, and the second level consisting of the medical journals - also provides a valuable and historically significant insight into how these three levels of constructions of mental illness may have interacted. It also deploys the theory of 'transnationalism', demonstrating the flow of ideas, discourses, and recognised 'knowledge' between countries and between these two levels of communication. This transnational flow also impacted on popular thought, as concerns about urbanisation and social decay pervaded nineteenth-century New Zealand newspaper articles and editorials, often appropriated from British and Australian counterparts.

## **Part One**

### **‘National Fitness’: The Wider Context**

## Chapter 1

### **Heredity, Vice, Darwin and Booth: Popular and Scientific Ideas about Insanity, 1868-1899**

In January 1887, an article in the newspaper the *Auckland Star*, lamenting rising rates of insanity and speculating on the reasons for this trend, declared that

Whatever it may be that causes the increase of lunacy, it is certain from medical statistics that this malady is alarmingly increasing of late years.... It does not augur well of our boasted civilisation, for although madness was not unknown amongst uncivilised races, it was certainly not anything like so prevalent in proportion to population as it is amongst high and civilised races. Some attribute it to alcohol, and doubtless excessive drinking does produce much insanity; but the worries and excitement of modern life are probably more potent causes.<sup>60</sup>

This chapter outlines popular ideas about insanity in nineteenth-century New Zealand, focusing on the perceptions of the roles of heredity and vice in insanity's aetiologies. This chapter also identifies links made in popular discourses, such as those pronounced in the *Auckland Star (AS)* in 1887, between insanity and racial decline, situating these connections within the context of a growing awareness of the importance of national fitness and efficiency. It argues that there was a strong desire in nineteenth-century New Zealand society to reduce insanity rates and preserve the national fitness of white New Zealand. In doing so, the chapter also examines gender norms and the role of the family in maintaining certain expected standards of behaviour and seeks to understand the rise of statistics in monitoring rates of insanity in the general population. This was essential to concerns about national fitness and efficiency, particularly fears of a degenerating white race in New Zealand. These fears were evidenced by insanity rates and the perceived erosion of the ideal society through the violation of gender norms and the

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<sup>60</sup> 'Whau Lunatic Asylum', *Auckland Star (AS)* 4 January 1887, p. 2.

urbanisation of New Zealand itself. These factors made the spectre of racial decline visible to the non-medical public.

To achieve these aims, this chapter is organised around the idea of pillars of popular discourse, ‘popular’ referring to the non-medical realm, and including legislation, parliamentary debates, newspaper articles, editorials, and letters to the editor.<sup>61</sup> The newspaper content used here is sourced predominantly from five newspapers. These papers consist of two major newspapers from the Auckland region, the *Daily Southern Cross* (hereafter *DSC*) and the *Auckland Star* (hereafter *AS*) the former being Auckland’s first daily newspaper<sup>62</sup> and the latter being the dominant voice of ‘liberal opposition’ in the Auckland press.<sup>63</sup> Elsewhere in New Zealand, the *Evening Post* (hereafter *EP*) from Wellington, the *Press*, from Christchurch, and Dunedin’s *Otago Daily Times* (hereafter *ODT*) are utilised. These newspapers have been chosen for analysis based on their origins in the early New Zealand newspaper industry, and the fact that they were published in areas of high newspaper circulation. They were also newspapers in key provinces with mental hospitals. The *EP* was Wellington’s first daily newspaper, commencing publication in 1865, and was ‘on the whole free from serious competition.’<sup>64</sup> The *Press* was Canterbury’s first daily newspaper,<sup>65</sup> and the *ODT* was New Zealand’s first daily newspaper.<sup>66</sup>

These ‘pillars of discourse’ are not grouped by source, but rather according to theme. These themes reflect the focus of this thesis as a whole. In this chapter, one theme is the perceived relationship between insanity and heredity, and another is the links made between insanity and vice. A third theme is the construed association between insanity and racial decline. But first, this chapter identifies contemporary ideas about national fitness and efficiency in nineteenth-century New Zealand, and locates concerns about insanity in the general population within this framework.

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<sup>61</sup> The newspaper sources consulted in this chapter were drawn from the Papers Past electronic database, compiled by the National Library of New Zealand, and consist primarily of contributions from five newspapers, although other newspapers are occasionally referred to.

<sup>62</sup> G. H. Scholefield, *Newspapers in New Zealand* (Wellington: A. H. & A. W. Reed, 1958), p. 77.

<sup>63</sup> Scholefield, pp. 87-8.

<sup>64</sup> Scholefield, pp. 30-33.

<sup>65</sup> Scholefield, p. 220.

<sup>66</sup> Scholefield, p. 171.

## ‘National Fitness’ and Efficiency?

Prior to the official European settlement of New Zealand, the early nineteenth century was an era characterised by the growing popularity and application of scientific thought and discovery, which by the late-nineteenth century was known as ‘scientism’.<sup>67</sup> Historian Marius Turda, quoting science historian Richard Olson, defines scientism as ‘the “transfer of ideas, practices, attitudes, and methodologies” from the domain of natural sciences “into the study of humans and their social institutions”.’<sup>68</sup> A manifestation of this ‘transfer’ was the emergence of scientific organisations, dating from 1830. The first of these formal scientific organisations was the British Association for the Advancement of Science, at whose meetings members sought to categorise humanity by race, based on physical characteristics.<sup>69</sup> In 1859 Charles Darwin’s groundbreaking *Origin of Species* was published, popularising ideas about evolution and biology.<sup>70</sup> Darwin’s work came to the fore again in 1871 when *The Descent of Man* was published. The *ODT* published the *Daily News*’s glowing review of *The Descent of Man* in May 1871<sup>71</sup> and in December of that year reported that the Wellington Philosophical Society had nominated Darwin as an ‘honorary member of the New Zealand Institute.’<sup>72</sup> The publicity of ideas about heredity was further advanced when Francis Galton’s three part article ‘Typical Laws of Hereditary’ was published in *Nature* in 1877. These scientific developments helped to create an environment for the application of quantitative methods and of ideas about inherited characteristics to medical ‘problems’, such as the appearance of insanity in the population. Turda describes the 1870s as the beginning of a period of the

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<sup>67</sup> Marius Turda, *Modernism and Eugenics* (Basingstoke, Hampshire: Palgrave Macmillan, 2010), p. 14.

<sup>68</sup> Richard Olson, *Science and Scientism in Nineteenth-Century Europe* (Champaign, Illinois: University of Illinois Press, 2008), p. 1, cited in Turda, p. 14.

<sup>69</sup> Paul Sillitoe, ‘Making Links, Opening Out: Anthropology and the British Association for the Advancement of Science’, *Anthropology Today*, 20, 6 (2004), p. 10.

<sup>70</sup> Philippa Levine and Alison Bashford, ‘Introduction: Eugenics and the Modern World’, in *The Oxford Handbook of The History of Eugenics*, ed. by Alison Bashford and Philippa Levine (New York: Oxford University Press, 2010), p. 4.

<sup>71</sup> *Otago Daily Times (ODT)*, 9 May 1871, p. 3. This review was from the *Daily News*, from England.

<sup>72</sup> *ODT*, 5 December 1871, p. 2. Darwin’s ideas were pertinent to New Zealand because of his earlier visit to the country, in 1835, and his use of evidence gathered from New Zealand, which he continued to receive after he had left the country, courtesy of Rev. William Colenso. See James Beattie and John Stenhouse, ‘Empire, Environment and Religion: God and the Natural World in Nineteenth-Century New Zealand’, *Environment and History*, 13, 4 (November 2007), p. 421.

emergence of ‘practical eugenics’ in Europe.<sup>73</sup> Turda also argues that these models were based on ‘the crucial role of heredity in determining the individual’s physical condition’, ‘the link between biology, medicine and the health of the nation’, and ‘the politicisation of science.’<sup>74</sup>

Darwinism and the laws of heredity appear to have been absorbed into the psyche of general society by the 1880s, with mid- to late- nineteenth century England described by English medical historians Joseph Melling and Bill Forsythe as ‘decades of chronic overcrowding and rising pessimistic neo-Darwinian sentiments.’<sup>75</sup> The changing reception afforded to Darwin in England over the nineteenth century demonstrated the changes which came about in English society in terms of the recognition of science.<sup>76</sup> James Beattie suggests that a similar transformation occurred in nineteenth-century New Zealand.<sup>77</sup> However, this is not to discount the continuing role and influence of religion and denominational religious observance in nineteenth-century New Zealand society. As John Stenhouse argues, New Zealanders in the nineteenth century incorporated evolution into their conceptions of Christianity relatively easily.<sup>78</sup> For example, in 1881 the *ODT* published a review of Darwin’s *The Formation of Vegetable Mould through the Agency of Worms, with Observations of their Habits*, a review full of praise for Darwin’s method, writing and findings, but one which ultimately concluded that ‘No one can rise from a perusal of this little volume without the most profound admiration of that Infinito Wisdom and Power by whom the labour of this foot-trodden little creature was originated and sustained.’<sup>79</sup>

Stenhouse argues that ‘few New Zealanders’ held ‘extreme views’ in the conflict between evolutionary science and a strictly creationist interpretation of

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<sup>73</sup> Turda, p. 7.

<sup>74</sup> Turda, p. 7.

<sup>75</sup> Joseph Melling and Bill Forsythe, *The Politics of Madness: The State, Insanity and Society in England, 1845-1914* (London: Routledge, 2006), p. 35.

<sup>76</sup> *Press*, 6 April 1888, p. 3. Reprint of an article published in *Sunday Magazine*, with no date or page numbers given for original version. Ruth Barton also refers to the increasing importance of science in ‘mid-Victorian England’, citing ‘railways, safe water, new dye stuffs, beliefs about human origins, and the astounding sub-marine telegraph cable connected the United Kingdom with North America’ as particular examples of science capturing the public’s imagination. See Ruth Barton, ‘Lockyer’s Columns of Controversy in *Nature*’, *Nature* (16 October 2007), p. 1.

<sup>77</sup> James Beattie, ‘Natural History, Conservation and Health: Scottish-Trained Doctors in New Zealand, 1790-1920s’, *Immigrants and Minorities*, 29, 3 (November 2011), p. 295.

<sup>78</sup> John Stenhouse, ‘Darwinism in New Zealand, 1859-1900’, in *Disseminating Darwinism: The Role of Place, Race, Religion, And Gender*, ed. by Ronald L. Numbers and John Stenhouse (Cambridge: Cambridge University Press, 1999), p. 62.

<sup>79</sup> *ODT*, 29 December 1881, p. 2.

the Bible.<sup>80</sup> Evidence of the adaptation of scientific arguments to sustain religion emerges from several years after the *ODT* review of Darwin's work, with Reverend John Hoatson's delivery of an address to the Women's Christian Temperance Union in 1887, entitled 'Heredity'.<sup>81</sup> In this, Hoatson described heredity as being of 'the deepest interest and importance to mankind at large' and as especially significant to 'social and moral' reformers.'<sup>82</sup> Hoatson cited Darwin, as well as Dr Prosper Lucas, Francis Galton, and Dr Henry Maudsley, a significant medical personality examined later in Chapter Two, as prominent thinkers on the topic of heredity, in the nineteenth century.<sup>83</sup> In a similar vein to the *ODT* review of Darwin's *The Formation of Vegetable Mould through the Agency of Worms, with Observations of their Habits*, Hoatson used scientific arguments as proof of religion, referring to biblical texts about God 'visiting upon the children even to the third and fourth generation the evil of which the parents were guilty', describing this as 'undoubtedly in the way of inheritance of tainted physical frames and tendencies towards sin.'<sup>84</sup>

Reverend Hoatsen also referred to William Booth's depiction in *In Darkest England and the Way Out* of the inhabitants of 1880s London, which Booth described as 'a population sodden with drink, steeped in every vice, eaten up by every social and physical malady.'<sup>85</sup> Booth, the founder and leader of the Salvation Army, was identified in the New Zealand press as central to concerns about the 'residuum' of London and other major British cities.<sup>86</sup> Concerns about this 'residuum' encompassed anxieties about urbanisation, particularly expanding towns containing large populations of children designated as 'destitute, neglected and criminal'.<sup>87</sup> Reverend Hoatson proclaimed the "'Darkest England" scheme' as 'one of the first, greatest and best efforts to grapple with the social problem.'<sup>88</sup> The 'vice' about which Booth wrote is a central concept in this thesis and

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<sup>80</sup> Stenhouse, 'Darwinism in New Zealand', pp. 61-63.

<sup>81</sup> 'Heredity', *Press*, 31 August 1887, p. 2.

<sup>82</sup> 'Heredity', p. 2.

<sup>83</sup> 'Heredity', p. 2.

<sup>84</sup> 'Heredity', p. 2.

<sup>85</sup> William Booth, *In Darkest England and the Way Out* (London: Salvation Army, 1890), p. 15, quoted in William Greenslade, *Degeneration, Culture and the Novel, 1880-1940* (New York: Cambridge University Press, 1994), p. 38.

<sup>86</sup> *AS*, 1 September 1882, p. 3.

<sup>87</sup> Jeanine Graham, 'Settler Society', in *The Oxford History of New Zealand*, ed. by Geoffrey Rice, 2<sup>nd</sup> edition (Auckland: Oxford University Press, 1992), p. 137.

<sup>88</sup> *Press*, 31 October 1891, p. 3.



primarily encompassed intemperance in alcohol or other drugs and indulgence in extra-marital or non-reproductive sexual activity.

In New Zealand economic development was feared to be bringing the ‘old world serpents of industrial Europe’ to the colony by the late nineteenth century.<sup>89</sup> Beattie discusses the perception that urban life, as a consequence of the success of the British race, in Britain itself and in the British world, was softening, or feminising, the male population of cities.<sup>90</sup> This perceived feminisation occurred alongside the aforementioned fears about vice. Popular depictions of vice such as the public drunkard, the prostitute, and the impoverished illegitimate child, highlight its visible nature, with Booth’s drink-sodden population being easily identified on sight. When coupled with the image of destitute and neglected children vice became a highly emotive topic, capturing the public’s imagination. By contrast, the results of ‘laws of heredity’ were far less easily recognisable for the general population. Vice’s perceptibility may be why, as is shown later in this chapter, popular ideas about vice as a cause of insanity were much more plentiful than those which made a connection between heredity and insanity.

William Booth’s own efforts to dictate who his ‘officers’ married demonstrates the difficulty of following through on ideas to promote fitness of the British race. Booth’s intentions were praised in an editorial in the *AS*, as ‘if his desire were to limit the reproduction of the “unfit” he might be excused for trying to control natural instinct and law for the good of the community.’<sup>91</sup> But in the same editorial, Booth was criticised for his efforts on the grounds that ‘The choice of life partners is a business that must not be violently interfered with,’ as ‘sexual love is too delicate a matter to be regulated by worldly rules.’<sup>92</sup> This mixed message, which partly advocates a form of eugenics and partly denounces the influence of science in emotional matters, suggests that views about heredity and racial decline, when confronted with the realities of human experience, were nuanced and rather murky. Booth’s advocacy of furthering national fitness and efficiency through giving the Salvation Army responsibility for ‘the inmates of

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<sup>89</sup> James Beattie, *Empire and Environmental Anxiety: Health, Science, Art and Conservation in South Asia and Australasia 1800-1920* (Basingstoke, Hampshire: Palgrave Macmillan, 2011), p. 62. Beattie discusses general fears about urbanisation in New Zealand and Australia in depth, in Chapter Two of this book.

<sup>90</sup> Beattie, *Empire and Environmental Anxiety*, p. 69.

<sup>91</sup> *AS*, 7 May 1892, p. 4.

<sup>92</sup> *AS*, 7 May 1892, p. 4.

New Zealand's industrial homes', resulting in 'much solid good ... to the boys and girls, but also to the State', was also well received.<sup>93</sup>

The impact of concerns about national fitness and efficiency in New Zealand was to couple 'scientific' fears about the decline of the white race with the predominantly popular and religious anxieties about the development of large, highly populated areas. These urbanised parts of New Zealand, such as Auckland, invoked comparison and similarities to a morally corrupt London, populated by effeminate men, all images which directly contradicted the ideal of life in New Zealand and which promoted the causes of those who promised reasons for and solutions to this situation.

The 1830s emergence of scientific organisations and the appearance of Darwin and then Galton onto the international stage in the late 1850s and 1870s signaled an adoption of science into popular discourse. But at the same time, in New Zealand, as in other parts of the British world, there is evidence of a shared intellectual space between religion and science. Religion gained ground in the 1870s as vice became more visible and more strongly associated with social problems as well as being identified with insanity. This connection was drawn most explicitly through the collection and publication of statistics.

### **Statistics**

Statistics made heredity, vice, and insanity even more obvious to the public in the nineteenth century and was also intrinsic to the progression of scientism, by 'objectively' identifying the relationship between these three factors and quantifying the appearance of these factors in the population.<sup>94</sup> Geoffrey Searle has explored the relationship between statistics and theories of national fitness in a British context.<sup>95</sup> In her study of national fitness in parts of the British world in the mid-twentieth century Charlotte Macdonald discusses how concerns in the twentieth century about national fitness manifested in government policy and informal organisations, and locates reasons for the rebirth of concerns about national fitness in the interwar period and the accompanying anxieties of

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<sup>93</sup> 'Interview with General Booth', *Evening Post (EP)*, 30 March 1899, p. 6.

<sup>94</sup> U. Kapalgam, 'The Colonial State and Statistical Knowledge', *History of Human Sciences* XIII (2000), p. 37-55, cited in Alison Bashford, 'Medicine, Gender, and Empire', in *Gender and Empire*, ed. by Philippa Levine (Oxford: Oxford University Press, 2007), p. 113.

<sup>95</sup> G. R. Searle, *Eugenics and Politics in Britain 1900-1914, Science in History Number 3* (Leyden, Netherlands: Nordhorffn International Publishing, 1976).

international rivalry which characterised this period.<sup>96</sup> While her work explores ideas in the twentieth century, her contention that, at least in Britain, elites equated physical fitness with ‘national as well as personal benefit, a kind of duty or component of citizenship,’ is relevant for the nineteenth century.<sup>97</sup> Concerns about British national fitness were evident as early as the 1880s and were highlighted in reports about the poor quality of British recruits for the Second Boer War.<sup>98</sup> As early as the 1880s British elites had become concerned about the falling birth rates in the white settler colonies, particularly in Australia and New Zealand.<sup>99</sup>

In the nineteenth century the quality of the population and of ‘problems’ within that population gained increasing weight in popular discourses, as a concern with ‘fitness’, that is, the idea of ‘the citizen ... as a repository and carrier of a part of the disposable national energy’ combined anxiety about population quantity and quality.<sup>100</sup> Eugenics and the ‘science’ of racial fitness were incorporated into the competition to reduce rates of lunacy, as lunacy was both symptom and sign of declining racial fitness and was seen to necessitate the deployment of eugenics. Eugenics was taken up so readily by doctors and scientists in New Zealand partly because it was encapsulated in a general movement toward scientism, in popular thought and particularly in that of the educated and scientific elite. This rise of science in nineteenth-century New Zealand is symbolised by the establishment of institutions dedicated to the development and sharing of scientific knowledge, such as the New Zealand Institute and its journal, the *Transactions and Proceedings of the New Zealand Institute*. Although the *Transactions and Proceedings of the New Zealand Institute* did not refer to eugenics until early in the twentieth century there were articles published in this journal referring to the ‘degeneracy’ of the Maori race as

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<sup>96</sup> Charlotte Macdonald, *Strong, Beautiful and Modern: National Fitness in Britain, New Zealand, Australia and Canada, 1935-1960* (Wellington: Bridget Williams Books, 2011).

<sup>97</sup> Macdonald, p. 28.

<sup>98</sup> Searle, *Eugenics and Politics*. The *Star* newspaper, based in Christchurch, New Zealand, published a report by Archibald Forbes, an English war correspondent, titled ‘The Ominous State of the British Army’, in which Forbes described military service as ‘almost exclusively the last resort of the lowest strata of the nation’, while ‘the better classes save their skins at the expense of their purses.’ The consequence of this was that the English army is ‘not only in no sense a microcosm of the nation, but not even a fair average sample of the inferior grades of the community.’ *Star*, 20 May 1893, p. 2.

<sup>99</sup> Richard A. Soloway, *Demography and Degeneration* (Chapel Hill and London: University of North Carolina Press, 1990), p. 61.

<sup>100</sup> Greenslade, pp. 211, 29.

early as 1878.<sup>101</sup> Prior to this, in 1876 a brief ‘Discussion on Dr Newman’s Paper on Physiological Changes in the English Race in New Zealand’ was published in the *Transactions and Proceedings*, following Newman’s delivery of this contentious idea to the Wellington Philosophical Society.<sup>102</sup> A report in the *AS* shows that Newman’s assertion that ‘native born youths were mentally and physically inferior to the sons of Britain’ was strongly disputed, largely on arguments of scientific merit made by several members of the Wellington Philosophical Society.<sup>103</sup> This is an example of the significance of the New Zealand Institute and its publication to the dissemination of ideas about racial decline among the scientific and educated elite and the popular newspaper reading public.

‘Population and vital statistics’, as well as information about the ages of death in the asylum population, hospital admissions, discharges, and the illnesses suffered by patients, were an outcome of this imperial governance, published in the Blue Books.<sup>104</sup> Blue Books were produced in all British colonies to ‘provide Imperial Officials with the necessary knowledge for good government.’<sup>105</sup> *Statistics of New Zealand* replaced the Blue Books in the mid-1850s and the statistics taken from the official censuses, occurring in 1858, 1861, 1864 and 1867, were published in *Statistics of New Zealand*.<sup>106</sup> The first official statistics published in the form of a yearbook was the *Official Handbook of New Zealand*, which appeared in 1875 and was edited by Premier Julius Vogel.<sup>107</sup> This was a selection of papers written by ‘experienced colonists’ with prospective settlers in mind. The *Official Handbook* was referred to in the *New Zealand Parliamentary Debates (NZPDs)*, particularly in regard to the intended purpose of the book, namely to attract a desirable population to New Zealand. Although the *Official Handbook* included both descriptive prose and statistical data, it was not until 1889 that the Registrar General produced the *Report on Statistics of New Zealand*,

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<sup>101</sup> Examples of these are W. Colenso, ‘Contributions Towards a Better Knowledge of the Maori Race’, *Transactions and Proceedings of the New Zealand Institute (TPNZI)*, vol. 11 (1878), article V, and E. Tregear, ‘Old Maori Civilisation’, *TPNZI*, vol. 26 (1893), article LXII.

<sup>102</sup> ‘Discussion on Dr Newman’s Paper on Physiological Changes in the English Race in New Zealand’, *TPNZI*, vol. 9 (1876), pp. 617-8.

<sup>103</sup> *AS*, 24 October 1876, p. 2.

<sup>104</sup> *Statistical Publications 1840-1960* (Wellington: Department of Statistics, 1961), p. 7.

<sup>105</sup> Blue Books: Statistics Information 1840-1855’, <http://www.archivesnz.govt.nz>.

<sup>106</sup> J.B. Ringer and C. Campbell, *New Zealand Government Publications: An Introduction* (Hamilton: J.B. Ringer and C. Campbell, 1980), p. 27.

<sup>107</sup> *Statistical Publications*, p. 9.

1889, which featured an interpretation of the ‘main classes of statistics’ shown in the Annual Statistical Report.<sup>108</sup>

In his work on degeneration and popular culture in the nineteenth century Greenslade suggests that so-called ‘scientific writers’ from the late nineteenth century ‘smuggled in’ to their work their own ideas about the highly subjective topics of ‘morality, politics, class and gender’, presenting them as objective and ‘apparently self-evident.’<sup>109</sup> Statistics also featured in the surveillance of vice. For example, the *ODT* referred to statistics ‘proving’ that the Contagious Diseases Acts had ‘operated largely to the benefit of our soldiers and sailors.’<sup>110</sup> Following the Crimean War the British army formed a ‘statistical section’ within its Medical Department, which showed that all diseases in the British army were being controlled, with the exception of venereal disease.<sup>111</sup>

Statistics were a major means of monitoring lunacy rates in New Zealand, and comparing them to other places. As early as 1849 it was claimed that ‘there is no such rarity in the occurrence of cases of mental maladies.’<sup>112</sup> As part of the British Empire, New Zealand between 1853 and 1899 was subject to the machinery of imperial governance, such as the collation of numerous reports and statistics about all manner of topics to be digested in London, as well as in Auckland, the capital of New Zealand until 1865, and then Wellington after that date. In his work on colonial India U. Kapalgam cites the potency of statistical representations for ‘constructing worlds’ and empowering ‘interventions in social, physical and natural processes.’<sup>113</sup> The Report by the Registrar-General on the Statistics of the Colony for 1886, presented to the Colonial Secretary, includes a number of statistics of the New Zealand population and offers some interpretation of them. One example refers to the birthrate in New Zealand to ‘the other

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<sup>108</sup> *Statistical Publications*, p. 9. For more on the interrogation of ‘the archives of empire’, see Tony Ballantyne, ‘Archives, Empires and Histories of Colonialism’, *Archifacts* (April 2004), pp. 21-36.

<sup>109</sup> Greenslade, p. 27.

<sup>110</sup> *ODT*, 27 May 1876, p. 2.

<sup>111</sup> Mark Harrison, ‘The British Army and the Problem of Venereal Disease in France and Egypt during the First World War’, *Medical History*, 39 (1995), p. 135.

<sup>112</sup> *The New Zealander*, 17 October 1849, p. 2.

<sup>113</sup> Kapalgam, p. 43. Tracy Tulloch refers to the ‘development of national population statistics’ as a tool for ‘intervention. See Tulloch, ‘The State Regulation of Sexuality in New Zealand, 1880-1925’, (unpublished PhD thesis, University of Canterbury, 1997), p. 18.

Australasian Colonies’, which ‘does not compare favourably.’<sup>114</sup> This paper also referred to ‘the growing rate of illegitimacy in New Zealand’, a measure of sexual impropriety as vice, which had increased less than the equivalent elsewhere in the British world or in most of Europe.<sup>115</sup> This report traced the proportion of lunatics to the total ‘exclusive of Maori’ population from 1878, 1881, 1884, 1885, and 1886. This showed that ‘the increase in lunacy is evident.’<sup>116</sup>

The gathering of statistical ‘knowledge’ of the New Zealand population was intrinsic to anxieties about national fitness. This applied to the surveillance of vice and of government policy theoretically designed to limit vice and to the monitoring of the insane. Statistics about the mental hospital populations in New Zealand were essential for both government and public awareness of that population. Statistical representations of the insane population were a key part of the visibility of the insane themselves, and the proposed reasons for their condition, for people living outside asylum walls.

### **Popular Attitudes Towards Insanity Rates**

Popular ideas about increasing rates of insanity in New Zealand compared to other colonies and other nations were a reflection of newfound concerns about national fitness and efficiency in New Zealand, as well as signalling the competition between nations, races and empires for military, political and economic supremacy.<sup>117</sup> The late nineteenth century was characterized by international conflicts, in which the health of the Empire and of the British race in particular, was seen as paramount.<sup>118</sup> English science-fiction writer H.G. Wells was quoted in the AS, blaming ‘scientific discovery’ for improved ‘comfort and convenience’, which ‘may blind many eyes to our steady decline in commercial morality, and,

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<sup>114</sup> ‘Report by the Registrar-General on the Statistics of the Colony for 1886’, *British Parliamentary Papers, Colonies, New Zealand, Sessions 1883-1896* (Shannon, Ireland: Irish University Press, 1969), p. 8.

<sup>115</sup> ‘Report by the Registrar-General’, p. 9.

<sup>116</sup> ‘Report by the Registrar-General’, p. 28.

<sup>117</sup> H. F. Augustein, ‘From the Land of the Bible to the Caucasus and Beyond: The Shifting Ideas of the Geographical Origin of Humankind’, in *Race, Science and Medicine, 1700-1960*, ed. by Waltraud Ernst and Bernard Harris (London and New York: Routledge, 1999), p. 61; Jock Phillips, *A Man’s Country?: The Image of the Pakeha Male, A History* (Auckland: Penguin Books, 1996), p. 139; Philippa Mein Smith, ‘Blood, Birth, Babies, Bodies’, *Australian Feminist Studies*, 17, 39 (November 2002), p. 308. For an insight into this ‘competition’ for supreme national fitness in the twentieth century, see Macdonald, *Strong, Beautiful, and Modern*.

<sup>118</sup> Greenslade, p. 30. Greenslade writes that ‘A growth of national and racial self-consciousness accompanied the sense of threat to Britain’s industrial and imperial pre-eminence from the United States and Germany.’

relative to Germany and America, in education and national efficiency.’<sup>119</sup> In England, the degradation of the white races in the colonies was also of significant concern. In 1881, economist Alfred Marshall expressed fear that the lower classes were reproducing at a greater rate than the ‘more intelligent classes.’<sup>120</sup> Marshall was also concerned that as a consequence of this unequal breeding, ‘that part of the population of America and Australia which descends from Englishmen will be less intelligent than it otherwise would be.’<sup>121</sup> Towards the end of the nineteenth century, concerns about, and evidence of, a significant decline in reproductive rates in ‘Europe, North America, and Australasia’ emerged.<sup>122</sup> While Philippa Mein Smith states that ‘maternity as a concept took on national significance from about 1900,’<sup>123</sup> Chapter Six, in its examination of discourses about Puerperal Insanity, argues that motherhood, reproductive rates, and the importance of ‘good breeding’ were all on the radar of national anxieties by the 1890s in New Zealand, although not to the extent evident in the early twentieth century.<sup>124</sup> Mein Smith also suggests that, in the Antipodes, ‘maternal moral purity equated to racial purity,’ thus identifying immorality, which may include vice, as a threat to racial purity.<sup>125</sup> In this way, the growing population of inmates in mental hospitals, as clearly shown in statistics, suggested the ‘degeneration’ of the white race in New Zealand. New Zealand historians John Stenhouse and Brian Moloughney refer to the ‘forging of a better Britain in the south Pacific’, in which mainstream white New Zealand society sought to build a ‘virtuous, prosperous, cohesive and harmonious society.’<sup>126</sup> To create this society, Asian and non-Asian ‘coloured races’ and ‘degenerate’ whites, such as the insane, were ‘othered’ through immigration legislation and discourse, and the ‘degenerate’ were also othered

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<sup>119</sup> ‘The Future of Britain’, *AS*, 19 August 1899, p. 1.

<sup>120</sup> Alfred Marshall, *The Economics of Industry* (London: Macmillan, 1881), p. 31, quoted by Kenan Malik, *The Meaning of Race: Race, History and Culture in Western Society* (New York: New York University Press, 1996), p. 112.

<sup>121</sup> Malik, p. 112. Quoting Marshall, p. 31.

<sup>122</sup> David Thomson, ‘Marriage and Family on the Colonial Frontier’, in *Disputed Histories: Imagining New Zealand’s Pasts*, ed. by Tony Ballantyne and Brian Moloughney (Dunedin: Otago University Press, 2006), p. 130.

<sup>123</sup> Mein Smith, p. 306

<sup>124</sup> Janet McCalman, ‘Maternity’ in *Oxford Companion to Australian History*, ed. by Graeme Davidson, John Hirst and Stuart Macintyre (South Melbourne; New York: Oxford University Press, 2001), p. 416, cited in Mein Smith, p. 307.

<sup>125</sup> Mein Smith, p. 307.

<sup>126</sup> Brian Moloughney and John Stenhouse, “‘Drug-besotten, sin-begotten fiends of filth’”: New Zealanders and the Oriental Other, 1850-1920’, *New Zealand Journal of History*, 33, 1 (April 1999), p. 47.

through confinement in the mental hospital.<sup>127</sup> Greenslade discusses the relationship between degeneration and ‘discourses of sometimes crude differentiation’ which contrasted ‘normal and the abnormal’, ‘healthy and morbid’, and ‘‘fit’ and ‘unfit’’, with degeneration theory justifying and enabling ‘hostility to the deviant, the diseased and the subversive’ by the established and venerable classes.<sup>128</sup> The othering of the insane extended to an expressed desire from members of white society to protect and provide for this vulnerable group, keeping them separate from the rest of society.

Nineteenth-century lunacy legislation provided for this accommodation and treatment of the insane, including the construction of the AMH. This legislation has been interrogated by M.S. Primrose, Catharine Coleborne, Warwick Brunton, and Bronwyn Labrum, among others, and does not need to be explored at length here.<sup>129</sup> However, apart from Primrose’s work, popular responses to this legislation have been ignored. Part of the responses to and rationale for these laws were concerns about increasing rates of lunacy. The 1846 Lunatics Ordinance was the initial ‘lunacy legislation, signaling an official recognition of a lunatic population in New Zealand. By the 1850s the number of cases of lunacy led Members of Parliament, among others, to urge the Government to ‘take control of lunatics into their own hands.’<sup>130</sup> The Government was pushed to ‘adopt sound curative measures’, while avoiding the appearance of ‘harshness and control.’<sup>131</sup>

Public awareness of the Auckland Mental Hospital and its population was augmented by the publication of the report of the ‘weekly state of insane patients at the Provincial Lunatic Asylum’, in the *DSC*. This report included statistics detailing patients admitted in the previous week, those who had died, and how many remained in the mental hospital. In these weekly reports on the AMH the

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<sup>127</sup> Moloughney and Stenhouse, p. 47.

<sup>128</sup> Greenslade, p. 2. Moloughney and Stenhouse, p. 47.

<sup>129</sup> M. S. Primrose, ‘Society and the Insane: a Study of Mental Illness in New Zealand, 1867-1926, with Special Reference to the Auckland Mental Hospital’, (unpublished MA thesis, University of Auckland, 1968); Bronwyn Labrum, ‘Gender and Lunacy: A Study of Women Patients at the Auckland Lunatic Asylum, 1870-1910’ (unpublished MA thesis, Massey University, 1990); Catharine Coleborne, ‘Health and Illness, 1840s-1990s’, *The New Oxford History of New Zealand*, ed. by Giselle Byrnes (Melbourne: Oxford University Press, 2009), pp. 495-7; Warwick Brunton, ‘“A Choice of Difficulties”: National Mental Health Policy in New Zealand, 1840-1947’, (unpublished PhD thesis, University of Otago, 2001).

<sup>130</sup> Mr Olliver, *New Zealand Parliamentary Debates (NZPD)*, 20 April 1858, p. 387.

<sup>131</sup> Olliver, p. 387.



patient population was also broken down by gender and the type of insanity suffered. These regular reports legitimised the need for an asylum as a place of potential recovery as a ‘curative retreat’ and also made insanity in the New Zealand population more evident.<sup>132</sup>

Alfred Marshall’s 1881 exposition of class-related fears about the reproduction of the unfit, and the consequence of this for the intelligence of future generations across the British world, gained currency in the 1890s as concerns about falling fertility emerged. At the same time, the ‘othering’ of the insane continued, along with the professed necessity of their confinement, and the continual ‘development’ of government policies addressing the care of the mentally ill. The debate around these policies and construction of the resulting institutions heightened public awareness of the insane and the reasons for their condition.

### **Insanity and Heredity**

A crucial element in arguments about national fitness was the prevalence of hereditary mental illness. Yet, of the New Zealand newspaper articles surveyed, very few refer to heredity in any way.<sup>133</sup> One of these references is embedded in reports of crimes committed by the insane, such as the Englishwoman who was ‘the daughter, granddaughter, and niece, of persons affected with lunacy. Hereditary disease may have impelled her to violence, or it may explain a delusion.’<sup>134</sup> In contrast to this report, which clearly identified heredity as a cause of lunacy, a report published about an Australian family, the Ryans, of which four members were arrested and upon medical attention were found to be insane, stated that ‘the minds of the Ryans appear to have been unhinged by religious mania.’<sup>135</sup> The four were admitted to Melbourne’s Yarra Bend Asylum but despite their familial connection there was no suggestion of or even reference made to hereditary factors.<sup>136</sup> While heredity was perhaps implied in the facts of the case, it was not explored in any depth.

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<sup>132</sup> *Daily Southern Cross (DSC)*, 25 October 1866, p. 4.

<sup>133</sup> The search terms used were hereditary, hereditary, inherited and inheritance.

<sup>134</sup> *DSC*, 26 July 1865, p. 5.

<sup>135</sup> ‘Strange Outbreak of Insanity’, *AS*, 8 May 1886, p. 5.

<sup>136</sup> ‘Strange Outbreak of Insanity’, p. 5.

Several references were made to the role of heredity in insanity in the Auckland press in the 1890s, although this is still not a sufficient number to indicate any significant trend. One of these was written by a British politician and had been published in the *Fortnightly Review*.<sup>137</sup> In this article ‘hereditary transmission’ was described as the ‘most potent’ contributing factor to the growing insane population in Britain, due to the resumption of ‘marital relations’ among patients released from mental hospitals, producing children who ‘are tainted with insanity.’<sup>138</sup> But this same article described ‘intemperance’ as ‘one of the most fruitful causes of insanity.’<sup>139</sup> A year later, the *AS* reported on an inquest into a suicide, in which the deceased’s relations stated that ‘there was no lunacy in the family.’<sup>140</sup> This report could be interpreted as implying that the patient’s family themselves volunteered this information, unprompted, meaning that there was an awareness of ideas about inherited mental illness in the general public. An alternative interpretation is that the patient’s family was questioned by police as to whether they carried a taint of insanity, and that, perhaps aware of the stigma attached to such an admission, denied it, to the newspaper reporter’s disbelief.<sup>141</sup> Whichever scenario is correct, this press report, as well as the previous one, suggests that inherited lunacy was gaining currency in the public, non-medical sphere.

The above report into an instance of suicide does not refer to any form of psychiatric treatment or committal, although mental hospital records from the nineteenth century show that suicidal tendencies were often cause for a person’s admission to an asylum. Under the Lunatics Act 1868 such an admission required two medical doctors, approved by a judge or resident magistrate, to both find the alleged ‘insane or dangerous lunatic’ to be in need of confinement in a mental hospital.<sup>142</sup> This ‘finding’ would then be announced as an order by the judge or magistrate.<sup>143</sup> These orders were often published in multiple newspapers and included the patient’s full name, although it is unclear why these details were

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<sup>137</sup> *AS*, 15 March 1893, p. 4.

<sup>138</sup> *AS*, 15 March 1893, p. 4.

<sup>139</sup> *AS*, 15 March 1893, p. 4.

<sup>140</sup> ‘A Wellington Suicide’, *AS*, 8 December 1894, p. 2.

<sup>141</sup> Coleborne discusses the idea of a family stigma attached to a relative’s diagnosis as mentally ill, in *Madness in the Family: Insanity and Institutions in the Australasian Colonial World, 1860-1914* (Basingstoke, Hampshire: Palgrave Macmillan, 2010), p. 58.

<sup>142</sup> *Statutes of New Zealand*, 1868, No. 16, ‘An Act to Consolidate and Amend the Law Relating to Lunatics’, p. 60.

<sup>143</sup> ‘An Act to Consolidate and Amend the Law Relating to Lunatics’, p. 60.

released in the public domain, particularly in view of the stigma attached to having an insane relative. It is possible that the names of the insane were published in the press as this was the easiest way to inform family and friends of the patient who lived in distant locations within New Zealand that one of their own was unwell and may need support. Such support could reduce the burden on the state. Similar details of magisterial enquiries were also reported in the press, much to the chagrin of a contributor to the *AS*, who complained that ‘it must not be forgotten that taints of insanity in a family, which get noised abroad by public magisterial inquiries, might militate very much against the success in life of other relatives who might never be in any wise even slightly demented.’<sup>144</sup> In this way, heredity became visible, and this comment suggests that, despite the scarcity of actual references to heredity as a cause of insanity in the New Zealand press, it was a recognised concern among the general public.

Reports from the 1898 New Zealand Medical Congress, also published in the *AS*, show that the medical profession identified heredity as a cause of insanity, to the extent that one doctor suggested that legislation should allow for the ‘asking of two questions of all applicants for marriage certificates, as to whether each of the parties to the contract had seen the other’s certificate of health, and whether they were satisfied therewith.’<sup>145</sup> This article implies a concern about the children produced by a marriage of persons with an unsatisfactory certificate of health. In contrast to popular discourse, the medical texts analysed in later chapters of this thesis show that heredity was a significant factor, perhaps as important as vice, in theories about insanity.<sup>146</sup> While the mirroring or otherwise of ideas between popular and medical realms is an important component of this thesis, it is important to acknowledge the significance of the very publication of reports from a medical congress in a popular newspaper. Such expression of medical views brought heredity to public attention, and the suggestion of certification of a person’s health prior to marriage and reproduction, would also make incidences of good or poor heredity instantly recognisable.

Despite the occasional reference in statistics and newspaper reports about heredity, this thesis suggests that it remained a largely unacknowledged threat in

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<sup>144</sup> *AS*, 11 November 1891, p. 4.

<sup>145</sup> ‘Medical Congress’, *AS*, 19 March 1898, p.2.

<sup>146</sup> This divergence is elaborated on in the case study chapters in the second part of the thesis.

comparison to public drunkenness, for example. This thesis argues that this is because of the relatively invisible nature of heredity compared to some forms of vice, particularly public drunkenness in the insane. This meant that anxieties about heredity were adopted, as such, by members of the New Zealand public following the lead of educated elites, as a somewhat top-down form of osmosis, rather than from evidence frequently viewed in person by the general population themselves. For example, debates between members of parliament about mental hospitals in New Zealand and the potential of attendance to those laws applied to in ‘the selection of animals for propagation’ in reducing the need for mental hospitals continued until the end of the nineteenth century, clearly indicating the strength in the belief in heredity as a significant precursor to mental illness and deficiency.<sup>147</sup> In contrast there is little press comment to indicate a popular concern about this. This somewhat elite concern about race degeneracy, on top of existing fears about the health and fitness of the white New Zealand population, created a social and political environment ripe for lively discussion of insanity rates in New Zealand, and the ways and means of dealing with this. The dearth of references in the popular press to heredity as a direct cause of lunacy is significant as it contrasts with the findings presented in Chapter Two of the thesis, which explores medical ideas about the causes of insanity, which tended to prioritise heredity, as a predisposing cause, above vice, which was often considered to be merely an exciting cause. The difference between medical and popular ideas about the aetiologies of insanity may have been due to the educated and usually scientifically inclined nature of medical doctors in comparison to the general population, for whom the visible evidence of vice was far more convincing than the theorised but largely unseen concept of hereditary mental illness.

### **Insanity and Vice**

Insanity itself was visible in the popular press as early as the 1850s. One of the first discussions about insanity in New Zealand newspapers, dating from 1853, quoted the Earl of Shaftesbury, a key figure in lunacy and poor law reform in mid-nineteenth century England. Shaftesbury’s quote, that ‘fully six-tenths of all the cases of insanity to be found in these realms and in America, arise from no other cause than the habits of intemperance in which the people have indulged’, shows that right at the start of this period lunacy and vice were strongly linked in popular

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<sup>147</sup> Mr Meredith, *NZPD*, vol. 102, 29 July 1898, p. 132.

discourse.<sup>148</sup> Unlike heredity, vice was strongly legislated against, through measures such as the Intemperance Act, the Contagious Diseases Act, and the Vagrancy Act. In the press, intemperance was often cited as a reason for insanity, particularly in magistrate court reports of persons admitted to the asylum and in transcripts of speeches made by lay and religious temperance advocates. The recognized link between the consumption of alcohol and lunacy in the political sphere was also demonstrated in a lecture by the Premier William Fox, on temperance. In 1870 Fox blamed ‘drinking’ for both ‘lunacy and poverty’ and commented on the ‘great hardship for teetotallers’ to fund institutions which were ‘principally required by drunkards’, specifically mental hospitals, jails and the police force.<sup>149</sup> In this, Fox ignored the large number of asylum patients who had no history of drinking.

The Licensing Act of 1873 clearly articulated the link between vice and lunacy. The parliamentary debates about this Act reveal that politicians sought to ‘check the evil of drunkenness which existed to a greater or less extent in all Anglo-Saxon communities.’<sup>150</sup> One parliamentarian, the Hon. Captain Fraser, who worked closely with ‘asylums, gaols and hospitals’, stated that ‘Two-thirds of the inmates in the asylums were there in consequence of intemperance.’<sup>151</sup> Prior to this Act the Inspector General of Lunatic Asylums in Victoria, Australia, Dr Edward Paley, collected statistics from the four Victorian asylums, which were published in New Zealand. The *DSC* commented on Paley’s findings at length in an editorial questioning Paley’s statistics, suggesting that they had been ‘worked...to enforce perhaps a favourite theory’, that ‘madness has been unduly attributed to excessive indulgence in intoxicating liquor.’<sup>152</sup> But the *DSC* argued for what is referred to later in this thesis as hereditary vice, that is, the indulgence in vice by a person’s ancestors, thus making them theoretically more susceptible to lunacy. As the *DSC* explains, heredity vice meant that ‘even if lunacy is regarded to be almost wholly constitutional and heredity, it may be that, even if drunkenness may not produce insanity direct in the parent, it may so deteriorate his system that he imparts a constitutional tendency to madness in his

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<sup>148</sup> *Otago Witness*, 26 November 1853, p. 2.

<sup>149</sup> *West Coast Times and Westland Observer*, 14 November 1870, p. 2.

<sup>150</sup> Hon. Mr Waterhouse, *NZPD*, vol. 15, 27 September 1873, p. 1449.

<sup>151</sup> Hon. Capt. Fraser, *NZPD*, vol. 15, 27 September 1873, p. 1449.

<sup>152</sup> *DSC*, 29 July 1871, p. 2.

offspring.’<sup>153</sup> The *DSC* editorial then reiterated that ‘such a powerfully destructive influence as habitual drunkenness we are warranted, directly or indirectly, in tracing any ailment to which either mind or body is heir.’<sup>154</sup> In an Australian context A. W. Martin notes that New South Wales politician Charles Cowper urged the formation of a Select Committee to investigate the increase of intemperance in the colony. Cowper, Martin shows, felt that it was ‘self-evident’ to all ‘observant citizens’ that over-indulgence in alcohol had escalated, given the visible nature of this particular vice.<sup>155</sup> But evidence from the resulting Select Committee shows that the definitions of intemperance and drunkenness were problematic and that the supposedly conclusive proof of their increase was rather complex and somewhat ambiguous.<sup>156</sup> Martin also refers to a newspaper editorial from Sydney’s *Empire* newspaper which, Martin rightfully claims, deliberately sought to equate the vice of intemperance in alcohol with broader ‘social flux’.<sup>157</sup>

Parliamentary discussions from 1871 about a ‘general lunatic asylum’ likewise show some evidence of concerns about insanity due to vice, particularly indulgence in alcohol. For example in 1871 Mr Murray, a member of the House of Representatives, referred to the failure of the select committee to ‘consider the best means to provide for a large class of maniacs who became so from the use of intoxicating liquors.’<sup>158</sup> The treatment of habitual drunkards in mental hospitals arose again in parliament in 1872, as Mr Rolleston enquired if any amendments to the 1868 legislation were to be introduced which would provide for the ‘treatment of drunkards in a more satisfactory manner than was possible under the present Bill.’<sup>159</sup> In 1879 the Hon. Colonel Whitmore mentioned in a parliamentary debate that the Habitual Drunkards Bill was before the Legislative Council, and

which, if passed, would have the effect of relieving the overcrowded lunatic asylums, because, beyond a doubt, the lunatic asylums of the colony were now most improperly used as retreats for a large number of

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<sup>153</sup> *DSC*, 29 July 1871, p. 2.

<sup>154</sup> *DSC*, 29 July 1871, p. 2.

<sup>155</sup> A. W. Martin, ‘Drink and Deviance in Sydney: Investigating Intemperance, 1854-5’, *Historical Studies, Australia and New Zealand*, 17 (April 1977), p. 345.

<sup>156</sup> Martin, p. 347. For example, Inspector James Singleton stated that ‘*intemperance* was on the increase, but that *drunkenness* was ‘not seriously’ growing.’ (Martin’s emphasis).

<sup>157</sup> Martin, p. 359.

<sup>158</sup> Mr Murray, *NZPD*, vol. 10, 13 September 1871, p. 395.

<sup>159</sup> Mr Rolleston *NZPD*, vol. 12, 23 July 1872, p. 23.

habitual drunkards. These persons did a great deal of harm to those inmates who were lunatics.<sup>160</sup>

In this argument, the undeserving drunkard is contrasted with the vulnerable and easily harmed, lunatic, who deserved sympathy and compassion. The *NZPDs* continued to refer to the treatment of ‘drunkards’ in mental hospitals as late as 1882. Whitmore’s appeals were to no avail, as the 1882 Lunatics Act specified that a ‘habitual drunkard’ could be detained in a mental hospital ‘but in a ward or division thereof in which lunatics are not detained.’<sup>161</sup> Like many lunacy patients in asylums across New Zealand, habitual drunkards confined in an asylum were expected to work, but while the insane were merely described as lazy if they failed to do so, drunkards were liable to be fined ‘a penalty not exceeding fifty pounds.’<sup>162</sup>

Discussions against intemperance from overseas were also presented to the New Zealand public via newspapers. The *Nelson Examiner and New Zealand Chronicle* referred to an article in a Melbourne newspaper about the Spirit Duty Bill, which would allow ‘distillation in Victoria.’<sup>163</sup> Part of the background to the Melbourne paper’s antagonism to the Bill was the ‘crude and raw’ alcoholic spirits already produced near Ballarat, in Victoria, Australia, which were the suspected cause of a part of ‘the lunacy which so extensively prevailed.’<sup>164</sup> From England, at the same time, the Earl of Shaftesbury told a monthly temperance meeting that

The habit of drinking in this country was the root of 19-20ths of all the evils which beset the great majority of the working classes; and in reference to lunacy, he could say, after many years’ experience, as the Chairman of the Commission on lunacy, that if habits of temperance had universally prevailed 17-20ths of the existing insanity would not have had a being.<sup>165</sup>

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<sup>160</sup> Col. Whitmore, *NZPD*, vol. 32, 30 October 1879, p. 649.

<sup>161</sup> *Statutes of New Zealand*, 1882, No. 34, ‘An Act to Consolidate and Amend the Law Relating to Lunatics’, p. 296.

<sup>162</sup> ‘An Act to Consolidate and Amend the Law relating to Lunatics’, p. 297.

<sup>163</sup> ‘Melbourne’, *Nelson Examiner and New Zealand Chronicle*, 4 December 1858, p. 1.

<sup>164</sup> ‘Melbourne’, p. 1.

<sup>165</sup> *Colonist*, 14 December 1858, p. 4.

The pro-temperance stance expressed in the press was balanced with the theory that some of the ‘deplorable maladies that result from over-indulgence in spirituous liquors – softening of the brain, palsy, lunacy and the like – may be justly attributed more to the operation of the destructive compounds which are mixed with the alcohol than to the alcohol itself.’<sup>166</sup> A Parisian journalist articulated a link between ‘the frightful increase of mental alienation and paralysis of the brain in France’, with the ‘augmentation of the revenue from tobacco.’<sup>167</sup> Two years after this, a letter to the editor of the *DSC* mentioned that an unnamed ‘popular English writer’ held tobacco to be ‘one of the causes of lunacy’ as the ‘constituent properties of tobacco are highly poisonous and anti-vital.’<sup>168</sup>

The press also published alarming statements, including ‘madness caused by excessive drinking, which is the case with nine-tenths of the lunatics who are brought to Nelson.’<sup>169</sup> Another alarmist claim was that ‘New Zealand shows absolutely 50 per cent. more of lunacy than, proportionately to population, exists in Scotland,’ and that furthermore, ‘four-fifths of our lunacy is produced by intemperance.’<sup>170</sup> The Report by the Registrar-General on the Statistics of the Colony of New Zealand for 1886, which was written for the British House of Commons and the House of Lords, referred to the role of drunkenness in the total number of ‘prisoners received’, which was 36 per cent. The report stated that ‘This by no means represents the full proportion of the burden thrown on the country by imprisonments for drunkenness.’<sup>171</sup> An *AS* article from 1890 claimed that ‘advanced medical science’ now classified insanity within the ‘ordinary category of physical diseases, affecting the brain, just as neuralgia attacks the nerves and consumption the lungs.’<sup>172</sup> This article added that in those cases of insanity ‘due to one’s own excesses it is, of course, a reflection on the patient, but not more so than other diseases which result from self-indulgence, negligence, or more flagrant forms of misconduct.’<sup>173</sup> Of particular note is the emphasis given to

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<sup>166</sup> *DSC*, 28 October 1869, p. 5. The same topic was discussed in the *DSC* at the end of 1870, also. See *DSC*, 6 December, 1870, p. 4.

<sup>167</sup> ‘Untitled’ from the *European Times*, published in *Hawke’s Bay Herald*, 25 July 1865.

<sup>168</sup> *DSC*, 12 March 1867, p. 5.

<sup>169</sup> *Nelson Evening Mail*, 7 June 1866, p. 2.

<sup>170</sup> *Colonist*, 9 December 1870, p. 3.

<sup>171</sup> ‘Report by the Registrar-General on the Statistics of the Colony for 1886’, *British Parliamentary Papers, Colonies, New Zealand, Sessions 1883-1896* (Shannon, Ireland: Irish University Press, 1969), p. 57.

<sup>172</sup> ‘Lunacy in New Zealand’, *AS*, 21 July 1890, p. 2.

<sup>173</sup> ‘Lunacy in New Zealand’, p. 2.



the seriousness with which claims made by ‘advanced medical science’ should be taken.

New Zealand historian Caroline Daley explains that by the 1880s, with the growth of the temperance movement, the liquor industry became subjected to more inquiries and greater collections of statistics.<sup>174</sup> The 1881 Licensing Act conferred greater power on communities to issue liquor licenses, brought about ten o’clock closing, prohibited amusements such as ‘dancing girls’ and ensured that all public bars were not open on Sundays.<sup>175</sup> More restrictions on the sale and consumption of alcohol were introduced with the 1889 amendment to the 1881 Licensing Act.<sup>176</sup> Peter Gibbons delineates the association between vice and concerns about national fitness and efficiency in the late nineteenth and early twentieth centuries as a movement which, in crusading against alcohol, connected ‘those who worried about the fitness of the race, the saving grace of God, the safety of the streets, and the security of the family.’<sup>177</sup> Vice, such as intemperance and prostitution, could be fought against because it could be identified. Heredity, despite the best efforts of scientific discourses, remained relatively invisible.

A survey of contemporary newspapers suggests that alcohol, as a form of vice, was more dominant in popular discourses in nineteenth-century New Zealand than prostitution.<sup>178</sup> Yet other forms of vice, besides intemperance in alcohol, were also implicated in popular and legislative discourses about insanity, albeit often through their perceived connection with alcohol. The association between insanity and vice was also formalised by two pieces of legislation which applied to sexual vice: the Vagrancy Act, of 1866, and the Contagious Diseases Act, of 1869. The Vagrancy Act was primarily employed to regulate the public appearance of prostitution, as prostitution was legal in nineteenth-century New Zealand. It also sought to control public drunkenness, which was an oft-cited factor in lunacy cases brought before magistrates. The Contagious Diseases Act regulated the prostitutes themselves, providing for the inspection of suspected

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<sup>174</sup> Caroline Daley, ‘Modernity, Consumption, and Leisure’, in *The New Oxford History of New Zealand*, ed. by Giselle Byrnes (Melbourne: Oxford University Press, 2009), p. 434.

<sup>175</sup> Daley, ‘Modernity, Consumption, and Leisure’, p. 434.

<sup>176</sup> Daley, ‘Modernity, Consumption, and Leisure’, p. 434.

<sup>177</sup> P. J. Gibbons, ‘The Climate of Opinion’, in *The Oxford History of New Zealand*, ed. by Geoffrey Rice, 2<sup>nd</sup> edition (Auckland: Oxford University Press, 1992), p. 312.

<sup>178</sup> Using the search terms ‘prostitution’ and ‘vice’ in the Papers Past database, for all newspaper articles published between January 1st, 1850, and December 31<sup>st</sup>, 1899, produced 287 results. Using the search terms ‘intemperance’ and ‘vice’ for the same time period, produced 1505 results.

prostitutes for venereal diseases. Venereal disease and prostitution, and therefore the Contagious Diseases Act and the Vagrancy Act, are crucial to an examination of General Paralysis of the Insane, the diagnosis focused on in Chapter Four of this thesis, and a condition which was eventually discovered to be the tertiary stage of syphilis.

The association between insanity, vice and the Vagrancy Act is most obvious in popular discourses on reports from the Police Court. One example of this is from 1870, in which the Commissioner of Police ‘accompanied by other authorities, visited the stockade on Saturday, for the purpose of inquiring into the alleged lunacy of Bridget Hawkey, a person confined there for a breach of the Vagrant Act, 1866.’<sup>179</sup> Another example is from the *Star*, an evening newspaper based in Lyttelton, in the South Island of New Zealand. In 1897 this paper reported on an inquest concerning the death of a child named Harry Chetwin: ‘Evidence showed that the child was apparently healthy and well nourished, but that given by Dr Symes, who made the post-mortem examination, showed that the child’s internal organs were simply riddled as the result of hereditary syphilis.’<sup>180</sup> The jury returned a verdict “Death from Hereditary Syphilis”, adding the focused rider “That in the opinion of this jury the Contagious Diseases Act should be at once put into operation in Christchurch”.’<sup>181</sup> Eleven days later the editor of the *Press*, another Canterbury newspaper, declared that ‘If the Contagious Diseases Act is not to be revived it may be necessary to take some steps with a view to coping with the ravages of diseases which gravely threaten the future health and welfare of a large proportion of our population, especially of the rising generation.’<sup>182</sup>

But the Contagious Diseases Act had only a short and geographically limited enactment in New Zealand. This law, which ‘subjected female prostitutes to genital examinations and sometimes imprisonment,’ was rarely carried out after the 1880s.<sup>183</sup> Furthermore, it was up to provincial governments, rather than the central government to choose to implement it, with only Auckland and Canterbury

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<sup>179</sup> DSC, 10 January 1870, p. 3.

<sup>180</sup> ‘Inquest’, *Star*, 8 October 1897, p. 3.

<sup>181</sup> ‘Inquest’, p. 3.

<sup>182</sup> ‘Undesirable Invalids Bill’, *Press*, 19 October 1897, p. 4

<sup>183</sup> Chris Brickell, ‘Sexuality, Morality and Society’ in *The New Oxford History of New Zealand*, ed. by Giselle Byrnes (Melbourne: Oxford University Press, 2009), p. 469.

enforcing this legislation.<sup>184</sup> The Contagious Diseases Act was viewed as condoning prostitution and so was not supported by the social purity movement. But an examination of articles from newspapers across New Zealand in the nineteenth century shows that the popular discourses around this legislation were more complex than this. While some published comments promoted the ‘medical testimony [that the Act] will do a great deal of good, or rather prevent much evil’,<sup>185</sup> others used moral arguments about the ‘moral aspect’ of life in the lock house, which ‘provided religious training and instruction’, while ‘in the Home Commission on this subject a similar act to the one under consideration has been the means of reclaiming many fallen women, and in many instances, restoring them to their friends.’<sup>186</sup> Coleborne describes the Contagious Diseases Act as accentuating ‘imperial anxiety about sexuality and its regulation’, while unleashing a ‘classing gaze’ that focused on certain parts of the population, particularly indigent women, linking them with ‘infection and moral pollution.’<sup>187</sup> Debates about the Contagious Diseases Act and the stated role of women in spreading these contagions made these connections even more visible.

Newspapers in nineteenth-century New Zealand show the rise of discussion about the Contagious Diseases Act and about vice as a form of moral pollution, from the late 1860s onwards. During the 1860s, of all newspapers in the Papers Past database, there were thirteen articles which referred to the legislation.<sup>188</sup> An editorial in the *ODT* from October 1869 referring to prostitution as ‘the Social Evil’ described this as in need of most urgent ‘Legislative treatment’, but one which ‘at the same time there is no question which legislators are more disposed to shirk.’<sup>189</sup> By the 1870s this article count had increased ten-fold. In the 1880s 1100 articles were published which referred to the Contagious Diseases Act, but this dropped to just over 700 in the 1890s. In the 1880s a letter to the editor of the *AS* protested against the Act on the grounds that ‘Prostitution is by no means a “necessary evil” in our community’, as will soon be recognised

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<sup>184</sup> Tulloch, pp. 193-4.

<sup>185</sup> ‘New Zealand Parliament’, *DSC*, 11 August 1869, p. 5.

<sup>186</sup> ‘The Social Evil’, *Tuapeka Times*, 6 November 1869, p. 3.

<sup>187</sup> Coleborne, ‘Health and Illness’, p. 499. Also see Philippa Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire* (London and New York: Routledge, 2003), cited in Coleborne, ‘Health and Illness’, p. 499.

<sup>188</sup> At the time of writing, the Papers Past database included 77 newspapers, dating from as early as 1839.

<sup>189</sup> *ODT*, 28 October 1869, p. 2.

through ‘the advance of education and morality.’<sup>190</sup> An editorial from 1895, also in the *AS*, stated that ‘We cannot believe that, except through utter ignorance, the Women’s Liberal League would have championed a system which has shocked the conscience of the average man of the British race’ as ‘We cherished the hope that our columns would never again be defiled by the discussion of this abominable subject.’<sup>191</sup> The following year, the *EP* reported on an address made by the Premier to an audience at Hokitika, which described the Contagious Diseases Act as ‘an insult to the women of New Zealand’, which ‘the sooner it was removed, the sooner a disgrace to New Zealand would be removed.’<sup>192</sup> Meanwhile, it was proposed that ‘Steps for the better protection of girls of tender age would be taken by raising the age of consent.’<sup>193</sup> In a letter to the Auckland Association for the State Regulation of Vice, which was published in the *Auckland Star* less than a month after the Premier’s 1896 Hokitika speech, the Premier’s Private Secretary described the Contagious Diseases Act as ‘obnoxious and barbarous.’<sup>194</sup> Together, this evidence creates a clear picture that the Premier did not support the legislation.

An *EP* editorial from 1897, in reference to ‘the local Magistrate’s Court’ in the past, and the contemporary ‘higher Court’, described ‘a glimpse of the shocking condition of things that arises from a refusal to use the scalpel to a putrid social sore’, as ‘Child after child went into the witness-box and smilingly, light-heartedly admitted that they had led lives of immorality.’<sup>195</sup> The paper then declared that ‘it will only be after a hard fight with the mistaken social purists who rely on moral suasion that any broadly effective treatment of this ulcerous place in our social state will be permitted. We are for the enforcement of the Contagious Diseases Act, with women inspectors, in order to avoid the risk of affront to decent women by the police.’<sup>196</sup> Christchurch’s *Press* also expressed concern about the impact of repealing the Contagious Diseases Act on children, suggesting that if the Contagious Diseases Act could not be ‘revived’ it ‘may be necessary to take some steps with a view to coping with the ravages of diseases’,

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<sup>190</sup> *AS*, 30 August 1882, p. 2.

<sup>191</sup> ‘The Women’s Liberal League and the C. D. Act’, *AS*, 24 June 1895, p. 4.

<sup>192</sup> ‘The Premier at Hokitika’, *EP*, 21 March 1896, p. 4.

<sup>193</sup> ‘The Premier at Hokitika’, p. 4.

<sup>194</sup> ‘The C. D. Act’, *AS*, 4 May 1896, p. 4.

<sup>195</sup> ‘Juvenile Prostitution’, *EP*, 3 September 1897, p. 4.

<sup>196</sup> ‘Juvenile Prostitution’, p. 4.

which, it was feared, would ‘gravely threaten the future health and welfare of a large proportion of our population, especially of the rising generation.’<sup>197</sup>

Press reports of lunacy cases dismissed by magistrates also referred to unspecified forms of vice. In Otago in 1868 six patients were discharged from the court, most of whom ‘having been probably temporary sufferers from excess.’<sup>198</sup> Also from 1868, a letter to the editor of the *Wellington Independent* from a visitor to the Karori Asylum stated that ‘the cases of inevitable insanity from causes existing at birth are few’ and that ‘there is little doubt that causes which might have been avoided either by themselves or others, had a great deal to do with it.’<sup>199</sup> While the author does not specify what these ‘causes’ are, the fact that these causes were avoidable suggests that the author is referring to vice.

The often visible nature of vice as a cause of insanity made it far more prominent in popular discourses about mental illness than heredity. Likewise, this very visibility made vice a more ‘accessible’ cause of insanity than heredity for the general public to comprehend. Heredity, in contrast, was often only visible to the public through the publication of statistics taken from the populations in New Zealand asylums. Statistics and accompanying newspaper reports promoted the need for mental hospitals in New Zealand, while also highlighting the problem which this population presented for ideas about the national health and fitness of the general population. The visible nature of vice within the asylum was reflected in these statistics and captured the attention of politicians and legislators who sought to minimise the impact of vice on the population, with an added benefit of potentially reducing the insane population. After all, insanity was one of the symptoms of a degenerating race.

### **Insanity, Vice, and Gender**

Deviation from idealised gender norms was another symptom of racial degeneracy. This deviation appeared through the effeminacy of urbanised males and the proclaimed unfitness of New Zealand women for motherhood. Such unfitness, particularly in women, could manifest in a psychiatric diagnosis and

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<sup>197</sup>“Undesirable Invalids” Bill’, *Press*, 19 October, 1897, p. 4.

<sup>198</sup> *West Coast Times*, 19 March 1868, p. 2.

<sup>199</sup>‘Lunatic Asylum, Karori’, *Wellington Independent*, 14 November 1868, p. 5.

admission to a mental hospital.<sup>200</sup> Insanity in women in nineteenth-century New Zealand was often identified through inappropriate behaviour. Later chapters of this thesis show that women who expressed language or displayed behaviour indicative of attitudes to sex or towards their husbands and children which did not match the venerated ideals of their time and social standing, often appeared in the patient case notes of women at the AMH. Once again, visibility is emphasized. This was also true of other mental hospitals across the British world, as discussed in the secondary literature surveyed in the Introduction. But women also had a perceived role in nineteenth-century New Zealand, as elsewhere in the British world, as the bulwark against the corrupting influences of the outside world, on the family unit. The wellbeing of the family, as a bastion against vice and lunacy in popular discourse centred on the white New Zealand woman, who was idealized as the colonial helpmeet: ‘homemaker, upholder of moral values and social purity and as the agents of civilization.’<sup>201</sup> New Zealand historians have long described the role of women in this context as fulfilling the role of the ‘colonial helpmeet, representing society’s moral guardians and the ‘mothers of the race’.’<sup>202</sup> New Zealand historians, especially Raewyn Dalziel and Keith Sinclair, have highlighted the ‘myth’ of women’s place as supportive wives and mothers, and as ‘‘God’s police’, regulating men’s behavior’, and maintaining the ‘‘moral fibre of the nation’’ through the hearth and family unit.<sup>203</sup> Katie Pickles promotes an understanding of gender, particularly of women, in nineteenth-century New Zealand, which incorporates gender into the notion of empire, as ‘ ‘imperial women’ held an important gendered status as ‘mothers of the empire’ and ‘Britannia’s daughters’, and signified a binding ‘moral strength’ which connected the ‘great imperial family.’<sup>204</sup> Queen Victoria herself was held up as a role model,<sup>205</sup> as women in nineteenth-century New Zealand were supposed to be

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<sup>200</sup> Bronwyn Labrum notes that ‘interpretations of behaviour that led to committal were still highly gendered’ in late nineteenth-century New Zealand. See Labrum, ‘The Boundaries of Femininity: Madness and Gender in New Zealand, 1870-1910’, in *Women, Madness and the Law: a Feminist Reader*, ed. by Wendy Chan, Dorothy E. Chunn and Robert Menzies (London: Glasshouse Press, 2005), p. 60.

<sup>201</sup> Raewyn Dalziel, ‘The Colonial Helpmeet’, in *The Shaping of History, Essays from the New Zealand Journal of History*, ed. by Judith Binney (Wellington: Bridget Williams Books, 2001), p. 186.

<sup>202</sup> Philippa Mein Smith, *A Concise History of New Zealand* (Melbourne: Cambridge University Press, 2005), p. 102.

<sup>203</sup> Katie Pickles, ‘Colonisation, Empire and Gender’, in *The New Oxford History of New Zealand*, p. 221.

<sup>204</sup> Pickles, p. 226.

<sup>205</sup> Pickles, p. 226.

‘pious, demure and submissive’.<sup>206</sup> Deviations from this ideal were quickly noticed and challenged.<sup>207</sup>

The expectation in nineteenth-century New Zealand was that women would devote themselves to motherhood and keeping the home as a bastion of morality, an ideal linked to the ‘supremacy of the British Empire.’<sup>208</sup> The nineteenth-century focus on family and ‘maternal capabilities’ is demonstrated by the statistical fascination with birth rates as early as 1890. New Zealand gender and welfare historian Bronwyn Labrum writes that from this time ‘population ideology’ captured the public imagination, particularly anxieties about a falling reproductive rate and fears about population ‘quality’ and quantity, in both New Zealand and Australia.<sup>209</sup> Labrum associates these concerns with a contemporary belief that population growth and racial purity were crucial to ‘moral and economic progress.’<sup>210</sup>

The proscribed role of women in nineteenth-century New Zealand was to nurture the future of the white race in New Zealand, as demonstrated in Chapter Six. This ideal was embedded in some of the origins of the colonisation of New Zealand by Britain. Angela Wanhalla suggests that Edward Gibbon Wakefield’s ‘systematic colonisation’ was influenced by the ‘role of the family’ in colonising, in New Zealand, and in South Australia and British Columbia.<sup>211</sup> In the 1870s, under the leadership of Julius Vogel, the immigration system targeted families as desirable immigrants.<sup>212</sup> Immigrant females were often feared to be sources of vice in New Zealand and across the British world during the nineteenth century. In 1830s New South Wales, existing colonists decried the ‘moral and physical deficiencies of recruits’, referring to ‘assisted migrants who arrived in New South Wales (were) either skilled artisans or, more notoriously, single women from Irish

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<sup>206</sup> Labrum, ‘Gender and Lunacy’, p. 68.

<sup>207</sup> Labrum, ‘Gender and Lunacy’, p. 68.

<sup>208</sup> Labrum, ‘Gender and Lunacy’, p. 73.

<sup>209</sup> Bronwyn Labrum, ‘The Changing Meanings and Practices of Welfare, 1840s-1990s’, in *The New Oxford History of New Zealand*, p. 401.

<sup>210</sup> Labrum, ‘The Changing Meanings’, p. 401.

<sup>211</sup> Angela Wanhalla, ‘Family, Community and Gender’, in *The New Oxford History of New Zealand*, p.458. Erik Olssen initially referred to Wakefield’s ‘systematic colonization’ (sic) in 1997, in ‘Mr Wakefield and New Zealand as an Experiment in Post-Enlightenment Experimental Practice’, *New Zealand Journal of History*, 31, 2 (October 1997), pp. 197-218, defining it as the process envisaged by Wakefield, drawing strongly on Enlightenment principles, to ‘transplant civilization into the wilderness.’ Quoted in Olssen, p. 201.

<sup>212</sup> Phillips, p. 7.

and English workhouses.’<sup>213</sup> The moral deficiencies were made visible by the legal procedures taken against female prostitutes and drunkards, while the physical deficiencies were, by definition, obvious for all to see.

The New Zealand Society for the Protection of Women and Children, formed in 1893, exemplified the links made between gender and concerns about race purity and degeneracy. This society, launched in Auckland in 1893 by ‘prominent men and women’ championed the safeguarding of women and children from ‘cruelty and seduction.’<sup>214</sup> The Infant Life Protection Act was also passed in 1893, although it had its roots in the previous decade.<sup>215</sup> This was part of the Liberal Government’s efforts to safeguard children from abuse, regulate child labour, and ‘provide for their health and welfare.’<sup>216</sup> To her discussion of these efforts, Labrum adds that key political and bureaucratic personnel supported eugenics, defined in this instance as ‘the science of racial fitness through correct breeding and a healthy environment.’<sup>217</sup>

Men were also subjected to expectations of suitable behaviour, which would, it was hoped, cement the British race a place of dominance in New Zealand. But these expectations were endangered during the course of the nineteenth century. Coleborne argues that in many ways men on the gold fields threatened the ideals of white New Zealand, with the disorder which these rushes brought to the frontiers of civilised society and the inherently mobile nature of their modes of life, which was itself a threat to the dream of ‘settling’.<sup>218</sup> Jock Phillips also contends that women and the family unit were significant to nineteenth-century New Zealand as they aided the conversion of an ‘itinerant into a settler’, and that ‘women’s natural purity’ counteracted the ‘barbarism and animal desires of frontier men.’<sup>219</sup> Among several factors commonly blamed for the appearance of insanity in New Zealand were ‘the partial freedom from social restraints in a settler’s life, the ups and downs and the excitement of gold washing,

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<sup>213</sup> R.B. Madgwick, *Immigration into Eastern Australia 1788-1851* (Sydney, 1969, 1<sup>st</sup> edn 1937), 104-8, cited in Marjory Harper and Stephen Constantine, *Migration and Empire* (Oxford,; New York: Oxford University Press, 2010), p. 51.

<sup>214</sup> Barbara Brookes, ‘Gender, Work and Fears of a ‘Hybrid Race’ in 1920s New Zealand’, *Gender and History*, 19, 3 (November 2007), p. 506.

<sup>215</sup> Labrum, ‘The Changing Meanings’, p. 401.

<sup>216</sup> Labrum, ‘The Changing Meanings’, p.402.

<sup>217</sup> Labrum, ‘The Changing Meanings’, p. 402.

<sup>218</sup> Catharine Coleborne, ‘Regulating ‘Mobility’ and Masculinity through Institutions in Colonial Victoria, 1870s-1890s’, *Law Text Culture*, 15 (2011), pp. 48-9.

<sup>219</sup> Phillips, p. 51.



mining and share-dealing, and the comparative solitude of pastoral pursuits.’<sup>220</sup> This supports Miles Fairburn’s contentious atomisation theory, of a state of society, or indeed of a lack of society, which resulted in ‘extreme loneliness, aggression, and intoxication.’<sup>221</sup> Angela McCarthy also notes that historians have emphasised the adversity faced by migrants and the relationship of this adversity to ‘dislocation and isolation.’<sup>222</sup>

In response to the threats posed by gold mining and the socially dislocated, the already present white population expressed that they ‘feared for the moral future of the colony.’<sup>223</sup> E. W. Seager, the Steward and Keeper of the Sunnyside Asylum, in Christchurch, was quoted by the *Press* newspaper as identifying ‘the discovery of gold’ as a cause of insanity. Seager added that this was due to the ‘exposure in the bush, the privations consequent upon travelling in a hitherto unexplored country, and from the common cause – drunkenness. Among the men a common cause of insanity is found to be injuries to the head.’<sup>224</sup> Southern authorities in New Zealand were ‘notoriously reluctant’ to promote a gold rush, partly due to the ‘individualistic, boisterous and assertively democratic’ nature of gold mining society and concerns about the expenditure of earnings in drinking and betting.<sup>225</sup> New Zealand was by no means exceptional in this fear of frontier masculinity.<sup>226</sup>

As European settlement of New Zealand expanded in the nineteenth century, concerns about appropriate forms of masculinity and femininity also grew. These anxieties were partly based on the centrality of morally correct women to family, and therefore to the desired form of colonisation. Immoral women and women whose behaviour was not reconcilable with motherhood and

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<sup>220</sup> Mr Andrew, ‘General Lunatic Asylum’, *NZPD*, 1871, p. 393.

<sup>221</sup> Miles Fairburn, *The Ideal Society and Its Enemies: The Foundations of Modern New Zealand Society, 1850-1900* (Auckland: Auckland University Press, 1989), pp. 192-93.

<sup>222</sup> This has been discussed most recently by Angela McCarthy, ‘Migration and madness in New Zealand’s Asylums, 1863-1910’, in *Migration, Ethnicity, and Mental Health International Perspectives, 1840-2010*, ed. by Angela McCarthy and Catharine Coleborne (New York: Routledge, 2012), p. 66.

<sup>223</sup> Phillips, p. 48.

<sup>224</sup> *Press*, 28 February 1872, p. 2.

<sup>225</sup> Jim McAloon, ‘The New Zealand Economy, 1792-1914’, in *The New Oxford History of New Zealand*, p. 207.

<sup>226</sup> Wanhalla, ‘Family, Community and Gender’, p. 459. Wanhalla states that ‘New Zealand’s pattern of demography and population growth, in particular the imbalance of the sexes, was not unique and nor was the consequent pattern of gender relations.’ Also see Philippa Mein Smith, *A Concise History of New Zealand* (Port Melbourne: Cambridge University Press, 2005), pp. 79-83.

family, as well as men whose behaviour threatened the notion of settlement and family, were anathema to the ideals of nineteenth-century white New Zealand. This group of men included gold miners and other participants in Belich's 'crew culture', and, along with the women who accompanied their indulgence in vice, presented a visible risk to the fit and efficient colony sought after by 'established' white New Zealanders.<sup>227</sup> Furthermore, these men and women were highly visible patients in New Zealand mental hospitals, providing additional evidence of their own unfitness.

### **Insanity, Racial Decline, and Immigration**

But it was not just those who came to New Zealand and behaved in ways which promoted a new or pre-existing inclination to mental illness which was a concern for the New Zealand public in the nineteenth century. Lunacy legislation also attracted popular comment in the press due to its lack of action against immigrants suffering from insanity prior to or upon their arrival in New Zealand. Following the passing of the 1868 New Zealand Lunatics Act, a letter to the editor of the *ODT* highlighted the absence of a 'single sentence which tends to protect the colony against the influx of lunatics from other places; while on the other hand, the removal of lunatics from the colony is made almost a matter of impossibility.'<sup>228</sup> Marjory Harper and Stephan Constantine suggest that 'the thread of selection was woven consistently into the fabric of migration to New Zealand,' as 'the unfit could be more effectively debarred from New Zealand than from Canada, or even Australia' due to the New Zealand Company's system of 'sponsorship and vetting', which was later sustained by the government.<sup>229</sup> Selection criteria related to 'robust constitution, sobriety, and an aptitude for hard work.'<sup>230</sup> In other words, the idle, imbecile and intemperate need not apply. But colonial New Zealand was not alone in its promotion of an ideal class of immigrants. In the 1830s Patrick Shirreff wrote, in his *A Tour Through North America*, that 'There is nothing in the soil or climate of America which can impart

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<sup>227</sup> James Belich, *Paradise Reforged: A History of the New Zealanders From the 1880s to the Year 2000* (Auckland: Penguin Books, 2001), pp. 18-19.

<sup>228</sup> 'The Lunacy Act', *ODT*, 19 December 1868, p. 3.

<sup>229</sup> Harper and Constantine, p. 85.

<sup>230</sup> Harper and Constantine, p. 85.

wisdom to the fool, energy to the imbecile, activity to the slothful, or determination to the irresolute.’<sup>231</sup>

The immigrant, as source of lunacy, was first legislated against in 1873. The 1870s was a decade of high levels of immigration, with a ‘net migration gain’ of over 134 000 people.<sup>232</sup> In part, this was to facilitate the Public Works Policy of 1870. Under Colonial Treasurer Julius Vogel this public works scheme and the accompanying ‘assisted migration’ remade and connected previously disparate areas of New Zealand, through improved rail and communication networks. These networks were crucial to the transportation of lunatics to asylums and to the creation of a New Zealand medical network, as well as a burgeoning sense of nationhood. But the enactment of the Public Works Policy also required a large immigrant work force, resulting in concerns about the ‘quality’ of the population immigrating to New Zealand in the 1870s. The ‘character’ of immigrants was a major concern and there were lengthy debates about the best way to ensure that New Zealand’s population continued to grow, without adding to the burden on the New Zealand people.<sup>233</sup> Evidence of this is in newspaper reports about the findings of the committee which proposed the Contagious Diseases Bill. A report from the committee stated that ‘the Government is not chargeable with so large a proportion of the prostitution complained of as has been commonly attributed to it’, but cautioned that were Government to persist in supporting the mass-immigration of young, single women into Canterbury, the committee would strongly encourage care in the choice of individuals, and in the plans made for the journey from England, ‘to prevent the operation of causes injurious to the morals of the emigrants.’<sup>234</sup>

The hunger for immigrants was partly based on a desire to use the land in New Zealand efficiently, as, in a ‘new’ country like New Zealand, ‘there is a tendency ... to waste land.’<sup>235</sup> Yet even in a ‘new’ country it was seen as important to guard against gathering up ‘fruits of the land without leaving fresh fruits to replace them’, advocating ‘introducing fresh blood and a good stock of labour and

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<sup>231</sup> Patrick Shirreff, *A Tour through North America* (Edinburgh, 1835), p. 410, quoted in Harper and Constantine, p. 26.

<sup>232</sup> McAloon, ‘The New Zealand Economy’, p. 209.

<sup>233</sup> Mr Vogel, *NZPD*, vol. 3, 3 September 1868, p. 133.

<sup>234</sup> ‘Public Meeting’, *Press*, 11 February, 1868, p. 3.

<sup>235</sup> Mr Vogel, p. 134.

knowledge.’<sup>236</sup> Vogel was not merely concerned with introducing more of the same type of colonists, he also wanted to improve the existing population, to re-energise it, and introduce new ideas to New Zealand society, particularly in production and agriculture.

In contrast to this ‘good stock of labour and knowledge’, the immigration of imbeciles was a concern in the 1870s and was offered as an explanation for the large proportion of lunatics in New Zealand compared to other countries.<sup>237</sup> To rectify this flaw in New Zealand’s immigration policy, the Imbecile Passengers Act was passed in 1873. Under this law, in instances where the Superintendent of a Province believed that ‘imbecile persons were on board any vessel, who were likely to become a charge upon the Province,’ the Superintendent could charge the captain of that ship for the maintenance of that passenger.<sup>238</sup> The restricted group included the insane, along with the ‘deaf dumb blind or infirm.’<sup>239</sup> This was repeated in the 1882 Imbecile Passengers Act.<sup>240</sup> Chapter Five of this thesis examines ideas about heredity, vice and congenital idiocy. Congenital idiocy encompasses congenital imbecility and, as Chapter Five shows, medicalised attempts were made to articulate the visual nature of many cases of congenital idiocy and imbecility and to quantify the characteristics of these mental hospital patients, most famously through the use of phrenology techniques.

But antagonism toward the mentally ill or deficient immigrant appeared only infrequently in newspapers. One example of this is the case of Peter Hobbs, reported in the *DSC*. Hobbs, a ‘newly arrived immigrant by the ship “Cairngorm”’, was said to be ‘suffering from mental derangement and liable to become dangerous to himself and others.’<sup>241</sup> Hobbs was taken to jail, as the asylum was ‘at present filled with inmates.’<sup>242</sup> The unnamed author of this article suggested that ‘this is a fair case for inquiring, regarding the state of the unhappy man when he was placed on ship-board.’<sup>243</sup> In 1873 a ‘harmless imbecile’, John Smith, appeared before the Mayor’s Court in Auckland, charged with lunacy,

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<sup>236</sup> Mr Vogel, p. 134.

<sup>237</sup> Dr Pollen, *NZPD*, vol. 15, 1 October 1873, p. 1538.

<sup>238</sup> Dr Pollen, p.1538.

<sup>239</sup> *Statutes of New Zealand*, 1873, No. 70, ‘An Act to Prevent the Introduction of Imbecile Persons into the Colony of New Zealand’, p. 311.

<sup>240</sup> *Statutes of New Zealand* (Wellington, 1882), p. 761.

<sup>241</sup> *DSC*, 10 January 1863, p. 3.

<sup>242</sup> *DSC*, 10 January 1863, p. 3.

<sup>243</sup> *DSC*, 10 January 1863, p. 3.

having arrived in the country from Fiji, with his passage to New Zealand funded by the Fijian government.<sup>244</sup> Smith, according to the *AS*, had ‘since his arrival done no work, and is apparently in too weakly a condition to do much.’<sup>245</sup> The newspaper bemoaned the absence of a law in New Zealand to restrict the ‘importation’ of lunatics, as the *AS* argued that ‘we have enough pauperism and lunacy amongst our own population without introducing any more from foreign countries.’<sup>246</sup>

## Conclusion

This chapter has examined material from a variety of popular sources to delineate the relationships drawn between insanity and vice, insanity and heredity, and between insanity and racial decline, all set against a background of growing concern about national fitness and efficiency in nineteenth-century New Zealand. The increasing faith in science evident in New Zealand increasingly brought an understanding of heredity to the fore, but the strength of moral concerns ensured that ideas about vice, as a moral affront to mental health as well as a physical cause, remained in the public consciousness and was repeatedly legislated against. The more visible nature of vice also meant that it overshadowed the somewhat precarious nature of the connection between insanity and heredity. Gender roles in popular discourses were also reflected in popular conceptions of lunacy. The historicised archetypal male frontier behaviour often resulted in men becoming confined lunatics, while proscribed female behaviour, particularly with regard to sex and family, was considered to be indicative of lunacy in women. The ‘breeding’ of such men and women was feared by science and aspects of popular culture to be the cause of race decline, which manifested in lunacy.

Increasing rates of lunacy, as shown by statistics and in comparison with other countries, were taken as proof of this race decline, and the immigration of the ‘unfit’ was also decried as a contributing factor to the appearance of lunacy in nineteenth-century New Zealand. While there were few direct references to heredity as a cause of lunacy in the popular press, there were strong scientific discourses promoting heredity which sowed the seeds for the much larger role of heredity in medical theories about lunacy, as outlined in the next chapter.

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<sup>244</sup> *AS*, 12 September 1873, p. 2.

<sup>245</sup> *AS*, 12 September 1873, p. 2.

<sup>246</sup> *AS*, 12 September 1873, p. 2.

## Chapter Two

### Halting the ‘Sad Degenerationist Parade’: Medical Responses to Insanity in Nineteenth-Century New Zealand <sup>247</sup>

In 1898, Dr Robert Beattie, Medical Superintendent of the Auckland Mental Hospital, compiled his annual report on the institution. Following a statement celebrating a decline in admission rates to the asylum, Beattie pondered

Whether we must congratulate ourselves upon the large increase in the discharge rate is another matter. When we consider that of the 38 discharged recovered 25 were under the age of forty years and 31 under fifty it were perhaps well that we suspend our rejoicings. The immediate social and economic advantages to the individual and the country must be weighed, amongst other things, against the possibility of the propagation of hereditarily enfeebled brains ... I can have no possible doubt that some at least will return to the Asylum, and in the meantime reproduce their kind with disastrous effects. <sup>248</sup>

Chapter One of this thesis has outlined the prevalence of popular concerns about insanity and vice in the public domain. This chapter extends these points by examining the medically-oriented and medically-motivated concerns about these factors. It demonstrates that heredity was a much stronger concern in medical theories than in popular discourses in New Zealand, during the period 1868-1899. Placing New Zealand in a wider context, this chapter uses a transnational framework to explore where these medical ideas about lunacy and its aetiologies came from and argues that it can be traced from Britain, especially England and Scotland, via medical personnel and medical journals, to New Zealand and the Auckland Mental Hospital (AMH). Transnationalism in this thesis refers to the

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<sup>247</sup> Michael Neve and Trevor Turner, ‘What the Doctor Thought and Did: Sir James Crichton-Browne (1840-1938)’, *Medical History*, 39, 4 (1995), p. 400.

<sup>248</sup> R. M Beattie, ‘Report on Lunatic Asylums of the Colony for 1897’, *Appendix to the Journal of the House of Representatives (AJHR)*, (1898), H-7, p. 5.

communication of medical theories about mental illness between Britain, particularly England and Scotland, and white settler colonies, especially New Zealand. This communication occurred through the publication of medical journals in Britain, which were then read in New Zealand, and the publication of reports about medicine from elsewhere in the British world in New Zealand medical publications, such as the *New Zealand Medical Journal*, and through medical congresses. This chapter also shows that the New Zealand mental health system in the nineteenth century was part of a wider, Australian dominated, Australasian medical fraternity. These arguments are critical to providing a sound basis for later chapters of this thesis which show links between popular concerns and medical theories about insanity, both in New Zealand and the wider British world, within the parameters of certain diagnoses. These arguments build on the overarching medical ideas about insanity discussed in this chapter.

The first section of this chapter outlines the origins of New Zealand mental hospitals, particularly the legislation behind the construction of the AMH. This section shows that the very creation of the institution was an acknowledgement of a problematic sector within the New Zealand population. This section also explores the development of the role of Inspector-General of Lunatic Asylums, where the men who filled this role came from, and the ideas about insanity, heredity, vice and racial decline which they brought to New Zealand. Much of this section is based on the Inspector-General reports, which were published in the *AJHR*. This section illustrates how heredity and vice, and insanity itself, were articulated as significant issues from a medical perspective, to the New Zealand government. The second section examines those in charge specifically of the AMH: that is, Resident Surgeons, and, latterly, Medical Superintendents, from its inauguration until the end of the nineteenth century. In particular, this section shows the views of these men on insanity and its antecedents, particularly heredity, vice and racial decline. This section is based primarily on *AJHR* reports written by these medical personnel. The third section considers other ways that medical ideas from Britain, and the wider British world, came to New Zealand, specifically through medical journals and international medical congresses.

Key sources in this third section are the reports tabled in the *AJHR*. While these documents were produced specifically for the government's purposes, the Reports on the Lunatic Asylums of New Zealand were written almost exclusively

by medical doctors, so are treated as medical documents, in this thesis. Furthermore, the statistics upon which the tables in the reports were based were collected from New Zealand mental hospital data. The *AJHR* makes visible the belief in the ‘hereditary nature of insanity’ in nineteenth-century New Zealand, even though the physical basis of this ‘hereditary nature’ was largely concealed.<sup>249</sup>

### **The Origins of New Zealand Mental Hospitals**

The AMH was one of the first mental institutions to be built in New Zealand. It was initially erected near the Auckland Hospital in Grafton during the 1850s, before its relocation to Avondale in 1867, approximately three miles from the centre of Auckland city.<sup>250</sup> Construction of the new mental hospital was partly funded ‘by public subscription’, although ‘soon the (public) feeling of well-being gave way to one of concern’, as the press and politicians complained about ‘staffing, overcrowding, and classification.’<sup>251</sup> The facilities attached to this mental hospital are indicative of the circulation of theories about mental health and deficiency from the time. For example, the two hundred acre farm attached to the asylum was said to provide ‘healthful recreation for a number of patients.’<sup>252</sup>

This description of a ‘healthy’ scene ignores the prevalent government obsession with the asylum as a viable economic entity, as demonstrated in the *AJHR* reports from the nineteenth century. The farm, for example, helped the asylum to subsidise itself, from the farm’s produce.<sup>253</sup> Early volumes of the *NZPD* also mention the importance of asylum site selection and the appointment of sufficient buildings.<sup>254</sup> The layout and construction of appropriate buildings,

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<sup>249</sup> Emma Spooner, ‘Digging for the Families of the “Mad”’: Locating the Family in the Auckland Asylum Archives, 1870-1911’, (unpublished MA thesis, University of Waikato, 2006), p. 34. Spooner notes that the *AJHR* identified the strength of the belief in the ‘hereditary nature of insanity’ in nineteenth-century New Zealand, especially towards 1900.

<sup>250</sup> M. S. Primrose, ‘A Study of Mental Illness in New Zealand 1867-1926 with Special Reference to the Auckland Mental Hospital’, (unpublished MA thesis, University of Auckland, 1968), p. 120.

<sup>251</sup> Primrose, p. 122.

<sup>252</sup> *The Cyclopaedia of New Zealand Industrial, Descriptive, Historical, Biographical Facts, Figures, Illustrations, Vol. 2 [Auckland Provincial District]* (Christchurch: The Cyclopaedia Company Limited, 1902), p. 189.

<sup>253</sup> Bronwyn Labrum discusses this in her master’s thesis, in which she comments that the historiography of the institution is similar to the Auckland Mental Hospital which shows that ‘whatever the ostensible curative reasons for curative therapy, the actual jobs performed derived from the financial administrative needs of the establishment.’ See Bronwyn Labrum, ‘Gender and Lunacy: a Study of Women Patients at the Auckland Lunatic Asylum, 1870-1910’ (unpublished MA thesis, Massey University, Palmerston North, 1990), p. 221.

<sup>254</sup> Mr Menzies *New Zealand Parliamentary Debates (NZPD)*, vol. 1, part E, 20 August 1867, p. 500.



and the very site of the mental hospital itself, was important because of contemporary medical ideas the role of about environment and climate in the recovery of mental health. These ideas included the necessity of a 'healthy environment' to the prevention of insanity, along with sufficient space, fresh, uncontaminated air and water, and general hygiene.<sup>255</sup> But as *AJHR* reports attest, a reality of overcrowding sabotaged any hope of enacting these theories - as early as 1873 it was noted in a 'Report on the Provincial Lunatic Asylum that there was space 'quite sufficient for airing, exercise, and for garden purposes,<sup>256</sup> but that the dormitories were already crowded.<sup>257</sup>

The AMH was not only described as a physical space, but was also positioned intellectually through the *NZPD* and the *AJHR* reports, as well as in newspaper editorials. In 1851 a deputation of prominent Auckland citizens met with Governor Grey to discuss the initial establishment and 'endowment' of an asylum.<sup>258</sup> As an outcome of this meeting, the government promised a 'Grant of Money toward the erection [of the Auckland Mental Hospital] equal to that contributed by private liberality.'<sup>259</sup> The reconstruction of the AMH in 1867 was a topic of parliamentary discussion, with particular mention made of 'a large sum appropriated for the erection of a proper structure', which would, with the right gentleman in charge, an individual 'acquainted with the improved system adopted in England', be 'thoroughly efficient.'<sup>260</sup> A Foucaultian-influenced interpretation of the construction of the AMH might suggest that, as an institution of social control, the asylum was a manifestation of the shift of governance from being law 'derived from notions of social contract and juridical basis of sovereignty', to 'order', based on the idea of governing and managing population.'<sup>261</sup> At the time when the AMH and most other asylums in New Zealand were initially built, 'control, discipline, efficiency and order' were considered to be particularly

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<sup>255</sup> Cheryl Caldwell, 'Truby King and Seacliff Asylum 1889-1907', in *'Unfortunate Folk' Essays on Mental Health Treatment 1863-1992*, ed. by Barbara Brookes and Jane Thomson (Dunedin: University of Otago Press, 2001), p. 36.

<sup>256</sup> Daniel Pollen, William Stockwell and John Thomas Boylan, 'Report on the Provincial Lunatic Asylum', *AJHR*, H-23, (1873), p. 1.

<sup>257</sup> Thomas Aickin, 'Report by the Resident Surgeon for 1872', *AJHR*, H-23, (1873), p. 5

<sup>258</sup> *Daily Southern Cross*, 22 April 1851, p. 2.

<sup>259</sup> *DSC*, 22 April 1851, p. 2.

<sup>260</sup> Mr Williamson, *NZPD*, 1867, p. 1008.

<sup>261</sup> U. Kapalgam, 'The Colonial State and Statistical Knowledge', *History of Human Sciences*. 13 (2000), p. 40.

important.<sup>262</sup> These were mechanisms to maintain the order of the population and support the governance and management of a potentially unruly group of people.

There were several key pieces of legislation behind the construction of the AMH and the admission of patients into that institution. The first of these was the 1846 Lunatics Ordinance. This was based on New South Wales's 1843 Dangerous Lunatics Act.<sup>263</sup> However, New Zealand lunacy legislation in the nineteenth century was generally based on English, Scottish and Irish policies.<sup>264</sup> For example, the Lunatics Ordinance called for the consideration of the construction of a public hospital or asylum, so that lunatics seized and arrested could be cared for, and be 'restored to their reason, and to society.'<sup>265</sup> By the 1850s the number of cases of insanity, shown by statistics and made visible through press reports, prompted members of parliament, among others, to urge the Government to 'take control of lunatics into their own hands.'<sup>266</sup> Concerns about the efficacy of asylum treatment in New Zealand characterised political discourses about the mental health 'system' at this time. This is illustrated by debates about mental health in New Zealand which resulted in the formation of a Select Committee in 1858 to investigate building one central asylum, to care for all mental patients in New Zealand. It was hoped that such a sole, centralised asylum would allow the implementation of the 'great improvements which have been effected in Great Britain and other countries, in connection with medical treatment.'<sup>267</sup>

The 1868 Lunatics Ordinance Amendment Act also looked to Britain for answers in dealing with the insane.<sup>268</sup> Debates around this Act considered the difficulties of balancing the need to confine the insane with the threat which such confinement posed to individual liberty. Legislation also 'required an asylum to

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<sup>262</sup> Labrum, p. 8.

<sup>263</sup> Catharine Coleborne, 'Health and Illness, 1840-1990s', in *The New Oxford History of New Zealand*, ed. by Giselle Byrnes (Melbourne: Oxford University Press, 2009), p. 495. For more on the 1846 and 1868 legislation, see Emma Spooner, 'Digging for the Families of the 'Mad': Locating the Family in the Auckland Asylum Archives, 1870-1911' (unpublished MA thesis, University of Waikato, 2006), p. 29.

<sup>264</sup> Warwick Brunton, 'The Scottish Influence on New Zealand Psychiatry before World War II', *Immigrants and Minorities*, 29, 3 (2011), p. 309.

<sup>265</sup> *New Zealander*, 17 October 1849, p. 2.

<sup>266</sup> Mr Olliver, *NZPD*, 20 April 1858, p. 387.

<sup>267</sup> Dr Renwick, *NZPD*, vol. 1, part E, 20 August 1867, p. 511.

<sup>268</sup> *NZPD*, 1867, vol. 1, part E, 20 August 1867, pp. 500-01.

have a visiting medical officer.’<sup>269</sup> There was further emphasis on reporting about each provincial asylum’s facilities, buildings, staff issues, and patient population statistics.<sup>270</sup> These reports brought asylum practices in New Zealand into the public realm. The 1868 legislation demanded that all mental hospitals were to have ‘a Medical officer and a clerk, who were to keep a Register of Patients, a Medical Journal, and a Case Book’,<sup>271</sup> and made each province responsible for appointing a ‘provincial inspector of lunatic asylums’, most of whom did not have medical training.<sup>272</sup> These records have proven to be invaluable historical sources, as demonstrated in subsequent chapters of this thesis.

There is also evidence of the transnational movement of ideas about lunacy into New Zealand. Initially this was largely one-way traffic, but towards the end of the nineteenth century became multi-directional. A parliamentary debate early in this period, which pre-empts the 1868 Act, refers to insanity and asylum laws from England and some of the Australian colonies.<sup>273</sup> In this particular debate Members of Parliament referred to Doctors Connolly, Pinel, and Charlesworth, who worked in Britain, France and the United States, as well as the similarities in asylum architecture between Nova Scotia, Jamaica and Ceylon.<sup>274</sup> This parliamentary debate demonstrates the global nature of asylum theories, the concept of psychiatric medicine as a shared idea, particularly across the British world, and the influence of the medical profession and their practices in nineteenth-century New Zealand politics. Furthermore, the legally required record keeping encouraged the assignation of a type of insanity to each patient and an exploration into the cause of that condition. In this way, the specifications of legislation promoted a focus on insanity’s aetiology, thereby furthering the role of heredity, vice and racial decline in medical discourses about insanity and making these factors more visible in medical records and medical statistics.

In 1871, a political campaign led by Dr Andrew Buchanan, a former governor of St George’s Hospital in England, sought to have a medically qualified

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<sup>269</sup> Warwick Brunton, *Sitivation 125 A History of Seaview Hospital, Hokitika and West Coast Mental Health Services 1872-1997* (Hokitika: Seaview Hospital 125<sup>th</sup> Jubilee Committee, 1997), p. 20.

<sup>270</sup> Captain Fraser, *NZPD*, vol. 14, 1873, p. 361.

<sup>271</sup> Primrose, p. 2.

<sup>272</sup> Rex Wright-St.Clair, ‘The Inspector-General of Hospitals and the Chief Health Officer’, *New Zealand Medical Journal (NZMJ)*, 24 August 1988, p. 544.

<sup>273</sup> Mr Harris, *NZPD*, 1867, vol. 1, part E, 20 August 1867, p. 499.

<sup>274</sup> Mr Menzies, *NZPD*, 1867, vol 1, part E, 20 August 1867, p. 500.

inspector of New Zealand mental hospitals appointed.<sup>275</sup> The report submitted by Buchanan's committee to the government was published in the *AJHR* and recommended the appointment of a 'qualified medical man' from the United Kingdom.<sup>276</sup> This is unsurprising, given that the stated objective of this committee was 'to endeavour to make out such a case as to convince the General Government of the necessity of assisting to put Lunatic Asylums in a much better condition than they are now. We want evidence for that.'<sup>277</sup> The Report of the Joint Committee On Lunatic Asylums, 1871, indicated a belief amongst elite doctors that 'hereditary tendency' was the most 'common form of insanity' in New Zealand, although 'a great many suffer from blows on the head and other violence.'<sup>278</sup> However, when questioned about mental illness caused by alcohol Dr France, of the Karori Asylum, replied that 'drink is the most common exciting cause' and that 'I think drink has had a great deal to do with the origin of the attack ... but the tendency to drink is brought on by the previous condition of mind.'<sup>279</sup> This suggests that a pre-existing cause, such as heredity, was a greater or at least equally significant part of doctors' concerns about the rate of insanity in New Zealand, than vice. The roles of heredity and vice in the aetiology of insanity in the wider British world are discussed later in this chapter, while the significance of these factors in psychiatric theories in nineteenth-century New Zealand psychiatry are explored in greater depth in Chapter Three.

The development of psychiatry as a specialty was part of a general trend towards 'professionalisation' which occurred in a similar manner in other branches of healthcare in the mid to late nineteenth century.<sup>280</sup> Michael Belgrave suggests that during the 'early colonial period', before psychiatry or indeed medicine in general had cemented itself as a profession in New Zealand, doctors

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<sup>275</sup> 'Report of the Joint Committee on Lunatic Asylums', *AJHR*, 1871, session I, H 10, pp. 16-19. Michael Philp's research shows that Buchanan was also in personal contact with William Lauder Lindsay, who, as is shown later in this chapter, was one of Frederick Skae's referees. Lindsay had travelled to New Zealand, visiting Dunedin, Nelson and Auckland mental hospitals. See Michael Philp, 'A Lucid Interval: The Professionalization of Psychiatry in New Zealand, 1877-1920' (unpublished BA Hon thesis, University of Otago, 1991), p. 2.

<sup>276</sup> Wright-St. Clair, 'The Inspector-General', pp. 544-7.

<sup>277</sup> The Chairman, 'Report of Joint Committee On Lunatic Asylums', 1871, *AJHR*, H-10, p. 8.

<sup>278</sup> Dr France, 'Report of Joint Committee Upon Lunatic Asylums', 1871, *AJHR*, H-10, p. 8.

<sup>279</sup> France, p. 8.

<sup>280</sup> Philp, 'A Lucid Interval', p.2n2.

were defined by their social status, as ‘educated gentlemen.’<sup>281</sup> But it was not until the 1870s that doctors began to seriously influence the organisation and running of the mental healthcare system in New Zealand. This was decades after doctors in some Australian colonies forced their governments to appoint medically trained superintendents.<sup>282</sup>

The burgeoning nature of the medical specialisation of New Zealand psychiatry is reflected in the legislated move from lay superintendents of New Zealand mental hospitals to medically qualified superintendents. This was crucial to the development of the psychiatric ‘profession’ in New Zealand, as medical superintendents pushed for greater emphasis on mental diseases in medical school curricula and the adoption of more detailed and ‘systematic’ asylum admission certification. This new certification provided the medical superintendents with more background information about the cases with which they were dealing.<sup>283</sup> Jock Philips suggests that as ‘systems for differentiating cases’ admitted to the mental hospitals developed, psychiatrists felt more confident to comment on an increasing range of ‘contributing factors’ to the decline in mental health in New Zealand.<sup>284</sup>

### **Inspectors-General**

Each mental hospital in New Zealand before 1876 had a lay superintendent and a Resident Surgeon. After 1875, these provincial asylums became the central government’s responsibility when the provinces were disbanded.<sup>285</sup> At that time, former Premier Sir Julius Vogel began to make inquiries in London about the appointment of a medically qualified inspector of mental hospitals, bringing to fruition an objective of the 1868 Lunatics Ordinance Amendment Act and Dr Buchanan’s 1871 political campaign.<sup>286</sup> A brief biography of each Inspector-General (Frederick Skae, George Grabham, and Duncan McGregor) provides insight into their views of the role of heredity and vice in the aetiology of insanity and also highlights the transnational nature of psychiatric medicine in nineteenth-

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<sup>281</sup> Michael Belgrave, “‘Medical Men’ and “‘Lady Doctors’”: the Making of a New Zealand Profession, 1867-1941”, (unpublished PhD thesis, Victoria University, Wellington, 1985), p. i.

<sup>282</sup> Philp, p 22.

<sup>283</sup> Philp, p. 12.

<sup>284</sup> Philp, p. 18.

<sup>285</sup> Wright-St.Clair, ‘The Inspector-General’, p. 544.

<sup>286</sup> Wright-St.Clair, ‘The Inspector-General’, p. 544.

century New Zealand. M. A. Crowther and Marguerite Dupree argue that the ‘patronage of influential teachers’ was a strong factor in the careers of British-trained psychiatrists in the nineteenth century, a cohort which dominated New Zealand psychiatry in the nineteenth century.<sup>287</sup> Therefore, it is important to explore some of the ‘teachers’ who influenced New Zealand’s Inspectors-General and Medical Superintendents of the AMH. This section endeavours to introduce these men and to highlight the relationships between them, and between British and New Zealand psychiatry.

The first man to fill the position of Inspector-General of Lunatic Asylums in New Zealand was Frederick Skae. Skae was born in Edinburgh and educated at the University of St Andrews.<sup>288</sup> He was from a family intimately associated with Scottish psychiatry, as his father, David Skae, was Physician Superintendent of the Royal Edinburgh Asylum for twenty-seven years. Frederick Skae became the President of the Association of Medical Officers of Asylums, as well as a lecturer on Insanity at the Edinburgh College of Physicians.<sup>289</sup> A list of Skae’s professional referees as per his appointment to the role of Inspector-General included Henry Maudsley, Thomas Laycock, John Batty Tuke, Thomas Clouston, David Yellowlees, and William Lauder Lindsay.<sup>290</sup> The views of some of these men on heredity, vice and racial decline, with regard to insanity, are discussed later in this chapter, and in subsequent chapters of this thesis. Several of these men had a clear influence on New Zealand psychiatry, either through a direct, personal interest in a psychiatrist working in New Zealand, such as Frederick Skae, or through their presence in the *BMJ* and *JMS* as contributors of important articles. These journals will be explored further in Chapter Three, but some of the most significant contributors to these publications are introduced below, because of their influence on key medical personnel, particularly Frederick Skae and fellow Inspector-General of Lunatic Asylums, Duncan MacGregor.

The first of these men is Henry Maudsley. As previously noted Maudsley was listed as a referee for Frederick Skae, in support of his appointment as

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<sup>287</sup> M. A. Crowther and Marguerite Dupree, *Medical Lives in the Age of Surgical Revolution* (Cambridge: Cambridge University Press, 2007), p. 212.

<sup>288</sup> Rex Wright-St Clair, *Medical Practitioners in New Zealand from 1840-1930*, (Hamilton: R. E. St-Clair, 2003), p. 346.

<sup>289</sup> Warwick Brunton, ‘If Cows Could Fly’, *Australian and New Zealand Journal of Psychiatry*, 6, 46 (1972), p. 47.

<sup>290</sup> ‘The Appointment of an Inspector of Lunatic Asylums’, *AJHR*, 1876, H-4C, p. 3.

Inspector-General. Maudsley's own views on causes of insanity are demonstrated by a speech he delivered in 1872 at the opening of the psychological section at the annual meeting of the British Medical Association. In this address, Maudsley examined vice, questioning how 'an individual, capable of looking before and after, remembering the retribution of past sin, and foreseeing the Nemesis that waits on future wrong-doing, is so forgetful of true self-interest as to yield to evil impulses'?<sup>291</sup> Maudsley was far from explicit in this reference to vice, but as this quote shows Maudsley believed in individual responsibility, and that by choosing to indulge in 'sin', people were directly to blame for 'the Nemesis which waits on future wrong doing', which at times took the form of lunacy. Later in this speech Maudsley argued that 'alcohol and opium do affect the brain by their presence there and through the brain the mind.'<sup>292</sup> He also identified 'self-abuse' as a direct cause of lunacy, claiming that this practice 'destroys moral energy and feeling', a 'precursor of the intellectual impairment', which in turn led to 'utter dementia in the worse cases.'<sup>293</sup> This was in spite of the fact that six years earlier, Maudsley had written in a letter to the *BMJ* that female masturbation was not often a cause of insanity, but rather 'a consequence of insanity.'<sup>294</sup> But Maudsley also spoke about the role of heredity in the occurrence of lunacy, stating that 'I do not dispute that much may sometimes be done by education and training to counteract this in respect of the ills of a bad inheritance, but it is still true that the foundations upon which the acquisition of education must rest are inherited.'<sup>295</sup> Maudsley held that the perceived increase in English lunacy rates was due to a change in legislation designed to care for the pauper population, which meant that 'no sooner is a poor person's mind affected so as to prevent him from following his work and to throw him upon the rates, than he is sent off to the asylum.'<sup>296</sup> He categorically stated that 'there is no satisfactory evidence of an increase in the proportion of occurring cases of insanity to the population.'<sup>297</sup> Maudsley supported both heredity and vice in the aetiology of mental illness. He was also

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<sup>291</sup> Henry Maudsley, 'An Address on Medical Psychology Delivered at the Opening of the Psychological Section at the Annual Meeting of the British Medical Association', *British Medical Journal (BMJ)* 10 August 1872, p. 165.

<sup>292</sup> Maudsley, 'An Address', p. 165.

<sup>293</sup> Maudsley, 'An Address', p. 167.

<sup>294</sup> Henry Maudsley, 'Correspondence', *BMJ*, 22 December 1866, p. 705.

<sup>295</sup> Maudsley, 'An Address', p. 165.

<sup>296</sup> Henry Maudsley, 'Is insanity of the increase?', *BMJ* 13 January 1872, p. 38. This was read at a quarterly meeting of the Medico-Psychological Association.

<sup>297</sup> Maudsley, 'Is insanity of the increase?', p. 39.

somewhat optimistic about insanity rates, and the threat of a growing insane proportion.

Thomas Laycock, Professor of Psychic at the University of Edinburgh, and Inaugural President of the Section of Psychology in the British Medical Association at the 1870 Annual Meeting, was another of Skae's referees, and also lectured Duncan MacGregor, Inspector-General of Lunatic Asylums from 1886 until the early twentieth century.<sup>298</sup> In his 'Introductory Address Delivered in the Section of Psychology', Laycock commented on the recognition given to psychological medicine by the granting of a section of psychology at the British Medical Association's annual meeting.<sup>299</sup> Later in this address Laycock explored the mind-body relationship and posited that 'physical force or energy is necessary to all mental work.'<sup>300</sup> Laycock's role at the University of Edinburgh gave him influence over the medical psychology syllabus. Laycock outlined a 'Summer Course of "Medical Psychology, with Practical Instruction in Mental Diseases"' in a March 1871 edition of the *BMJ*, a course which included 'an exposition of the relations of psychology proper to the laws of life in general and the functions of the brain in particular', 'special forms of mental disorder...commencing with the disorders of the animal appetites...illustrated by cases and physiognomical photographs and drawings', and 'sleep, dreams and hallucinations', which had 'philosophical and practical consideration.'<sup>301</sup> This course also included 'laws and defects of memory...and pathology of the higher faculties.'<sup>302</sup> There was an extra note at the end of this excerpt from the *University of Edinburgh Calendar* explaining that "'As to the course of Clinical Instruction of Mental Diseases:-This will be carried out at an asylum, where the diseases of the insane will be investigated and lectures delivered on special cases. [The students are practiced in drawing up on certificates of insanity.] In the course of the summer the class will visit and study the management of a public asylum in Scotland and England.'"<sup>303</sup> This clearly shows that the professional and educational link, certainly in the case

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<sup>298</sup> Thomas Laycock, 'Introductory Address Delivered in the Section of Psychology at the Annual Meeting of the British Medical Association, August 1870', *BMJ*, 27 August 1870, pp. 218-220. Also see Brunton, 'The Scottish Influence', p. 320.

<sup>299</sup> Laycock, 'Introductory Address', p. 218.

<sup>300</sup> Laycock, 'Introductory Address', p. 218.

<sup>301</sup> Professor Laycock, 'Syllabus of the Summer Course of "Medical Psychology, with Practical Instruction in Mental Diseases"'. (From the *Edinburgh University Calendar*, 1870-1871), *BMJ*, 18 March 1871, p. 293.

<sup>302</sup> Laycock, p. 293.

<sup>303</sup> Laycock, p. 293.



the University of Edinburgh, where the majority of medical superintendents at New Zealand mental hospitals trained, as well as Duncan MacGregor, between academia and the mental hospital was strong, augmenting the influence of practices at British mental hospitals and those in New Zealand.

John Batty Tuke was also a highly influential figure in British psychiatry, whose ideas influenced practices at New Zealand mental hospitals. By 1898 Tuke was the President of the Royal College of Physicians and a Lecturer on Insanity, at the School of Medicine at the Royal Colleges at Edinburgh.<sup>304</sup> Tuke commented in an address at the Annual meeting of the British Medical Association in July 1898 that until recently ‘the symptom was the essence of the case, and the underlying causating condition was ignored’, while in more contemporary times, to the physician, ‘the underlying morbid condition is the essence of the case.’<sup>305</sup> This change in conceptions of lunacy is reflected in the patient case notes at the AMH, which by the 1890s distinguished between predisposing causes of a patient’s condition, and the exciting causes. This change in approach also signalled a shift in emphasis from the visible, that is, the symptom, to the potentially invisible, particularly in instances where heredity was the attributed underlying cause.

Thomas Clouston also provided a reference for Frederick Skae, and authored many of the articles published in the *BMJ* and the *JMS* examined later in this thesis. Clouston worked at the Morningside Asylum in Edinburgh, with David Skae, Frederick Skae’s father.<sup>306</sup> Clouston was a highly influential psychiatrist of the later nineteenth century, publishing a huge body of research papers and lecturing at the University of Edinburgh from 1879.<sup>307</sup> Clouston’s attitude to the hereditarily insane was fairly optimistic. He raised the question in a *BMJ* article of how the existence of ‘strong hereditary predisposition to insanity’ affects the admission of that patient to a mental hospital. In answering his own question, Clouston emphasised the need for early and thorough treatment, and also stated

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<sup>304</sup> John Batty Tuke, ‘Modern Conceptions of the Etiology of the Insanities’, *BMJ*, 6 August 1898, p. 341.

<sup>305</sup> Tuke, ‘Modern Conceptions’, p. 341.

<sup>306</sup> ‘Obituary. Sir Thomas Smith Clouston, Kt., M. D. Edin., L. L. D. Edin. and Aber.’, *BMJ*, 24 April 1915, p. 741.

<sup>307</sup> Crowther and Dupree, p. 213.

that ‘hereditary predisposition does not denote incurability.’<sup>308</sup> But he was also a firm advocate of the existence of hereditary factors in insanity, theorising that ‘in certain hereditarily neuropathic families, one member may suffer from neuralgia and another from melancholia.’<sup>309</sup> It appears from this statement that Clouston was reliant on patient testimony, or the statements of those who accompanied the patient to the mental hospital, to ascertain a family history of insanity. Chapter Three of this thesis discusses the sometimes problematic nature of these sources.

In Clouston’s view, those insane supposedly because of vice should not be admitted to mental hospitals. Those with ‘insanity of masturbation’ should, in his opinion, be treated in such a way as to ‘get the bodily health into a vigorous condition, and rouse the mind to interest itself in something that is healthfully stimulating.’<sup>310</sup> Clouston also connected sexual vice to uterine insanity, which ‘is apt to be associated with fixed delusions of a sexual character.’<sup>311</sup> Alcoholic vice, in the form of delirium tremens and alcoholism, was also to be kept out of mental hospitals.<sup>312</sup> In 1898, Clouston discussed ‘decadence of the brain and nerve’ as a cause of lunacy, caused by ‘toxic agencies in the form of syphilis or alcohol, the effects of hard work or unphysiological conditions on the brain extending over many years, worry or strain, the access of the climacteric or senility are commonly present.’<sup>313</sup> He tied vice, through these developmental neuroses, to racial decline, describing it as ‘Nature’s effort to stop a bad stock before it reaches the time to reproduce itself.’<sup>314</sup> Elspeth Knewstubb notes the relationship and communication between doctors working in the field of psychiatry in New Zealand, and their British colleagues, particularly Thomas Clouston.<sup>315</sup> Prior to his appointment as the first Inspector-General of Lunatic Asylums in New Zealand in July 1876, Frederick Skae worked as the Medical Superintendent of

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<sup>308</sup> Thomas Clouston, ‘What Cases Should Be Sent to Lunatic Asylums? And When?’, *BMJ*, 27 January 1872, p. 98.

<sup>309</sup> Thomas Clouston, ‘An Address Delivered at the Opening of the Section of Psychology at the Annual Meeting of the British Medical Association’, *BMJ*, 14 August 1886, p. 323.

<sup>310</sup> Clouston, ‘What Cases?’, p. 98. Iconic New Zealand psychiatrist of the late nineteenth and early twentieth century, Sir Frederick Truby King, drew heavily on Clouston’s ideas in his 1890 crusade against ‘corrupt and immoral publications’. See Brunton, ‘The Scottish Influence’, p. 322.

<sup>311</sup> Clouston, ‘What Cases?’, p. 98.

<sup>312</sup> Clouston, ‘What Cases?’, p. 98.

<sup>313</sup> Thomas Clouston, ‘The Neuroses and Psychoses of Decadence’, *BMJ*, 30 July 1898, p. 303.

<sup>314</sup> Clouston, ‘The Neuroses’, p. 303.

<sup>315</sup> Elspeth Knewstubb, ‘Medical Migration and the Treatment of Insanity in New Zealand: The Doctors of Ashburn Hall, Dunedin, 1882-1910’, in *Migration, Ethnicity and Mental Health*, ed. by Angela McCarthy and Catharine Coleborne, p. 111.

the Stirlingshire Asylum, between 1867 and 1876. Skae, like his father David Skae, was lectured by Clouston at university. Frederick Skae's background suggests that he was clearly well-versed in metropolitan approaches to psychiatric care, and had specialist training and experience in psychiatric medicine. New Zealand historian Michael Philp has equated Skae's appointment as Inspector-General of Lunatic Asylums with the establishment of 'medical control' over the 'colonial response' to mental illness and deficiency, as Skae persuaded the New Zealand government to place medical professionals in charge of New Zealand's asylums.<sup>316</sup> The proximity of the relationship between New Zealand psychiatry, under Skae, and English and Scottish psychiatry, is demonstrated by his frequent references in his reports to the opinions of British psychiatric specialists.<sup>317</sup> In Skae's opinion, intemperance was the most significant cause of lunacy, while 'hereditary predisposition' was a factor in more cases than those in which it was 'assigned as a cause.'<sup>318</sup>

Following Skae's death in 1882, George Grabham was appointed as the new Inspector-General.<sup>319</sup> Grabham was born in Essex and trained at St Thomas's Hospital in London, before working as the Medical Superintendent of Earlswood Idiot Asylum, at Redhill, in England, for twelve years.<sup>320</sup> Grabham was well grounded in British psychiatric practices, although he had a much more English intellectual foundation than other medical personalities examined in this chapter. Grabham then served as the Inspector-General of Lunatic Asylums, Hospitals and Charitable Institutions from 1882 until his resignation in 1886.<sup>321</sup> During his time as Inspector-General, Grabham reported extensively on all of New Zealand's mental hospitals, even interviewing patients privately, to discuss their treatment.<sup>322</sup> One of Grabham's earliest reports on New Zealand's mental hospitals shows that he considered 'indulgence in drink' as 'only the exciting cause in many cases, where hereditary or other predisposition to insanity already

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<sup>316</sup> Philp, p. 6.

<sup>317</sup> Philp, p. 51.

<sup>318</sup> F. W. Skae, 'Annual Report on Lunatic Asylums of New Zealand', *AJHR* (1881), H-13, p. 2.

<sup>319</sup> Wright-St Clair, *Medical Practitioners in New Zealand*, p. 160.

<sup>320</sup> Wright-St. Clair, *Medical Practitioners in New Zealand*, p. 160. For more on Earlswood Idiot Asylum, see David Wright, *Mental Disability in Victorian England: The Earlswood Asylum 1847-1901* (Oxford: Oxford University Press, 2001).

<sup>321</sup> Wright-St. Clair, *Medical Practitioners in New Zealand*, p. 160.

<sup>322</sup> K.A. Simpson, 'Grabham, George Wallington, 1836-1912', *Dictionary of New Zealand Biography Volume II, 1870-1900* (Wellington: Department of Internal Affairs Historical Branch; Bridget Williams Books, 1993), pp. 147-5.

existed.’<sup>323</sup> Further to this, Grabham maintained that intemperance was more a consequence of insanity than a cause, while ‘hereditary predisposition existed in numerous instances.’<sup>324</sup> Grabham also drafted the Hospitals and Charitable Institutions Act of 1885.<sup>325</sup> This piece of legislation established local hospital and charitable aid boards, and has links to more distant parts of the British world, as it was based on a model from Ontario, Canada.<sup>326</sup> Warwick Brunton describes Skae’s and Grabham’s influence on New Zealand psychiatry as coming ‘through their policy advice and reports.’<sup>327</sup> Both policies and official reports contributed to the appearance of insanity and its causes, in medical and at times popular discourses.

Grabham resigned in 1886 and was replaced by Duncan MacGregor. MacGregor, along with Skae, contributed perhaps more than anyone else to the fabric of nineteenth-century New Zealand psychiatry and psychiatric institutions. MacGregor was born in Perthshire, Scotland, and completed a Master of the Arts at the University of Aberdeen. He trained at the University of Edinburgh as a doctor and came to New Zealand in 1870 to fill the role of Professor of Mental and Moral Philosophy and Political Economy at the University of Otago, a non-medical position.<sup>328</sup> MacGregor was then chosen as Inspector-General of Lunatic Asylums, Hospitals and Charitable Institutions in 1886.<sup>329</sup> MacGregor believed that mental hospitals should be organised on a scientific basis, which would ‘encourage hard work among inmates and better patient classification.’<sup>330</sup>

MacGregor argued that the intemperate should not be admitted to the asylum, due to financial considerations and because it caused ‘a needless stigma’ to be ‘affixed for life to the man who has officially been declared a lunatic; and the prospects of his children, especially of his daughters, are ruined thereby.’<sup>331</sup>

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<sup>323</sup> George Grabham, ‘Report on the Lunatic Asylums of the Colony for 1882’, *AJHR* (1883), H-3, p. 2.

<sup>324</sup> Grabham, p. 2.

<sup>325</sup> Wright-St. Clair, *Medical Practitioners in New Zealand*, p. 160.

<sup>326</sup> Simpson, p. 175.

<sup>327</sup> Brunton, *Sitivation*, p. 24.

<sup>328</sup> Catharine Coleborne, *‘Madness’ in the Family: Insanity and Institutions in the Australian Colonial World, 1860-1914* (Basingstoke, Hampshire; New York: Palgrave Macmillan, 2011), p. 36; Rex Wright-St. Clair, *A History of the New Zealand Medical Association*, (Wellington: Butterworths, 1987), p. 46.

<sup>329</sup> Coleborne, *‘Madness’ in the Family*, p. 35.

<sup>330</sup> Coleborne, *‘Madness’ in the Family*, p. 36.

<sup>331</sup> Duncan MacGregor, ‘Report on the Lunatic Asylums of the Colony for 1886’, *AJHR*, 1887, H-9, p. 2.

MacGregor's view, which may or may not have been indicative of popular contemporary attitudes, was that admissions to a mental hospital, even when attributed to vice, were sufficient to imply a hereditary taint perceptible to the public eye. MacGregor proposed that a state-supported 'systematic action' was needed, in tandem with 'social organizations of temperance, backed by the influences of morality and religion.'<sup>332</sup> Lloyd Chapman describes MacGregor as a 'social Darwinian' and promoter of eugenics, who feared that New Zealand was being 'rapidly contaminated' by the low-quality of immigrants to the country and their offspring.<sup>333</sup> This idea has parallels with both popular discourses about immigration, heredity, vice and racial decline, and with medical discourses in the British world. Brunton suggests that MacGregor's appointment was at least partly due to Robert Stout, Premier of New Zealand in 1886.<sup>334</sup> MacGregor taught Stout and perhaps shared some of the politician's eugenic tendencies.

These three Inspectors-General had each had a profound influence on psychiatry in New Zealand. Skae broke new ground as the first medically trained person to have overall responsibility for mental hospitals in New Zealand, and challenged the status quo of inadequate accommodation and insufficient staff at New Zealand mental hospitals.<sup>335</sup> Grabham, like Skae before him and MacGregor after, raised concerns about the cost of New Zealand's over-generous funding of mental health care and the consequently indiscriminate willingness to admit those with nowhere else to go, into a mental hospital.<sup>336</sup> MacGregor also promoted a closer relationship between psychiatrists working in New Zealand, and the Department of Health.<sup>337</sup> The influence of British practices and policies, and the

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<sup>332</sup> MacGregor, p. 2.

<sup>333</sup> Lloyd Chapman, *In a Strange Garden: The life and times of Truby King* (Auckland: Penguin Books, 2003), p. 51.

<sup>334</sup> Brunton, *Sitivation*, p. 25.

<sup>335</sup> F. W. Skae, 'Report on the Lunatic Asylums in New Zealand', *AJHR* (1877), H-8, pp. 1-9, cited in Lisa Truttman, *A Doctor in the Whau Dr. Thomas Aickin (1814-1897)* (Auckland: Avondale-Waterview Historical Society, 2007), p. 10.

<sup>336</sup> Derek Dow, 'Springs of Charity?: The Development of the New Zealand Hospital System, 1876-1910', in *A Healthy Country Essays on the Social History of Medicine in New Zealand*, ed. by Linda Bryder (Wellington: Bridget Williams Books, 1991), pp. 45-52. In particular, Dow refers to Grabham's 'bold policy of using extracts from the *British Medical Journal* and the Croyden General Hospital *Annual Report* to lecture the Colonial Secretary and the public on the advantages of charging almost every patient.' Dow, p. 56. An example of this is George Grabham, 'Report on Hospitals in New Zealand', *AJHR*, 1884, H-7A, pp. 1-3, cited by Dow, p. 56.

<sup>337</sup> Coleborne, 'Health and Illness', p. 496.

comparison of these to New Zealand, is clearly evident in the aspirations and despairs of these three men.

### Medical Journals and Congresses

The British theories which these men brought with them when they came to New Zealand were added to by the influence of medical journals and congresses. Medical journals from the British Empire and the varied origins and destinations of the information which they carried provide tangible evidence of Grant, Levine and Trentmann's definition of Empires as 'critical sites where transnational social and cultural movements took place ... movements which took the shape of a triadic relationship, in which flows between colonies were as important as those between metropole and colony.'<sup>338</sup> The influence of British medicine in New Zealand and at the AMH was reinforced by the availability of medical journals, such as the *BMJ* and particularly, for psychiatrists, the *JMS*. The *NZMJ* also contributed to this influence through its 'London Letters', which relayed events, meetings and ideas in English medicine to New Zealand. Clearly, medical journals were important to the medical profession as a means of communication between geographically dispersed practitioners, both internationally and within New Zealand. The *BMJ*, the 'organ of the British Medical Association', was first published in 1840 under the name *Provincial Medical and Surgical Journal*, until 1848 when it was amalgamated with the *London Journal of Medicine* in 1853, to become the *Association Medical Journal*.<sup>339</sup> This was renamed the *British Medical Journal*, in 1857.<sup>340</sup> One of the originally stated purposes of the *Provincial Medical and Surgical Journal* was the attainment of knowledge 'of scientific importance or of practical utility' from Britain and other countries, particularly 'the Continental and American Press', which was a goal successfully pursued.<sup>341</sup> By 1875 the *BMJ* had reporters in Edinburgh, Dublin, and Liverpool, as well as special foreign correspondents to cover 'events such as medical

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<sup>338</sup> Philippa Levine, Kevin Grant, and Frank Trentmann, 'Introduction', in *Beyond Sovereignty: Britain, Empire and Transnationalism, c. 1860-1950*, ed. by Philippa Levine, Kevin Grant, and Frank Trentmann (New York: Palgrave Macmillan, 2007), p. 2.

<sup>339</sup> Peter Bartrip, 'The *British Medical Journal*: A Retrospect', in *Medical Journals and Medical Knowledge*, ed. by W. F. Bynum, Stephen Lock and Roy Porter (London and New York: Routledge, 1992), p. 126.

<sup>340</sup> Bartrip, p. 132.

<sup>341</sup> Dr Green and Dr Streeten, 'Introductory Address', *Provincial Medical and Surgical Journal*, 3 October 1840, p. 2.

congresses or war.’<sup>342</sup> The British Medical Association began to recognise the importance of mental health and deficiency as a branch of medicine in the late 1880s by initiating a separate ‘mental disease’ section in its annual meeting, extracts of which were published in the *BMJ*. While, as already mentioned, the *NZMJ*’s ‘London Letters’ were one communication link between the British Medical Association and the New Zealand Medical Association, New Zealand readership of the *BMJ* was also important. Before, during, and after the *NZMJ*’s incorporation into the *Australasian Medical Gazette*, the *BMJ* was recognised by prominent New Zealand medical personalities as crucial to the welfare of New Zealand medicine and the continued education of its practitioners, as it was ‘only by keeping himself in touch with his brethren throughout the world that the he (the medical professional) can avoid the perils of stagnation,’<sup>343</sup> and the *BMJ* was favoured by the New Zealand Medical Association, for this purpose.<sup>344</sup>

The *JMS* is the other medical journal discussed in depth in this thesis. The *JMS* was ‘Published by Authority of the Medico-Psychological Association of Great Britain and Ireland’.<sup>345</sup> The journal originated in the lunatic asylums, as the ‘mental physicians’ own journal’, named *The Asylum Journal*.<sup>346</sup> The *JMS* was closely linked to the careers of several key figures in British psychiatry, such as Maudsley, Clouston, R. Percy Smith, and G. Fielding Blandford, medical personalities who contributed numerous articles about the influence of heredity on insanity, many of which are referred to elsewhere in this thesis.<sup>347</sup> The relevance of the *JMS* to nineteenth-century New Zealand mental healthcare lies in the membership of many prominent contributors to the *BMJ*, in the Medico-Psychological Association. Authors of articles appearing in the *BMJ* relating to heredity and insanity, such as Fletcher Beach, Blandford, Robert Langdon Down, and Clouston, to name a few, were also on the council of the Medico-Psychological Association.<sup>348</sup> Closer to New Zealand shores, Dr Edward Paley,

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<sup>342</sup> Bartrip, p. 138.

<sup>343</sup> Daniel Colquhoun, ‘Introductory’, *NZMJ*, 1886, p. 3.

<sup>344</sup> Dr Barnett, ‘Minutes of Annual Meeting’, *NZMJ*, April 1895, p. 96.

<sup>345</sup> *Journal of Mental Science*, April 1896.

<sup>346</sup> Richard Russell, ‘The Lunacy Profession and its Staff in the Second Half of the Nineteenth Century, with Special Reference to the West Riding Lunatic Asylum’, in *The Anatomy of Madness, Essays in the History of Psychiatry Volume III: The Asylum and its Psychiatry*, ed. by W. F. Bynum, Roy Porter, and Michael Shepherd (London and New York: Routledge, 1988), p. 299.

<sup>347</sup> Russell, p. 301.

<sup>348</sup> D. Hack Tuke and George H. Savage, ‘The Medico-Psychological Association – The Council’, *JMS*, April 1883.

the Inspector-General of Lunatic Asylums in Victoria, Australia, and invited ‘advisor’ to the New Zealand government on the state of the New Zealand public mental hospitals was English born and educated and had worked in London, as well as becoming a member of the Medico-Psychological Association, prior to immigrating to Australia.<sup>349</sup> F. N. Manning, a key personality in nineteenth-century Australasian mental health medicine, was also a member of the Medico-Psychological Association.<sup>350</sup>

Doctors working in New Zealand mental hospitals also joined the Medico-Psychological Association of Great Britain and Ireland.<sup>351</sup> Michael Belgrave notes that the similarities in practices and institutions in New Zealand and in other ‘English speaking communities’ was a deliberate ploy to recreate practices and institutions from Britain.<sup>352</sup> The numerous references to the *BMJ* in the *NZMJ* and the existence of a collection of *JMS* in the library at the Otago University medical school also show the significance of these particular British medical journals to medicine in New Zealand in the nineteenth century.<sup>353</sup> This influence makes an exploration of these journals and some of their most prolific contributors significant to gaining an understanding of ideas circulating in New Zealand mental hospitals about insanity and the role of heredity, vice and racial decline in this ‘problem’ population. Some of the ideas expressed in these medical journals about heredity, vice and racial decline are explored in the next chapter of this thesis and are contrasted with the appearance of ideas about these issues in the patient case notes from the AMH.

The rise of psychiatric medicine in New Zealand and Australia is illustrated by its presence at Intercolonial Medical Congresses. At the 1889 Intercolonial Medical Congress of Australasia, held in Melbourne, a section on psychological medicine was established, which was built upon at the 1896 Congress, held in Dunedin.<sup>354</sup> Notes from the Dunedin Congress, published in the *BMJ*, show that New Zealand doctors in attendance regarded the link between

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<sup>349</sup> Tuke and Savage, ‘The Medico-Psychological Association – The Council’; also see Andrew Crowther, ‘Administration and the Asylum in Victoria, 1860s-1880s’, in *Madness in Australia: Histories, Heritage and the Asylum*, ed. by Catharine Coleborne and Dolly MacKinnon (Brisbane: University of Queensland Press, 2003), p. 86.

<sup>350</sup> Tuke and Savage, ‘The Medico-Psychological Association – The Council.’

<sup>351</sup> Philp, ‘A Lucid Interval?’, 115.

<sup>352</sup> Belgrave, p. 32.

<sup>353</sup> Brunton, ‘The Scottish Influence’, p. 326.

<sup>354</sup> Caitlin Murray, ‘The ‘Colouring of the Psychosis’: Interpreting Insanity in the Primitive Mind’, *Health & History*, 9, 2 (2007), p. 10; Philp, p. 10.



alcohol and insanity as a matter of public health.<sup>355</sup> The 1889 Congress's 'section on psychology', which was presided over by Frederic Manning, included topics such as sporadic cretinism, forms of insanity in Aborigines, training asylum attendants and nurses, accommodation of the insane in the state of Victoria, lunacy legislation in the Australian colonies, and inebriety.<sup>356</sup> The paper on 'Race and Insanity in New South Wales, 1878-1887' by Dr Chisholm Ross presented statistics of different 'races' committed to the Gladesville Hospital for the Insane, comparing 'Australians', defined as white people born in the Australian colonies, which for Ross's purposes included white New Zealanders, to Americans, Chinese, and patients of various European nationalities.<sup>357</sup> Ross declared that

It is well known that many "ne'er do weels," either from vice or mental infirmity, and some who have been insane in the old country, but have recovered to a certain extent, are sent here to be out of sight of their friends.<sup>358</sup>

Although Ross may have been correct in his assertion about 'ne'er do weels' coming from other countries, it was his presentation of statistics which gave his statements the appearance of 'scientific' validity.

Another speaker was Dr Patrick Smith, who discussed the aetiology and treatment of 'inebriety.'<sup>359</sup> Smith described inebriety as appearing when 'a careless habit or social custom has been followed till it has become a vice, which in time may develop into a disease.'<sup>360</sup> He blamed this transition from 'careless habit' to 'vice' on a 'neurotic tendency',<sup>361</sup> suggesting that

If search be made into the family history of the neurotic, very decided confirmation of the law of heredity may be discovered. It is found, except in the rarest instances, either that one or both of his parents, or grandparents – not to go further back – had a strain of insanity, or

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<sup>355</sup> 'Intercolonial Medical Congress of Australasia', *BMJ*, 2 May 1896, p. 1101.

<sup>356</sup> *Intercolonial Medical Congress of Australasia Transactions of Second Session* (Melbourne: Stilwell and Co., 1889), p. xxxv.

<sup>357</sup> Chisholm Ross, 'Race and Insanity in New South Wales, 1878-1887', *Intercolonial Medical Congress of Australasia Transactions of Second Session* (Melbourne: Stilwell and Co., 1889), p. 850.

<sup>358</sup> Ross, p. 851.

<sup>359</sup> Patrick Smith, 'Inebriety – Its Aetiology and Treatment', *Intercolonial Medical Congress of Australasia Transactions of Second Session* (Melbourne: Stilwell and Co., 1889), pp. 860-67.

<sup>360</sup> Smith, p. 861.

<sup>361</sup> Smith, p. 861.

inebriety, or crime in their constitution; or that they suffered from epilepsy, or some wasting disease; or that they were debilitated, from overstrain of mental work, or excesses of some kind; or were themselves neurotic.<sup>362</sup>

Despite covering all of these bases, Smith went further, stating that ‘the neurotic diathesis, though usually inherited, may also be acquired.’<sup>363</sup> The 1889 Congress, which was attended by at least 25 doctors who were at that time employed in New Zealand,<sup>364</sup> followed the inaugural Intercolonial Medical Congress of Australasia, held in Adelaide in 1887.<sup>365</sup> The attendance of New Zealand doctors, including several who were involved with mental hospitals in various locations around New Zealand, as well as the publication of many extracts from the *Transactions of the Intercolonial Medical Congress of Australasia* in the *NZMJ* ensured that the link between these meetings, even when not held in New Zealand, and medical ideas circulating in New Zealand, including mental hospitals, was fairly strong. Reports on the medical congresses were also published in the *BMJ*.

In the late nineteenth century Australian and New Zealand psychiatric medicine was often lumped together. Indeed, Catharine Coleborne has described Australasia as being viewed as a sole entity by the medical profession, with an identity which was defined by ‘colonial medical personnel through intellectual debates’ focused around the ‘problem’ of colonial insanity.<sup>366</sup> There is evidence of an Australian influence in how New Zealand dealt with its own mental health problems even before the Auckland Mental Hospital was built. In a letter to ‘His Excellency the Governor in Chief’, Dr William Davies, Colonial Surgeon in New Zealand in 1849 mentioned an institution in Sydney called the Benevolent Asylum, and stated that such an asylum ‘I think would be most useful here.’<sup>367</sup> Coleborne, among others, has already looked at the importance attached to heredity in medical discourses about mental illness and deficiency in New

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<sup>362</sup> Smith, pp. 861-62.

<sup>363</sup> Smith, p. 862.

<sup>364</sup> *Intercolonial Medical Congress of Australasia Transactions of Second Session* (Melbourne: Stilwell and Co., 1889), pp. ix-xxvii.

<sup>365</sup> *Otago Daily Times (ODT)*, 9 May 1894, p. 3.

<sup>366</sup> Coleborne, ‘*Madness in the Family*’, p. 15.

<sup>367</sup> YCAA/1083, 5a Annual Report of the Colonial and Gaol Hospitals in Auckland for the Year ending the 31<sup>st</sup> day of December 1849 [Archives New Zealand / Te Rua o te Kawanatanga, Auckland Regional Office].

Zealand.<sup>368</sup> In her book *Madness in the Family* Coleborne pays particular attention to Frederic Norton Manning, Inspector-General of New South Wales asylums and a key personality late-nineteenth century Australasian medical discourses of insanity. Manning referred directly to statistics about the ‘assigned causes of insanity’ in patients, comparing figures from Gladesville Mental Hospital in Australia to those of patients ‘admitted into English asylums of all classes’, in an address made to the Medical Section of the Royal Society of New South Wales, in 1880.<sup>369</sup> There was a similar concern in New Zealand medical discourses specifically directed at causes of insanity. While there were similarities in medical statistics collected between New Zealand and the Australian colonies, there were differences, such as the table showing statistics taken from the Gladesville Mental Hospital which does not distinguish between ‘predisposing’ and ‘exciting’ causes of insanity.<sup>370</sup> This is in contrast to the patient case notes from the AMH, which by the late 1890s had specific areas on the case note form to state the ‘predisposing’ and ‘exciting’ causes. Coleborne describes heredity as the dominant concern over racial health and the ‘preservation of fitness’ of the white European population in white settler colonies.<sup>371</sup>

### **Doctors at the Auckland Mental Hospital**

While the Inspector-General had overall control of New Zealand mental hospitals from 1876, each mental hospital had its own Resident Surgeon, a role filled by the Medical Superintendent after 1876. For example, the AMH was under the medical control of a Resident Surgeon until 1876, who was answerable to the provincial government, through the Provincial Superintendent.<sup>372</sup> Evidence from popular and medical sources, particularly the *AJHR* reports, suggests that these

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<sup>368</sup> Coleborne, *Madness in the Family*; Knewstubb, p. 109; Alan Somerville, ‘Ashburn Hall 1882-1904’, in *Unfortunate Folk*, 102; Caroline Hubbard, ‘Seacliff and Ashburn Hall Compared, 1882-1911’, in *Unfortunate Folk*, p. 106; Spooner, ‘Digging for Families.’ Also Angela McCarthy, ‘Migration and Madness in New Zealand’s Asylums, 1863-1910’, in *Migration, Ethnicity, and Mental Health*, p. 66.

<sup>369</sup> F. Norton Manning, ‘The Causation and Prevention of Insanity’ (Sydney: Government Printer, 1880)p. 1. Elizabeth Malcolm argues that Manning ‘was convinced that the Irish were deliberately shipping their lunatics overseas’, so that ‘the answer to the problem of the large numbers of Irish immigrants in colonial asylums was restrictive migration legislation.’ See Elizabeth Malcolm, ‘Mental Health and Migration: The Case of the Irish, 1850s-1990s’, in *Migration, Ethnicity, and Mental Health International Perspectives, 1840-2010*, p. 30. Legislative restriction on Irish immigration did not come to pass in New Zealand or the Australian colonies.

<sup>370</sup> Manning, p. 1.

<sup>371</sup> Coleborne, *Madness in the Family*, p. 55.

<sup>372</sup> Truttman, p. 6.

individuals had considerable influence on the practices and atmosphere in the AMH.

The first doctor who provided any sort of specialist public psychiatric care in Auckland was Thomas McGauran. McGauran, a Member of the Royal College of Surgeons of England and L.M., Dublin, was the first colonial surgeon to present ‘detailed classification and account of conditions and practice in the Asylum.’<sup>373</sup> McGauran arrived in New Zealand in 1843 and after being appointed Assistant Colonial Surgeon in 1851 became the Provincial Surgeon in 1856. In 1857 McGauran was praised in the *DSC* for purchasing ‘a pianoforte for the recreation of the inmates at the Lunatic Asylum’ out of his own pocket, although the press felt certain that the doctor would quickly be reimbursed.<sup>374</sup> Further to this positive note, in 1858 the *Hawke’s Bay Herald* published an account of the meeting of the House of Representatives, in which Mr Olliver ‘took occasion to pay a merited tribute (from personal inspection) to the careful and humane management of the Auckland Asylum by Dr McGauran, which is far in advance of those of other Provinces.’<sup>375</sup> McGauran was also described as ‘determined not to be behind that pursued in the old country with so much success,’ wishing to emulate the systems of psychiatric care introduced to English mental hospitals.<sup>376</sup> In 1859 McGauran resigned from his role at the AMH after facing accusations of ‘too great intimacy with a female patient’.<sup>377</sup> McGauran is described by New Zealand medical historian Laurie Gluckman as subscribing to the ‘belief of various Continental authors’ that most lunatics were in such a state because of ‘moral reasons,’ promoting vice as a cause of insanity.<sup>378</sup> While individuals such as McGauran heavily influenced the AMH, their adherence to international ideas about insanity supports the application of Tony Ballantyne’s idea of a web of knowledge to medicine in the British world. This concept is especially relevant to later in the nineteenth century, as New Zealand doctors began to host and address medical congresses and their ideas and practices were discussed in British medical

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<sup>373</sup> Laurie Gluckman, *Touching on Deaths: A Medical History of Early Auckland Based on the First 384 Inquests*, ed. by Ann Gluckman and Mike Wagg (Auckland: Doppelganger, 2000), p. 68.

<sup>374</sup> *DSC*, 1 December 1857, p. 3.

<sup>375</sup> *Hawke’s Bay Herald*, 22 May 1858, p. 4.

<sup>376</sup> *DSC*, 22 March 1859, p. 3.

<sup>377</sup> *DSC*, 2 March, 1860, p. 1.

<sup>378</sup> Gluckman, p. 68.

publications. This chapter attempts to balance the stories of important individuals with the dissemination of medical ideas on a global and national scale.

Another important individual, and the first official Resident Surgeon at the AMH, as well as McGauran's successor, in a sense, was Robert Elliott Fisher, an Irish doctor trained in Belfast.<sup>379</sup> There is scant evidence of Fisher's time in this position, although he was described as being 'most assiduous' in an *AJHR* report written after Fisher's death in 1869 at the age of 39, due to tuberculosis.<sup>380</sup> Fisher married the daughter of Thomas Philson, a prominent figure in Auckland society and medical circles.<sup>381</sup> Fisher's obituary, published in the *DSC*, described him as 'skilful and judicious' in providing treatment, with 'uniform affability', and 'a great favourite with patients.'<sup>382</sup> There is no evidence of Fisher's ideas about heredity, vice and racial decline, suggesting that not all medical personalities articulated strong beliefs about the causes of insanity. But evidence of his role in Auckland society suggests that doctors working at the AMH were held in high esteem by the general public.

Dr Thomas Aickin succeeded Fisher and was appointed in 1869.<sup>383</sup> Aickin studied surgery at Richmond Hospital and the Royal College of Surgeons in Dublin, entering Trinity College in 1838, gaining his surgical diploma in 1839<sup>384</sup> and then received his M.D. from the University of Berlin.<sup>385</sup> A poster of rules and regulations for staff at the Auckland Mental Hospital, dating from 1872 and created by Thomas Aickin, provides some insight into the professional culture of the institution, but more so of the man himself. Rule number eight stipulates that there were to be no disputes between attendants in the presence of the patients, as such arguments were 'subversive of discipline, and productive of other injurious results.'<sup>386</sup> This rule suggests that the AMH was meant to be a place of order and tranquillity, where the insane would not be exposed to conflict

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<sup>379</sup> Wright-St Clair, *Medical Practitioners in New Zealand*, p. 136.

<sup>380</sup> *AJHR*, 1870, D-29, 4.

<sup>381</sup> E. H. Roche, 'Some Medical Pioneers in New Zealand', *NZMJ* (1970), pp. 90-94.

<sup>382</sup> *DSC*, 2 November, 1869, p. 3.

<sup>383</sup> Truttman, p. 4.

<sup>384</sup> Truttman, p. 4.

<sup>385</sup> *DSC*, 8 January 1869, p. 2.

<sup>386</sup> YCAA 1083, 5a Rules and Regulations, Auckland Provincial Lunatic Asylum, 1872 [Archives New Zealand / Te Rua o te Kawanatanga, Auckland Regional Office]. Lee Ann Monk has written about the rules in nineteenth-century Australian mental hospitals in her book *Attending Madness: At Work in the Australian Colonial Asylum in Victoria, Australia, 1848-1888* (Perth: API Network, 2007).

and would be made well aware that they were subject to the discipline and commands of attendants and doctors. This can be related to a Foucauldian interpretation of asylums as a form of surveillance.

The first Medical Superintendent of the AMH employed after the central government gained control of mental hospitals in 1876 was Dr J. G. Thorley, who was appointed in 1879.<sup>387</sup> Biographical details on Thorley are elusive, but it is known that although Thorley was personally recommended by Frederick Skae, he resigned from the position within one year of taking it up, due to ill health.<sup>388</sup> Skae's personal preference for Thorley suggests that Thorley and Skae shared similar views on lunacy and its causes.

The next notable Medical Superintendent of the AMH was John Cremonini. Cremonini was appointed in November 1886, a position he held until his resignation three years later.<sup>389</sup> Early in his tenure Cremonini was accused by asylum staff of threatening to “grind all their colonial experience out of them”,<sup>390</sup> and stating that “he wanted no colonial humbug”, while some staff members contended that he ‘would have everything done by English system.’<sup>391</sup> Cremonini denied these accusations.<sup>392</sup> Cremonini went on to become the Medical Superintendent of Hoxton House Asylum in London, providing an example of the transnational nature of nineteenth century psychiatric medicine, and showing that it was not all one-way traffic, even in the 1880s.<sup>393</sup> The *NZMJ* obituary of Cremonini described him as responsible for the complete transformation of the AMH, which was the outcome of his devotion to the ‘true welfare of the institution.’<sup>394</sup> Cremonini was also a member of the highly influential Medico-Psychological Association based in London. Others who belonged to this organisation at the same time included Thomas Clouston, G. Fielding Blandford, Fletcher Beach, and George Savage, all of whom will be referred to later in this thesis, as will insights into their views on heredity, vice

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<sup>387</sup> Matthew Philp, ‘Scientific Pastors: The Professionalisation of Psychiatry in New Zealand 1877-1920’, in *‘Unfortunate Folk’ Essays on Mental Health Treatment 1863-1992*, ed. by Barbara Brookes and Jane Thomson (Dunedin: University of Otago Press, 2001), p. 188.

<sup>388</sup> Philp, ‘A Lucid Interval’, p. 60. *ODT*, 27 March 1879, p. 3.

<sup>389</sup> Wright-St Clair, *Medical Practitioners in New Zealand*, p. 102.

<sup>390</sup> *Auckland Star*, 19 November 1886, p. 3.

<sup>391</sup> *Star*, 20 November 1886, p. 3.

<sup>392</sup> *AS*, 19 November 1886, p. 3.

<sup>393</sup> Wright-St Clair, *Medical Practitioners in New Zealand*, p. 102.

<sup>394</sup> Wright-St Clair, *Medical Practitioners in New Zealand*, p. 102.

and racial decline.<sup>395</sup> Their ideas are important to this thesis as they provide clues as to the theories about insanity which Cremonini was exposed to. As already discussed Clouston, for example, firmly believed in a hereditary mechanism in insanity, but was somewhat unsympathetic to those cases brought on by vice, while Fletcher Beach wrote in the *British Medical Journal* about the role of parental intemperance in the occurrence of congenital idiocy in the next generation.<sup>396</sup>

Several other men filled the role of Medical Superintendent at the Auckland Mental Hospital until 1895, when Gray Hassell took over. Hassell was a graduate of the University of Aberdeen Medical School, but was born in Oamaru and had commenced his studies in New Zealand.<sup>397</sup> In 1890 Hassell gained the Certificate in Psychological Medicine.<sup>398</sup> The examination which Hassell sat to gain this qualification included several questions, which provide an insight into the sorts of mental illnesses and deficiencies which doctors of psychological medicine were expected to have knowledge about in the late nineteenth century. The first of these questions asks candidates to ‘describe the symptoms of Acute Mania’, as well as to provide the ‘course, termination and treatment of this disorder.’<sup>399</sup> Another question asks candidates to ‘describe the onset of mental disorder in the puerperal state.’<sup>400</sup> Both of these questions are closely tied to the mental conditions the Medical Superintendents of the AMH faced and the types of information they included in the patients case notes.

Robert Beattie was the last Medical Superintendent at the AMH in the nineteenth century. Beattie became the Assistant Medical Officer in the late 1890s and later, the Medical Superintendent. He was born in Melbourne and commenced his medical training at the University of Otago medical school, before completing this at Edinburgh.<sup>401</sup> Like his predecessors, Beattie worked in Britain before taking up the role of Medical Superintendent at the AMH. Beattie was registered in County Durham, England, prior to becoming the Assistant Medical

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<sup>395</sup> ‘The Medico-Psychological Association, 1879-1880’, *JMS*, [www.bjp.rcpsych.org](http://www.bjp.rcpsych.org).

<sup>396</sup> Fletcher Beach, ‘Reports of Medical and Surgical Practice in the Hospitals and Asylums of Great Britain and Ireland’, *BMJ*, 6 April 1878, p. 483.

<sup>397</sup> Wright-St Clair, *Medical Practitioners in New Zealand*, p. 177.

<sup>398</sup> ‘MPC Examination’, *JMS*, October 1890, p. 536.

<sup>399</sup> ‘MPC Examination’, p. 536.

<sup>400</sup> ‘MPC Examination’, p. 536.

<sup>401</sup> Coleborne, ‘*Madness in the Family*’, p. 35.

Officer at the AMH in April 1897 and Medical Superintendent in 1900.<sup>402</sup> In his report into the AMH from 1897 Beattie notes that admission rates had declined, linking this to a ‘collapse of the mining boom, with its mental tension and subsequent disappointments, and to the more healthy prosperity which since then has existed over the greater part of the area from which our patients are derived.’<sup>403</sup> This comment ties in with the idea in Chapter One that the white population of New Zealand was vulnerable to insanity partly because of the lifestyle associated with mining and reflects the ideas expressed in many of the patient case notes sampled in Chapter Three, which identify the frequent relationship between patients who worked on gold diggings and a tendency to drunkenness. Beattie’s identification of this connection in the *AJHR* report demonstrates the link between patterns in-patient admissions, and formal texts.

Beattie’s views on heredity and racial decline are quite clear. In the late 1890s Beattie questioned ‘whether we must congratulate ourselves upon the large increase in the discharge rate . . . when we consider that of the 38 discharged recovered (during 1897) 25 were under the age of 40 years and 31 under fifty it were perhaps well that we suspend our rejoicings.’<sup>404</sup> Beattie cautioned that

the immediate social and economic advantages to the individual and the country must be weighed, amongst other things, against the possibility of the propagation of hereditarily enfeebled brains, and knowing intimately, as I do, the mental characteristics and social environment of those discharged, I can have no possible doubt that some at least will return to the Asylum, and in the meantime reproduce their kind with disastrous effects.<sup>405</sup>

In line with this, early in the twentieth century he recommended that mental hospital patients should be sterilised, on being discharged.<sup>406</sup> Although such ideas gained ground in the early twentieth century, this was a fairly extreme view for New Zealand psychiatry in the nineteenth century. Philp supports this in reference to the early-twentieth century in his argument that psychiatrists called

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<sup>402</sup> Wright-St.Clair, *Medical Practitioners in New Zealand*, p. 50.

<sup>403</sup> Robert Beattie, ‘Reports on the Lunatic Asylums of the Colony for 1897 – Medical Superintendents’ Reports, Auckland Asylum’, *AJHR*, 1898, H-7, p. 5.

<sup>404</sup> Beattie, 1898, p. 5.

<sup>405</sup> Beattie, 1898, p. 5.

<sup>406</sup> Philp, ‘A Lucid Interval’, p. 132.



for the stemming of the ‘tide of social democracy’, as the ‘best classes’ were not reproducing, while the ‘imbecillic and congenitally mad were reproducing ‘in droves’.’<sup>407</sup> Garton argues that the impact of eugenics in Australia prior to the First World War has been underestimated, and that it was more significant to ‘social reform’ than has previously been credited.<sup>408</sup> However, he does not refer to a robust eugenics movement in Australia prior to the start of the twentieth century.

New Zealand was by no means alone in this concern about the reproduction of the unfit. American historian Ian Dowbiggin’s research into psychiatry in the United States during the late nineteenth and early twentieth-centuries, shows the importance of the 1896 Connecticut state legislation, which controlled marriage ‘between nervous and mentally ill individuals.’<sup>409</sup> This suggests that there was a ‘eugenic inclination at the state level’, as parts of the American population promoted the ‘asexualisation of deviant and dependent persons, the prevention of marriage between supposedly unfit men and women, and the exclusion of immigrants who did not meet certain standards of health and intelligence.’<sup>410</sup> The public profiles of these men, in the *DSC* and the *NZMJ*, helped to ensure that insanity remained a concern in the minds of the public and of the medical profession, as explored in the next section.

## **Heredity**

The under-reporting of cases of insanity due to heredity in asylum records was commented on in the *AJHR*, and is noted by Coleborne.<sup>411</sup> This link between mental conditions and heredity promoted the relationship between psychiatry and eugenics. Garton suggests that the accumulation of the chronically mentally ill in Australia bolstered the argument that a hereditary predisposition underpinned

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<sup>407</sup> ‘Report on Mental Hospitals for the Dominion, 1912’, *AJHR*, 1913, vol. 4, H-7, p. 6, cited in Philp, ‘Scientific Pastors’, p. 198.

<sup>408</sup> Stephen Garton, ‘Sir Charles MacKellar: Psychiatry, Eugenics and Child Welfare in New South Wales, 1900-1914’, *Historical Studies* (April 1986), p. 22. However, in his contribution to *The Oxford Handbook of the History of Eugenics*, Garton notes that the effect of these laws was somewhat ‘patchy.’ See Stephen Garton, ‘Eugenics in Australia and New Zealand: Laboratories of Racial Science’ in *The Oxford Handbook of The History of Eugenics*, ed. by Alison Bashford and Philippa Levine (New York: Oxford University Press, 2010), p. 246.

<sup>409</sup> Ian Dowbiggin, ‘“An Exodus of Enthusiam”: G. Alder Blumer, Eugenics, and US Psychiatry, 1890-1920’, *Medical History*, 36 (1992), pp 379-402.

<sup>410</sup> Dowbiggin, p. 386.

<sup>411</sup> Coleborne, ‘*Madness in the Family*’, p. 59.

many incurable psychiatric conditions.<sup>412</sup> This theory led to the prominence of psychiatrists in the British world in promoting the eugenics movement.<sup>413</sup> There are examples of this perceived relationship between insanity, heredity and racial decline elsewhere in the British world. Beyond Australasian shores, other white settler colonies provided a setting for the multiple interplays between concerns about heredity, racial decline, and insanity. As the three case study chapters of this thesis will show, the discrepancy between the recorded incidence of insanity due to heredity, and the discursively constructed incidence of this relationship, varied between diagnoses.

Heredity was highly visible in the annual reports of each of New Zealand's mental hospitals, to an extent which was greater than the reported incidence of insanity due to heredity at the AMH and other New Zealand mental hospitals warranted. For example, at the Karori Asylum in Wellington, in 1873, the medical attendant, Charles France, discussed a patient who 'is suffering from hereditary madness, being sister to another patient; the father died in the asylum, and the mother, also a lunatic, is now in the hospital.'<sup>414</sup> But while all of these details were given about this patient, this particular inmate was only one of 27 total patients in this asylum at this time, and the only one who was insane due to alleged hereditary causes.<sup>415</sup> In contrast, only very scant details are provided about the other 26 patients. Such a lengthy case history gives the impression that heredity was a more significant factor than perhaps it actually was. New Zealand's first Inspector-General of Lunatic Asylums, F. W. Skae, maintained that the causes of a patient's insanity were 'generally several combined together either as predisposing or exciting causes', even in those cases where a patient's history is known.<sup>416</sup>

As shown earlier in this chapter, Medical Superintendents and Inspectors General of Lunatic Asylums from the late-nineteenth century began to favour hereditary explanations for lunacy, often as well as continuing the argument that immigration was a significant cause. The Medical Superintendent for the

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<sup>412</sup> Stephen Garton, 'Seeking Revenge: Why Asylum Facilities Might Still Be Relevant for Mental Health Care Services Today', *Health and History*, 11, 1 (2009), p. 38.

<sup>413</sup> Garton, 'Seeking Revenge', p. 38.

<sup>414</sup> Charles France, 'Annual Report of Karori Lunatic Asylum', *AJHR*, 1873, H-23, p. 12.

<sup>415</sup> France, pp. 12-13.

<sup>416</sup> F. W. Skae, 'Annual Report on the Lunatic Asylums of New Zealand, 1879, session II H-04, p. 2.

Sunnyside Mental Hospital in Christchurch, Dr Levinge, argued in his report in the *AJHR* that

we have been replenishing our population from a stock mentally and physically diseased ... but I cannot fail to be struck by the frequent connection of these cases with the obvious mental and, very often, physical ill-development of one or both parents, who, because they are not actually under control themselves, are regarded by the world as sane, so that the case is not classified as due to heredity unless the medical officer happens to know the family history, and thus this cause is never credited with its due proportion of insanity.<sup>417</sup>

Levinge linked insanity to racial decline even more explicitly in his next comment, which referred to patients who were discharged from the mental hospital as recovered, who returned to ‘cohabitation and the propagation of a necessarily tainted and neurotic offspring...the result being that we are going the best possible way about recruiting our asylum population of the future in their discharge without any restraint or regard for posterity.’<sup>418</sup>

In a report published in the 1899 *AJHR* Robert Beattie wrote about an eighty-one year old man who died just a few days after his admission to the institution. Echoing McGregor’s concerns about the intemperate being admitted to mental hospitals because of the potential stigma it could bring to their family, Beattie wrote that this man ‘was no more insane than many aged persons who are kept at home’, but the ‘stupid stigma’ attached to dying in an asylum ‘will cling to his family for at least a generation.’<sup>419</sup> But by the end of the nineteenth century Beattie could offer no concrete explanation for the population increase at the AMH. Beattie stated that ‘I can assign no definite cause for this increase, which is out of proportion to the increase in population, and which is probably an accidental circumstance of no special significance.’<sup>420</sup> At this time heredity was shown in the *AJHR* table displaying ‘Causes of Insanity’ as ‘Congenital and hereditary’ and ‘Neurotic inheritance’, while vice was presented as ‘Abuse of

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<sup>417</sup> ‘Report by Edward Levinge, Medical Superintendent of Sunnyside, Report on the Lunatic Asylums of the Colony for 1897’, *AJHR*, 1898, H-07, p. 7.

<sup>418</sup> Levinge, p. 7.

<sup>419</sup> R. M. Beattie, ‘Report on the Lunatic Asylums of the Colony for 1898’, *AJHR*, 1899, session I, H-07, p. 5.

<sup>420</sup> Beattie, 1899, p. 3.

morphia', 'Drink', 'Masturbation', 'Moral depravity', 'Opium habit', 'Sexual', and 'Syphilis'.<sup>421</sup>

## Vice

As discussed in Chapter Three, insanity caused by vice, particularly 'drink', was especially prevalent in certain sectors of the population, specifically those working on gold diggings. In 1870, Dr Dermott, the medical officer at the Seaview Asylum in Hokitika, on the west coast of the South Island, and the site of one of New Zealand's first gold rushes, wrote in a letter to the Chairman of the County Council of Westland that most of the patients he had seen were suffering from dementia.<sup>422</sup> Dermott attributed this to 'long continued habits of intemperance, combined with the privations and hardships incidental to gold-mining pursuits.'<sup>423</sup> Similar cases of insanity following intemperance at the gold diggings are identified in Chapter Three of this thesis. However, in a deviation from the attribution of their poor mental condition to alcohol, four years after Dermott's report was published MacGregor suggested that many of the Otago gold miners who came into the Dunedin Mental Hospital were insane because of their 'needlessly unvaried diet.'<sup>424</sup> The Hon. Dr Grace, who is cited in the Report of the Joint Committee On Lunatic Asylums of 1871, also suggested a scenario leading to insanity in rural districts of New Zealand. Grace described this as

an ignorant man goes into the country and from comparing himself with himself, and contemplating in solitude the grand sights of nature, he becomes depressed ... becomes careless of food ... grows weak and miserable, a terrible craving for excitement seizes upon him, and if he cannot get to a public house and company, he commonly practices masturbation. The seminal discharge for a time does him good, but very soon he is quite exhausted; then comes the loss of the balance of reason, and insanity is at hand.<sup>425</sup>

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<sup>421</sup> 'Causes of Insanity', 'Report on the Lunatic Asylums of the Colony for 1898', *AJHR*, 1899, H-07, p. 18.

<sup>422</sup> Dr Dermott, 'Letter to the Chairman of the County Council, Westland', *AJHR*, 1870, D, p. 12.

<sup>423</sup> Dermott, p. 12.

<sup>424</sup> 'Reports on the Lunatic Asylums in New Zealand', *AJHR*, 1874, H-2, p. 9.

<sup>425</sup> Hon. Dr Grace, 'Report of Joint Committee Upon Lunatic Asylums, *AJHR* (1871), H-10, p. 11.

In Grace's account of events, this 'ignorant man' is eventually found out and committed to 'a dismal little asylum', which renders him 'almost incurable'.<sup>426</sup> The scenario described by Grace is interesting as it describes a lonesome individual, to whose downfall, it is implied, there are no witnesses. Through Grace's report these unseen events become visible, much like heredity in other reports becomes visible through the writing of the Inspectors-General and Medical Superintendents. This suggests that although vice was generally a more tangible cause of insanity, there was still considerable room for speculation as to its presence.

Frederick Skae maintained that the 30 per cent of male lunatics whose condition was blamed on intemperance was 'in all probability, much within the mark.'<sup>427</sup> He also remarked on 'how large an extent insanity would prove to be a preventable disease, were people properly educated and trained to habits of intelligent self-control.'<sup>428</sup> Skae then quoted Henry Maudsley, declaring that the 'thorough application of a true system of education' would bring about 'the development of knowledge and the power of self-restraint which shall enable them, not only to protect themselves from too much insanity in one generation, but to check the propagation of it from generation to generation.'<sup>429</sup> In this, Skae was leading the way for later articulated concerns in New Zealand psychiatry about hereditary vice, as well as matching the growing transnational concern about racial decline.

Vice appeared in the *AJHR* reports on lunatic asylums in several different ways throughout the last few decades of the nineteenth century. For example, in 1879 a table showing the 'Alleged Causes of Insanity in the Admissions' of patients admitted to mental hospitals in New Zealand for the previous year showed several sorts of vice, including 'Intemperance', 'Solitary vice', 'Syphilis', and 'Seduction', as well as 'Hereditary predisposition'.<sup>430</sup> By 1881 this table showed vice in the forms of 'Intemperance', 'Intemperance and hereditary predisposition', 'Intemperance and sexual excess', 'Self-abuse', 'Abscess in head

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<sup>426</sup> Grace, p. 11.

<sup>427</sup> F. W. Skae, 'Annual Report on the Lunatic Asylums of New Zealand', *AJHR*, H-4, (1879) p. 2.

<sup>428</sup> Skae, p. 2.

<sup>429</sup> Skae, p. 2.

<sup>430</sup> 'Annual Report on the Lunatic Asylums of New Zealand', *AJHR*, 1879, H-4, p. 15.

and drink'.<sup>431</sup> At the same time, heredity appeared as 'Intemperance and hereditary predisposition', 'Anaemia and hereditary predisposition', and 'Over lactation and hereditary predisposition'.<sup>432</sup> The most prevalent of these causes was overwhelmingly straight 'Intemperance'.<sup>433</sup> By the end of the 1880s, the 'Causes of Insanity' table displayed vice as 'Drink', 'Masturbation', 'Moral depravity', 'Seduction' and 'Syphilis', while heredity was simply referred to as 'Hereditary',<sup>434</sup> and by 1893 vice was shown as 'Debauchery', 'Drink', 'Masturbation', 'Seduction' and 'Syphilis', while heredity was shown as 'Congenital and hereditary'.<sup>435</sup>

Direct references to racial decline in medical journals were fairly minimal, with those which were published often citing generalities or the falls of famed historical figures.<sup>436</sup> One of the first references to racial decline or racial degeneracy was in the *BMJ* in 1883, as part of a report on a meeting of the British Association for the Advancement of Science.<sup>437</sup> This report referred to the potential physical 'improvement or degeneracy of the population' of the Friends School of York, and industrial educational institution.<sup>438</sup> A decade later, a review of an Italian publication about 'criminal anthropology' largely discounted ideas of physically evident criminal characteristics, which would have amounted to degeneration.<sup>439</sup> In contrast, at the 1896 annual meeting of the Medico-Psychological Association, Dr Julius Mickle declared that 'deformities do indicate degeneracy', with such 'deformities' including the narrow palate often found in congenital idiocy patients.<sup>440</sup> The scarcity of references to racial decline in medical journals suggests that this was not a strongly articulated concern in these sources prior to the end of the nineteenth century.

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<sup>431</sup> 'Annual Report on the Lunatic Asylums of New Zealand', *AJHR*, 1881, H-13, p. 15.

<sup>432</sup> 'Annual Report', 1881, p. 15.

<sup>433</sup> 'Annual Report', 1881, p. 15.

<sup>434</sup> 'Report on Lunatic Asylums of the Colony for 1888', *AJHR*, 1889, H-22, p. 12.

<sup>435</sup> 'Report on the Lunatic Asylums of the Colony for 1893', *AJHR*, 1894, H-07, p. 12.

<sup>436</sup> Conolly Norman, 'Discussion on the Prevention of Insanity', *BMJ*, 8 September 1894, p. 521.

<sup>437</sup> 'British Association for the Advancement of Science', *BMJ*, 29 September 1883, p. 521.

<sup>438</sup> 'British Association', p. 521.

<sup>439</sup> 'Criminal Sociology', *BMJ*, 29 April 1893, p. 916.

<sup>440</sup> 'Medico-Psychological Association', *BMJ*, 8 August 1896, p. 337.

## **Conclusion**

This chapter has provided a context for medical ideas about insanity, heredity, vice, and race decline in nineteenth-century New Zealand. An outline of some of the legislation behind the construction of mental hospitals in New Zealand, and the background to this legislation, has shown the importance of the ‘visibility’ of insanity in the public sphere to changes in mental health care. This visibility was achieved through the publication of government reports and statistics, and was both a factor in, and a consequence of, the construction of the AMH, itself. This chapter has also introduced the most influential personalities in New Zealand psychiatry at this time, in the form of the Inspectors-General of Lunatic Asylums, and has shown that these men were strongly influenced by British psychiatry. Key personnel at the AMH have been identified and examined, with emphasis on their predominantly British origins. Where possible, this analysis has highlighted their views of heredity and vice as causes of insanity. By introducing the men responsible for the institution and the institution’s records, this chapter has presented a setting for a more in-depth analysis of patient case notes at the AMH.

Medical concerns about heredity, vice, racial decline, and insanity came to New Zealand from Australia and Britain via medical journals and medical congresses. Case notes published in these medical journals are examined in the next chapter of this thesis, to show how heredity, vice and racial decline appeared in medical journals. By presenting this evidence alongside AMH patient case notes, this chapter shows how symptoms and causes of insanity were made visible in asylum records.

## Chapter Three

### (In)visible Aetiologies: Heredity, Vice, and Insanity at the Auckland Mental Hospital and in Medical Journals

This patient is said to have at one time led an immoral life and to have been cohabitating with a man named Shortland at present imprisoned in the Auckland Gaol. Patient's mother says a paternal uncle of patient had delusions of persecution and hallucinations of hearing...I am inclined to think that she practices self-abuse. It is perfectly certain that if she were allowed her liberty she would indulge it to the utmost.<sup>441</sup>

The above extract is from the patient case note of Henrietta C, an unmarried domestic servant, admitted to the Auckland Mental Hospital (AMH) in August, 1892. There was no diagnosis provided in this case note, but the extract shows that the admitting doctor at the AMH considered all of the identified factors to be important to Henrietta's condition. This extract also demonstrates some of the ways that heredity and vice were presented in patient case notes. This chapter analyses how heredity and vice were inscribed in the patient case notes from the AMH between 1868 and 1899, and connects some of the characteristics of these patients to the concerns disseminated in popular texts discussed in Chapter One. To avoid the pitfalls of anachronism and retrospective diagnosis, this chapter does not seek to dispute the validity of the diagnoses assigned to patients at the AMH, nor does it attempt to offer other diagnoses or causes of illness.<sup>442</sup> This chapter does, however, attempt to deconstruct some of these causes, and to show that the assigned causes as recorded in the patient case books at the AMH and in reports published in the *Appendices to the Journal of the House of Representatives* (AJHR) only show what the doctors saw or heard, and believed to be significant enough to record in the hospital records. They reveal considerably less about the patients themselves, and about their mental conditions. This chapter also

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<sup>441</sup> YCAA 1048/5, folio 775 [Archives New Zealand / Te Rua o te Kawanatanga, Auckland Regional Office].

<sup>442</sup> James Mills outlines the discursive nature of patient records from mental hospitals as representations of power in particular contexts, rather than objective, clinical reports about the patients themselves. James Mills, 'The Mad and the Past: Retrospective Diagnosis, Post-Coloniality, Discourse Analysis and the Asylum Archive', *Journal of Medical Humanities*, 21, 3 (2000), p. 152.



highlights the visible nature of vice, compared to heredity, and suggests that this ‘visibility’ may have skewed the assignment of aetiology towards vice, over the less visibly obvious aetiology of heredity. Photographs of patients were included in the AMH records and rendered certain physical characteristics of theoretically hereditary conditions visible, but these images were extremely rare prior to the twentieth century. More common was the inclusion of measurements taken of the circumference of patients’ head. This indicates an interest at the AMH in phrenology, which linked head size to brain capacity, and intended to demonstrate a link between physical, inheritable characteristics, and psychological condition.<sup>443</sup>

This chapter also draws on detailed excerpts of British institutional patient case note republished in medical journals. This approach provides a comparison to the appearance of heredity and vice in patient case notes from a New Zealand mental hospital, and also shows parallels and diversions between medical discourses in the AMH and in English, Irish and Scottish asylums. The AMH patient case notes are also presented alongside patient case notes published in the *BMJ* and *JMS*. English medical historian Jonathan Andrews has written about the inclusion of patient case notes in medical journals, suggesting that by the later nineteenth century patient case notes were included in medical journals as part of an educative discourse, to communicate ‘with one’s professional peers, extending the bounds of expert psychiatric knowledge and establishing an alienist’s reputation.’<sup>444</sup> In particular, this approach shows that there were similarities in the ways that heredity and vice appeared in patient case notes in New Zealand and Britain, including identification of the ‘problems’ of the patient history, as recorded in the case note. This chapter also shows that even at ‘Home’, patient histories as provided by patients themselves and by families were contested by medical professionals.<sup>445</sup>

Case notes which refer to heredity or vice in some way have been privileged over those which attribute the patient’s condition to another cause.

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<sup>443</sup> Mills, p. 151.

<sup>444</sup> Jonathan Andrews, ‘Case Notes, Case Histories, and the Patient’s Experience of Insanity at Gartnavel Royal Asylum, Glasgow, in the Nineteenth Century’, *Social History of Medicine*, 11, 2 (1998), p. 276.

<sup>445</sup> Mary-Ellen Kelm provides examples of the conflict between doctors’ theories about why a patient was insane, and the testimony of those accompanying the patient to the asylum, particularly family members in ‘Women, Families and the Provincial Hospital for the Insane, British Columbia, 1905-1915’, *Journal of Family History*, 19, 2 (1994), pp. 177-193.

This chapter is not intended as being representative of an analysis of all patient case notes between 1868 and 1899, but rather an exploration into the different ways that heredity and vice appeared in the patient case notes at one institution. Where possible, the presence of the patients present in these case notes in the public realm is also examined through newspaper reports, along with the way that these particular patients may or may not have encompassed the concerns about heredity, vice and racial decline which were expressed in the first two chapters of this thesis.

This chapter is organised by theme. It first considers patients whose case notes refer to vice throughout the time frame of this thesis. Second, it discusses patients whose case notes refer to heredity, and, like the previous section, examines these case notes in light of similar case notes from British medical journals. Third, it examines those patient case notes which refer to both vice and heredity. There are also connections made between patient characteristics and popular ideas about lunacy, as explored in Chapter One, throughout the initial sections of this chapter. Each of these three sections presents statistics describing patients admitted to the AMH as published in the *AJHR*. These figures are taken from every even numbered year, and show the percentage of patients admitted during that year whose mental condition was attributed to vice or to heredity. The *AJHR* data is based on the patient admission records and case notes. Andrews states that the ‘declared object’ of Bethlem mental hospital’s decision to create and retain case notes was partly for the production of statistics.<sup>446</sup> This approach speaks to contemporary uses of case notes and data collection in institutions. For instance, the ‘Intemperance Tables’ shown later in this chapter illustrate the Medico-Psychological Association’s desire to integrate statistical methods and patient case notes. Finally, the chapter explores the idea of the visibility of vice, as a cause of insanity, as opposed to the much less visibly obvious aetiology of heredity, and the contestable nature of information about heredity and vice which was included in patient case notes.

## **Vice**

As explained in the Introduction to the thesis, ‘vice’ referred to several different forms of the violation of social norms, one of which was intemperance in alcohol.

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<sup>446</sup> Andrews, p. 256.

Tables from the *AJHR* throughout this period show that the percentage of patients admitted to the AMH with insanity attributed to intemperance varied considerably, and with no discernible pattern.

Although there is no *AJHR* data available for 1868, as shown overleaf in Table 3.1, during this year a clear pattern of admission of intemperance patients to the AMH emerges. The patient case notes from 1868 which refer to intemperance are dominated by miners working on the Thames diggings. Patrick D's case note, which is typical of the case notes for this group of men, explains that 'This man was working at the gold diggings at the Thames; and after a debauch in strong drink became maniacal and dangerous to himself and others.'<sup>447</sup> Patrick was admitted to the AMH with the diagnosis of 'delerium inebrietis'.<sup>448</sup> The financial risks associated with gold mining were also blamed for men giving in to alcoholism. One man, Gavin S, also admitted with delirium inebrietis, 'took to drinking through which his present illness was brought on' as a way of coping with 'having as he thought made a rash speculation.'<sup>449</sup> Similarly, William E, an ex-publican at Otago who had 'sold out to try his fortunes at the Thames diggings, where he was very unsuccessful and lost his money', then began drinking 'til he took ill with delirium.'<sup>450</sup> Towards the end of the nineteenth century gum digging became a significant industry in the north of the North Island. Like gold-mining, those working in this industry have been characterized as single men who indulged in heavy drinking and lacked female company. James C's patient case note supports this stereotype, as James, an unmarried gum digger from Kumeu, west of Auckland, 'confesses to heavy drinking and habitual masturbation.'<sup>451</sup> Michael S, a gum digger from Kawakawa in the Far North region, had been 'drinking all he could' following his arrival from New South Wales, eight months prior to his admission to the AMH.<sup>452</sup> In an Australian context, Coleborne describes 'white male settlers' who immigrated to the Australian colonies as a disturbance to 'notions of settlement', referring to this group as 'unsettlers.'<sup>453</sup>

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<sup>447</sup> YCAA 1048/1, folio 110.

<sup>448</sup> YCAA 1048/1, folio 110.

<sup>449</sup> YCAA 1048/1, folio 107.

<sup>450</sup> YCAA 1048/1, folio 136.

<sup>451</sup> YCAA 1048/5, folio 705.

<sup>452</sup> YCAA 1048/6, folio 215.

<sup>453</sup> Catharine Coleborne, 'Regulating 'Mobility' and Masculinity through Institutions in Colonial Victoria, 1870s-1890s', *Law Text Culture*, 15 (2011), p. 46. Coleborne cites Daiva K Stasiulus and Nira Yuval Davis, *Unsettling Settler Societies: Articulation of Gender, Race,*

**Table 3.1** Percentage of patients admitted to the Auckland Mental Hospital between 1868 and 1899, whose mental condition was attributed to alcoholic intemperance.

Year	% of patients
1868	No statistics available
1870	No statistics available
1872	7.84
1874	16.40
1876	No statistics available
1878	16.40
1880	7.06
1882	19.77
1884	4.30
1886	11.54
1888	10.17
1890	13.43
1892	10.58
1894	16.46
1896	6.86
1898	8.64

**Source:** *AJHR* reports of ‘Causes of Insanity’, taken from *AJHR* 1869, 1871, 1873, 1875, 1877, 1879, 1881, 1883, 1885, 1887, 1889, 1891, 1893, 1895, 1897, and 1899.

A likely explanation for the seemingly random variance in the percentage of patients admitted to the AMH due to insanity caused by intemperance is that the total number of patients admitted to the AMH each year was quite low, with a maximum of 104 in 1892, this being one of only two years in the sample in which

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*Ethnicity and Class* (London and Thousand Oaks, CA: Sage, 1995). Belich discusses the ‘crew culture’ of nineteenth-century New Zealand, a term describing groups of men in colonial New Zealand who often worked in the ‘progress industry’ and had a distinct culture of binge drinking, violence, and soliciting prostitutes. See James Belich, *Making Peoples: A History of the New Zealanders From Polynesian Settlement to the End of the Nineteenth Century* (Auckland: Penguin Books, 1996), pp. 428-431.

more than 100 patients were admitted to the institution. Therefore, it would only take a small difference in the number of patients admitted whose condition was attributed to intemperance, to have a perceptibly significant impact on the percentage of admitted patients affected by intemperance.

Yet heavy drinking and ‘delerium inebrietas’ not only affected those at the frontier, male-dominated societies of the gold diggings and gum fields. Many female patients in the AMH had also lived lives of great intemperance. Caroline B, admitted to the AMH in 1868 with mania, had been unwell two years prior, while living in Napier, where her husband ‘kept a public house.’<sup>454</sup> Her husband maintained that Caroline was ‘much addicted to drinking brandy’, but her AMH case note also mentions that the patient ‘was the mother of two illegitimate children before she married her present husband.’<sup>455</sup> This latter fact seems to be less relevant to Caroline’s condition than her drinking habits, but the AMH clerk felt it important enough to be included in her records. Caroline had arrived at the AMH on the orders of the police court.<sup>456</sup> Another woman, Bridget H, the wife of a soldier who was also admitted to the AMH on account of being intemperate, had by 1864 accumulated four convictions for drunkenness, a total costing her seven days imprisonment.<sup>457</sup> By the time of her 1868 committal to the AMH, Bridget had offended sufficiently to be sentenced to three months imprisonment.<sup>458</sup> However by 1871 Bridget was described in her case notes as an ‘unfortunate woman’ and a case of ‘moral insanity.’<sup>459</sup> The ‘unfortunate woman’ epithet suggests a degree of compassion in the doctor’s view. Another female patient, Margaret F, a forty-one year old married laundress from Auckland was said to be insane due to her drinking habits. In fact, Margaret’s husband told one of the doctors who signed Margaret’s admission certificate that ‘she is hardly ever sober, but even when sober she has the idea that she is followed about by murderers and poisoners.’<sup>460</sup> Twenty-two years prior to her admission to the AMH Margaret appeared in the *Hawke’s Bay Herald’s* report on the Resident Magistrate’s Court. Margaret charged a hotel-owner and bar man with assault, when she had gone to the defendant’s bar at two o’clock in the afternoon on a Monday, when already

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<sup>454</sup> YCAA 1048/1, folio 100.

<sup>455</sup> YCAA 1048/1, folio 100.

<sup>456</sup> *Daily Southern Cross (DSC)*, 7 January 1868, p. 4.

<sup>457</sup> *DSC*, 26 December 1864, p. 5.

<sup>458</sup> YCAA 1048/1, folio 114.

<sup>459</sup> YCAA 1048/1, folio 114.

<sup>460</sup> YCAA 1048/5, folio 444.

drunk, to get a pint of beer.<sup>461</sup> Margaret then appeared in the *Auckland Star* in 1885 charged with using ‘bad language’, although this was withdrawn.<sup>462</sup> Her next appearance in the press followed her sudden and unsuspecting death in August 1891, at home.<sup>463</sup>

Mary J, an intemperate, married woman of English descent, who had been ‘twice under care in England Asylums’ presents evidence of one of the popular concerns about lunacy highlighted in Chapter One, specifically, the immigration of the mentally ill.<sup>464</sup> However, this history of committal to a mental hospital prior to immigration to New Zealand is not commented on at any length, and instead Mary’s condition in New Zealand in 1892 is attributed to her recent indulgences in ‘a great deal of brandy.’<sup>465</sup> This may have been due to the nature of the source, as a medical record, in which the factors directly impacting on the patient’s condition, in this case over-consumption of brandy, took precedence over general political concerns, such as the immigration of the mentally ill. Caroline R, also admitted to the AMH in 1892 with a mental condition caused by intemperance, provides an example of a woman’s violation of social norms featuring in her case note. Caroline, a forty year old wife of a clerk, lived in a suburb of Auckland city with her husband, of whom she ‘speaks with the greatest dislike... and gives him the worst possible character. Whether there is a basis for this I do not know.’<sup>466</sup> While the admitting doctor gave the patient some benefit of the doubt and did not immediately disregard her claims, there is no evidence of any further enquiry into the legitimacy of Caroline’s statement. This is important because three months after her committal Caroline was released on probation to the care of her husband. Initially, for a few days, she ‘behaved herself well and interested herself in her household duties’, as was expected of a woman of her stage and position of life, ‘but more recently she has been drinking, neglecting her home and being out all night,’ resulting in her readmission.<sup>467</sup> This was not the behavior expected of a ‘sane’ woman in 1892. Caroline clearly was suffering from

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<sup>461</sup> *Hawke’s Bay Herald*, 24 December 1868, p. 2.

<sup>462</sup> *Auckland Star (AS)*, 14 October 1885, p. 2.

<sup>463</sup> *AS*, 13 August 1891, p. 6.

<sup>464</sup> YCAA 1048/5, folio 687.

<sup>465</sup> YCAA 1048/5, folio 687.

<sup>466</sup> YCAA 1048/5, folio 697.

<sup>467</sup> YCAA 1048/5, folio 697.

some form of mental illness, as by August 1902 she maintained that she was married to Dr Beattie, the Medical Superintendent of the AMH.<sup>468</sup>

Early in this period, especially in 1868, the causes of insanity at the AMH were clearly identified and generally supported with evidence written in the case notes, particularly in those cases attributed to vice. But hints of vice begin to appear in far less detail in the AMH patient case notes as early as the 1870s. It is possible to speculate on the reasons for this, one of which is the burgeoning asylum population in Auckland and throughout New Zealand. This increase meant that there was less time available for staff to fully establish a patient's background on admission to the asylum. An example of this is from 1874, where there were four cases in the data attributed to vice. One of these was James M, for whom no diagnosis was given, although the supposed cause was simply stated as 'excessive drinking.'<sup>469</sup> Prior to his admission James appeared in the *Auckland Star* 'charged with being of unsound mind ... but his insanity might only be temporary, and supposed to result from excessive drinking, he was remanded until Monday next.'<sup>470</sup> John L, suffering from acute melancholia, had apparently previously 'been a heavy drinker, but had refrained from drinking latterly.'<sup>471</sup> As this example shows, vice still had a strong presence in the case book and was obviously still viewed by the AMH doctor as relevant to the case, if perhaps not the direct cause of John's condition. Vice was inscribed in patient records in other ways, for example through reference to a family member addicted to excessive drinking, or to a patient's previous intemperance.

Coleborne refers to Australian examples of 'physical and bodily differences' distinguishing the patients beyond simple gender divisions.<sup>472</sup> Alcohol also appeared in the AMH patient case notes through the description of patients apparently 'looking like' alcoholics. In 1894 John M was admitted to the AMH, with an unidentified condition 'supposedly caused' by intemperance. Supporting this claim was John's physical condition, which was 'evidently the result of

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<sup>468</sup> YCAA 1048/5, folio 697.

<sup>469</sup> YCAA 1048/2, folio 265.

<sup>470</sup> AS, 3 January 1874, p. 2.

<sup>471</sup> YCAA 1048/2, folio 350.

<sup>472</sup> Catharine Coleborne, 'Locating Ethnicity in the Hospitals for the Insane: Revisiting Case Books as Sites of Knowledge Productions about Colonial Identities in Victoria, Australia, 1873-1910', in *Migration, Ethnicity, and Mental Health International Perspectives, 1840-2010*, ed. by Angela McCarthy and Catharine Coleborne (New York: Routledge, 2012), p. 81.

chronic hard drinking, gait unsteady, ataxic, mental condition confused.’<sup>473</sup> In contrast, Robert L, an old labourer, had ‘coppery marks’ on his skin, ‘probably indicating syphilis’, although ‘he has not the appearance of a heavy drinker.’<sup>474</sup> A similar statement appeared in the *JMS* about an 18 year old domestic servant who attempted suicide ‘immediately after she had taken a large quantity of raw spirit.’<sup>475</sup> She had ‘never previously taken any alcoholic liquors’, and showed ‘no evidence of alcoholism.’<sup>476</sup> Once again, the appearance of vice in the patient case note was not supported by the patient’s physical appearance.<sup>477</sup> The way that intemperance in the use of alcohol appeared in patient case notes published in British medical journals often depended on the reason for their inclusion. For example, in an article published in the *JMS* in 1873, titled ‘The Use of Digitalis in Maniacal Excitement’, intemperance was only briefly referred to: ‘Case II – Chronic mania with paroxysmal excitement. A healthy and fairly nourished male, aged 32, insanity followed intemperance and cranial injury, and is of four years’ duration, three of which he has passed in this asylum.’<sup>478</sup> All other details provided in this article about this patient detail the features of his mania and the method of his treatment with digitalis. His intemperance is not referred to in any other way. Another article in the *JMS*, a review of annual reports written about English asylums, relayed a case of ‘A male patient, reported to have been a hard drinking man, admitted in a very excited state.’<sup>479</sup> It was eventually discovered that this patient had three broken ribs, possibly sustained at the hands of one of the asylum’s attendants, although, as a thorough examination of the patient had not been carried out on his admission, it could not be determined when the patient was injured. No further mention was made of the man’s drinking habits, although their very inclusion may have been to suggest that the injury occurred while the patient was drunk, thus exonerating the accused attendant. But the patient’s intemperance was not explored in any detail in the published patient case note and perhaps was only included to suggest some other way that the patient may have sustained his injuries, that is, while intoxicated.

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<sup>473</sup> YCAA 1048/5, folio 229.

<sup>474</sup> YCAA 1048/5, folio 200.

<sup>475</sup> W. C. Sullivan and Stewart Scholar, ‘Alcoholism and Suicidal Impulses’, *JMS*, April 1898, p. 263.

<sup>476</sup> Sullivan and Scholar, p. 263.

<sup>477</sup> Sullivan and Scholar, p. 263.

<sup>478</sup> W. Julius Mickle, ‘The Use of Digitalis in Maniacal Excitement’, *JMS*, 1873, p. 188. Mickle was the Medical Superintendent of Grove Hall Asylum.

<sup>479</sup> ‘Part III – Psychological Retrospect. English Asylums’, *JMS*, 1881, p. 245.



Towards the end of the nineteenth century some AMH patient case notes began to include a formulaic and comprehensive statement, discounting any personal or family history of indulgence in vice or as having been previously insane. A similar statement appeared in a patient case note published in the *JMS* in 1895. This was the case of ‘A.T’, an unmarried optician, who had cut his own throat eight days prior to his admission to the Bristol City Asylum.<sup>480</sup> ‘No history of insanity, phthisis, or intemperance in the family could be obtained.’<sup>481</sup> However, A. T. himself had ‘always been an excitable, nervous man, and had contracted syphilis some years previously.’<sup>482</sup> A. T. was ‘said to have been temperate as regards alcohol, but to have lived a fast life.’<sup>483</sup>

Vice also took the form of sexual impropriety. As Ann Goldberg argues in her work on sex and insanity in early nineteenth-century Germany, for women this ‘sexual impropriety’ often appeared through giving birth to illegitimate children.<sup>484</sup> The consequent stigma or shame only helped to tip their mental balance. Coleborne asserts that colonists battled social practices which threatened ‘prescriptions for settler dominance’, a category which she contends included ‘forms of so-called aberrant sexual practices, and disappointed expectations around gender.’<sup>485</sup> Margaret M was a gum digger’s wife who was admitted to the AMH in April 1892. Her case note includes ‘facts communicated’ which ‘show that she has been a person of immoral life who for the past two or three years has left her husband.’<sup>486</sup> The case note does not show who communicated these ‘facts’, nor specifies the exact form of Margaret’s immorality. The vagueness of this description suggests that this somewhat coded language would be understood by others involved professionally with the AMH. Nearly a month after her admission Margaret’s case note records that ‘she admits she was drinking very heavily for a week before coming to the Asylum.’<sup>487</sup> Another month later

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<sup>480</sup> Jas. Vincent Blachford, ‘Notes on a Case of Ataxic Insanity’, *JMS*, July 1895, p. 486.

<sup>481</sup> Blachford, p. 486.

<sup>482</sup> Blachford, p. 486.

<sup>483</sup> Blachford, p. 486.

<sup>484</sup> Ann Goldberg, *Sex, Religion, and the Making of Modern Madness The Eberach Asylum and German Society, 1815-1849* (New York: Oxford University Press, 1999), p. 90. Bronwyn Labrun provides examples of other gendered ‘Threats to social norms’ in her chapter ‘The Boundaries of Femininity: Madness and Gender in New Zealand, 1870-1910’, in *Women, Madness and the Law: A Feminist Reader*, ed. by Wendy Chan, Dorothy E. Chunn and Robert Menzies (London: Glasshouse Press, 2005), pp. 66-7.

<sup>485</sup> Coleborne, ‘Regulating Mobility’, p. 49.

<sup>486</sup> YCAA 1048/5, folio 731.

<sup>487</sup> YCAA 1048/5, folio 731.

Margaret's case note shows that she 'says she is pregnant: the father of the child being the man with whom she has been cohabitating. She appears to be in much distress owing to her condition. I have informed her own condition is willing she should go and live with him but she declines owing to her own bad conduct.'<sup>488</sup> Clearly, Margaret indulged in both sexual impropriety, through her extra-marital affair, and intemperance. However, there was no cause formally provided in the case note for her unnamed condition.

Illegitimate child birth is discussed further in Chapter Five of this thesis, which centres on Puerperal Insanity. Even though the patient sample used in this chapter does not include patients diagnosed with Puerperal Insanity, there are still several cases in the sample which refer to giving birth to illegitimate children. The first such case in this sample is Elizabeth O, an unmarried 'servant girl' who 'had the misfortune to be seduced by a young man, who was also servant in the same house.'<sup>489</sup> Elizabeth fell pregnant and gave birth about six months prior to her 1868 admission to the AMH.<sup>490</sup> Her baby died prior to her coming to the mental hospital, although it is not clear from the case note when or why this happened.<sup>491</sup>

Correctly or incorrectly, greater weight is given to the fact that 'the seducer' refused to marry Elizabeth, as a cause of her melancholia, than the death of her baby.<sup>492</sup> Following these events Elizabeth became 'greatly depressed in spirit, saying that she was lost, and that people were trying to keep her out of heaven.'<sup>493</sup> However, apart from the death of her baby, disappointment in love, and a sense of being barred from heaven, Elizabeth is also described in her case note as having 'always something peculiar in her disposition, being naturally of a taciturn nature', and also prone to hysteria.<sup>494</sup> This case serves as a warning against attempting to retrospectively simplify and classify mental hospital case notes, as there may be several seemingly unrelated reasons for a patient's condition. In this instance, potential causes include the shame of seduction, the trauma of illegitimate birth, grief at a deceased child, disappointment in love, or a pre-existing tendency.

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<sup>488</sup> YCAA 1048/5, folio 731.

<sup>489</sup> YCAA 1048/1, folio 111.

<sup>490</sup> YCAA 1048/1, folio 111.

<sup>491</sup> YCAA 1048/1, folio 111.

<sup>492</sup> YCAA 1048/1, folio 111.

<sup>493</sup> YCAA 1048/1, folio 111.

<sup>494</sup> YCAA 1048/1, folio 111.

The difficulty of ascertaining a true aetiology of a patient's condition and the order in which symptoms manifested and corresponding events occur is perhaps illustrative of the confusion and helplessness which may accompany insanity. In a case revealing for its content, Jane A was admitted to the AMH in 1868, the same year as Elizabeth O. She was diagnosed with mania, married to a 'sea faring man', and had two children, both to her husband, the eldest being fourteen years old.<sup>495</sup> Jane's husband had been away at sea for sixteen months, during which time she was 'in straightened circumstances.'<sup>496</sup> In this period, Jane 'had the misfortune to keep company with a man named Fernandez', whom she fell pregnant to.<sup>497</sup> Jane gave birth to this illegitimate child just prior to her husband's return from sea, and her husband, on learning of the situation 'cast her off, which with the disgrace of the affair quite damaged her intellect.'<sup>498</sup> In her defense, as recorded in her case note, Jane declared that Fernandez was 'a double faced man and could imitate her husband, through which means he seduced her.'<sup>499</sup> It is unclear from her case note whether Jane's mania was due to her seduction, birth and consequent damage to her marriage, or whether she was already mentally affected, and her 'seduction' by Fernandez was simply a manifestation of her pre-existing condition. Jane had been sent to the AMH after appearing at the Police Court, where she was charged with being a person 'liable to become dangerous' to herself and to others.<sup>500</sup> The doctors consulted judged her to be 'of unsound mind' and she was committed to the AMH. Another case is that of Harriet L, admitted to the AMH in 1894 with mania, due to 'mental distress.'<sup>501</sup> This 'mental distress' was due to desertion by Rich, the father of her children, the youngest of whom was just one year old when Harriet was admitted to the mental hospital.<sup>502</sup> Rich had also been giving her money, which suggests that this 'mental distress' was also linked to financial hardship.<sup>503</sup>

But sexual impropriety in women was not always as visible as the birth of illegitimate children. For example, in 1876, thirty-six year old Helena R was

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<sup>495</sup> YCAA 1048/1, folio 115.

<sup>496</sup> YCAA 1048/1, folio 115.

<sup>497</sup> YCAA 1048/1, folio 115.

<sup>498</sup> YCAA 1048/1, folio 115.

<sup>499</sup> YCAA 1048/1, folio 115.

<sup>500</sup> *DSC*, 13 June 1868, p. 5.

<sup>501</sup> YCAA 1048/6, folio 339.

<sup>502</sup> YCAA 1048/6, folio 339.

<sup>503</sup> YCAA 1048/6, folio 339.

admitted, under the diagnosis of mania.<sup>504</sup> Helena, who was married, was described in her case note ten years after her committal as a ‘nymphomaniac’, and reports from the 1890s show that ‘she talks very incoherently and amorously, replying to almost every question asked her – “Yes darling.”’<sup>505</sup> Helena’s ‘nymphomania’ was not qualified by an expression of the number of sexual partners or the frequency with which she had sex, but instead appears to be identified through her turns of phrase. Nearly 30 years later, while Helena was still confined at the AMH, she was still described as ‘very amorous in her conversation’, and ‘makes such “fierce love” that she is unable to concentrate her thoughts.’<sup>506</sup> It is implied in Helena’s case note that the reference to ‘fierce love’ is quoted directly from the patient, although this is not made explicitly clear. Goldberg examines female nymphomania, and argues that the very allocation of the diagnosis of nymphomania to a female asylum patient did not require ‘sexually overt behaviour’, as a history of mere “unnatural” sexual activity’ was sufficient for this.<sup>507</sup> Goldberg equates nymphomania to male masturbation in asylum patients, both of which Goldberg describes as ‘illnesses (or symptoms) of sexual energy gone awry, as well as of the loss of control of the mind over the body.’<sup>508</sup> It is perhaps that ‘loss of control’ which validated nymphomania as a psychiatric diagnosis. Similarly, according to Goldberg, masturbatory insanity signaled a similar loss of control.<sup>509</sup> Goldberg includes ‘masturbation, bearing illegitimate children, extramarital affairs, and employment in a bordello’, in this category of unnatural sexual activity.<sup>510</sup>

Another form of vice through sexual impropriety in the patient case notes is masturbation. This appears to have become increasingly common from about 1880 onwards, although the reasons for this are unclear. The *AJHR* tables show an overall increase in the percentage of patients admitted to the AMH each year, with insanity caused by masturbation, although there is some variance in this pattern.

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<sup>504</sup> YCAA 1048/5, folio 89.

<sup>505</sup> YCAA 1048/5, folio 89.

<sup>506</sup> YCAA 1048/5, folio 89.

<sup>507</sup> Goldberg, p. 90.

<sup>508</sup> Goldberg, p. 86.

<sup>509</sup> Goldberg, p. 86.

<sup>510</sup> Goldberg, p. 90.

**Table 3.2** Percentage of patients admitted to the Auckland Mental Hospital between 1868 and 1899, whose mental condition was attributed to masturbation, as shown in the Annual Reports on the Lunatic Asylums of the Colony, *AJHR*.

<b>Year</b>	<b>% of patients</b>
1868	No statistics available
1870	No statistics available
1872	No statistics available
1874	No statistics available
1876	No statistics available
1878	No statistics available
1880	0
1882	1.16
1884	1.08
1886	1.28
1888	1.70
1890	7.46
1892	3.85
1894	2.53
1896	8.82
1898	6.17

**Source:** *AJHR*, 1869, 1871, 1873, 1875, 1877, 1879, 1881, 1883, 1885, 1887, 1889, 1891, 1893, 1895, 1897, 1899. ‘Reports on the Lunatic Asylums of the Colony’.

In most instances the assignment of blame to masturbation appeared very directly, for example Charles D, a forty-six year old unmarried farm labourer and former sailor was described in his case notes as a masturbator, as ‘He was caught in the act of masturbation in the police cell.’<sup>511</sup> This surveillance of Charles’s indulgence in vice contrasts with Thomas Laquer’s claim that masturbation was

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<sup>511</sup> YCAA 1048/5, folio 437.

‘the secret vice.’<sup>512</sup> Charles’s arrest was reported in the local newspaper, the *Thames Star*, which reported that Charles had been ‘brought up at the Police Court to-day on a charge of being of unsound mind.’<sup>513</sup> However, Charles’s death in the asylum less than three months later was not referred to at all in the press. Alonzo H, an unmarried boot maker from Ngaruawahia, had been melancholy for the past three and a half months, an attack ‘probably caused by self-abuse’, as admission statements declared that ‘he has been the victim of self-abuse off and on since he was fifteen years of age.’<sup>514</sup> The description of Alonzo as a ‘victim’ of self-abuse suggests that this particular form of vice, like alcoholism, was beginning to be seen as beyond the patient’s own control. Indeed, Laquer observes that ‘language of addiction and masturbation quickly came together.’<sup>515</sup> The 1892 case note for Harry M, an unmarried engineer, who suffered from an unidentified mental illness, caused by ‘self-abuse’, shows that Harry had come to the mental hospital from the Auckland Hospital, where he ‘told doctors in the presence of two female nurses that he had been in the habit of abusing himself’, but that ‘he knew the cure and meant to get a woman.’<sup>516</sup>

Masturbation also appeared in the case notes of women patients, although less frequently. One patient, Christina T, was ‘obliged to wear gloves, since without them she was continually rubbing the lower part of her abdomen possibly with the intention of masturbation.’<sup>517</sup> According to Annie B’s case note, ‘she is and has been addicted to habits of self-abuse and on this being checked she used to be violent with her friends.’<sup>518</sup> Female masturbation also occasionally appeared in published case notes, such as that of M A F, a 48 year old melancholic and demented widow, ‘suicidal, alcoholic, masturbates, hypertrophy of the nymphae.’<sup>519</sup> Goldberg asserts that in the nineteenth century, female sexual arousal, as demonstrated by masturbation or as present in nymphomania cases, was ‘set against the duties of wife and mother’, as it tempted women away from ‘the ideal of self-sacrifice enshrined in the bourgeois concepts of “modesty” and female

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<sup>512</sup> Thomas Laquer, *Solitary Sex A Cultural History of Masturbation* (New York: Zone Books, 2003), p. 245. Laquer’s emphasis.

<sup>513</sup> *Thames Star*, 24 February 1890, p. 2.

<sup>514</sup> YCAA 1048/5, folio 717.

<sup>515</sup> Laquer, p. 239.

<sup>516</sup> YCAA 1048/5, folio 801.

<sup>517</sup> YCAA 1048/5, folio 209.

<sup>518</sup> YCAA 1048/4, folio 213.

<sup>519</sup> J. G. Gordon-Mann, ‘A Communication on the Macroscopical and Microscopical Appearances of the Uterus and its Appendages in the Insane’, *JMS*, January 1899, p. 31.

“honor”.’<sup>520</sup> Goldberg’s version of the expectations of women in nineteenth-century Germany is mirrored by the work of scholars in colonial contexts, as explored in Chapter One.

Like intemperance, masturbation also appeared in patient case notes through descriptions of patients’ appearances. John W, a man with a ‘wild, irritable appearance’ and suffering from melancholia, was said to have ‘the appearance of a person who has brought about his condition by personal abuse.’<sup>521</sup> John’s wife ‘knows this impression to be correct.’<sup>522</sup> However, John himself ‘gives a rigid denial to anything stated in the medical certificates. He stoutly affirms that he has never masturbated nor drank nor exposed himself saying that he was always too particular about himself to yield to these vices.’<sup>523</sup> John’s wife then stated that he ‘has not been drinking to any extent for the last two years.’<sup>524</sup> Masturbation in nineteenth-century medical discourse was related to the decline of the individual’s physical and mental energy, particularly for men, due to the consequent “unnatural” loss of semen’, with semen believed to be the human body’s most “precious” fluid, and the ‘weakening of nerve fibres from over stimulation.’<sup>525</sup> In males, masturbation was feared to bring about ‘enfeeblement, weakness, listlessness, passivity, and idiocy.’<sup>526</sup> In short, it was feared that masturbation would bring about the degeneration of the individual. But masturbation also appeared as an example of ancestral vice, thus promoting the potential degeneration and decline of a family line, or perhaps even more broadly, of a race of people. In line with this, Australian historian Ivan Crozier refers to ‘Victorian medical anxieties about spermatorrhoea sapping the strengths of British boys.’<sup>527</sup>

In the medical journals masturbation in insane patients was sometimes linked to homosexuality. For example, one single young man, ‘always industrious and hard-working’, had given up his ‘one pleasure...music’, because it led him

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<sup>520</sup> Goldberg, p. 97. Also see Catharine Coleborne, *Reading ‘Madness’, Gender and difference in the colonial asylum in Victoria, Australia, 1848-1888* (Perth: Network Books, 2007), for more on female respectability in a colonial context.

<sup>521</sup> YCAA 1048/6, folio 355.

<sup>522</sup> YCAA 1048/6, folio 355.

<sup>523</sup> YCAA 1048/6, folio 355.

<sup>524</sup> YCAA 1048/6, folio 355.

<sup>525</sup> Goldberg, p. 88.

<sup>526</sup> Goldberg, p. 89.

<sup>527</sup> Ivan Crozier, ‘Nineteenth-Century British Psychiatric Writing about Homosexuality before Havelock Ellis: The Missing Story’, *Journal of Medicine and Allied Sciences*, 63, 1 (2008), p. 92.

into social contact with other men.<sup>528</sup> The patient had begun to masturbate at the age of eleven and ‘had continued the habit ever since’, and although he is quoted in the published case note as saying that ‘he has no desire or lust after women,’ ‘the sight of a fine man causes him to have an erection, and if he is forced to be in his society he has an emission.’<sup>529</sup> It is not clear from the case note how the patient came to be admitted to the Bethlem Asylum in London, although secondary literature addressing the role of homosexuality in asylum committals suggests that ‘various strands’ are present in British medical writings about homosexuality from the nineteenth century, referring to, amongst other things, ‘degenerationism.’<sup>530</sup> New Zealand historian Chris Brickell writes about Percy Ottywell, a supposedly manic and melancholic homosexual committed to the Seacliff Mental Hospital in 1891.<sup>531</sup> Brickell observes the paucity of mental health literature about men committed to mental hospitals in New Zealand in the nineteenth century on the grounds of their sexual orientation, as well as the rarity of such admissions, altogether.<sup>532</sup> In Ottywell’s case, Frederic Truby King ‘wondered whether masturbation was in part responsible for Ottywell’s diffidence.’<sup>533</sup>

Other ways that vice appears in patient case notes, although not as a direct cause of insanity, is through patients being subjected to the ill-effects of vice in other people and through delusions about vice. The former typically affected women, such as Maria T, an AMH patient, for whom ‘no very precise information as to the cause can be obtained, but domestic unhappiness is suspected. Her husband is given to drink and in other respects does not behave well towards her.’<sup>534</sup> Delusions about vice appeared in case notes from the AMH and from those published in medical journals. Elizabeth W’s mania and delirium manifested in ‘a strange delusion’ that her clergyman, the Rev. Edgar of Parnell, was ‘guilty of

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<sup>528</sup> George H. Savage, ‘Case of Sexual Perversion in a Man’, *JMS*, October 1884, p. 390.

<sup>529</sup> Savage, p. 390.

<sup>530</sup> Crozier, p. 68.

<sup>531</sup> Chris Brickell, ‘Same-Sex Desire and the Asylum: A Colonial Experience’, *New Zealand Journal of History*, 39, 2 (October 2005), p. 160..

<sup>532</sup> Brickell, p. 158.

<sup>533</sup> Brickell, p. 166. Ottywell himself blamed publications which discussed masturbation, “sexual excess”, and sodomy for his condition, which Brickell speculates fed King’s concern about such literature, and likely prompted King’s tirade in the *New Zealand Medical Journal* against ‘obscene publications.’ See Brickell, p.167.

<sup>534</sup> YCAA 1048/5, folio 159. Catharine Coleborne refers to similar cases of domestic disturbance in her article, “‘His Brain was Wrong, His Mind Astray’: Families and the Language of Insanity in New South Wales, Queensland, and New Zealand, 1880s-1910’, *Journal of Family History*, 31, 1 (2006), p. 52.



sodomy upon her children.’<sup>535</sup> Similarly, A. B, a 58 year old woman of good health, ‘domestic and industrious habits’, and with ‘a family of several children’, had become depressed weeks before her admission to the asylum, and ‘soon became possessed with the delusion that she was very wicked, had syphilis, and would infect those around her.’<sup>536</sup> Concerns about family in the AMH patient records become even more relevant when exploring heredity as a specific aetiology of insanity.

## **Heredity**

The presence of heredity in patient case notes at the AMH was often the result of input from family members, or, less often, friends or neighbours who accompanied the patient to the mental hospital. Heredity was discussed in these sources in a variety of ways, ranging from a detailed description of different physical illnesses and mental weaknesses of grandparents, parents, siblings and cousins, to a vague reference of a relative committed to an unnamed mental hospital ‘at Home’. Heredity appeared in the AMH patient case notes only occasionally compared to the strong presence of vice in these sources between 1868 and 1899. Internationally, heredity gained favour in medical discourses as an explanation for mental illness towards the end of the nineteenth century, as it became increasingly evident that insanity was not always curable. Identifying heredity as a cause of insanity absolved psychiatrists from blame for ongoing and seemingly incurable cases, as it indicated that the seed of mental illness went much deeper than could be reached by modern medicine.<sup>537</sup>

Like Table 3.1, which shows the percentage of patients admitted to the AMH every second year, whose condition was attributed to intemperance in alcohol, the information in Table 3.3 does not reflect any obvious pattern of an overall increase or decrease of attribution of patient’s mental condition to heredity. In contrast, the layout of patient case notes changed considerably over time, particularly the emphasis given to family history through the allocation of space on the pro forma. By 1899 this area was equal to that provided for the

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<sup>535</sup> YCAA 1048/1, folio 109.

<sup>536</sup> T. S. Clouston, ‘A Peculiar Case of Melancholia, with Cancerous Tumour of the Middle Lobe of Brain’, *JMS*, January 1878, p. 566.

<sup>537</sup> This argument is presented in more depth in Maree Dawson, ‘Halting the ‘Sad Degenerationist Parade’: Medical Concerns About Heredity and Racial Degeneracy in New Zealand Psychiatry, 1853-99’, *Health and History*, 14, 1 (2012), pp. 48-9.

patient's own personal history, demonstrating that heredity was becoming increasingly important in medical discourses about insanity, despite the scarcity of patients for whom heredity was a factor, which would support this growing significance.

**Table 3.3** Percentage of patients admitted to the Auckland Mental Hospital between 1868 and 1899, whose mental condition was attributed to heredity, as shown in the Annual Reports on the Lunatic Asylums of the Colony, *AJHR*.

Year	% of patients
1868	No statistics available
1870	No statistics available
1872	3.92
1874	No statistics available
1876	No statistics available
1878	0.00
1880	4.71
1882	1.16
1884	3.22
1886	11.54
1888	6.78
1890	5.97
1892	*33.65
1894	*16.46
1896	*2.94
1898	*12.35

**Source:** 'Annual Reports on the Lunatic Asylums of the Colony', *AJHR*, 1869, 1871, 1873, 1875, 1877, 1879, 1881, 1883, 1885, 1887, 1887, 1891, 1893, 1895, 1897, 1899. Figures marked with \* are taken from years in which 'heredity' was combined with 'congenital' in the *AJHR* tables.

The first ‘heredity’ case from the AMH in the patient sample is Henry S, an immigrant farmer from England, suffering from melancholia. One of Henry’s neighbours from England is quoted in this case note, stating that Henry was ‘always a sort of hypochondriac’ whose ‘father became melancholic before death.’<sup>538</sup> While this comment is interesting from the perspective of the connection made between a parent’s mental state and their child’s mental state, this is perhaps more significant because of the fact that neighbours from England had migrated to the same area, and had obviously kept in close contact. Angela McCarthy identifies networks of this nature, particularly the ‘existence and strength of kinship ties.’<sup>539</sup> The apparently close relationship maintained between Henry S and his English neighbour, post-migration, casts doubt on Fairburn’s atomisation thesis.<sup>540</sup> But such continuity between pre- and post- migration relationships may have been an exception.

Another early heredity patient, William P, was admitted with mania, and ‘the third of the family who have lost their reason, one brother who died in the old asylum of maniacal exhaustion and one sister at present in the hospital suffering from periodic attacks of hysterical mania. The father is an imbecile.’<sup>541</sup> ‘Strongly hereditary insanity’ also featured in a *JMS* article about a 53 year old priest, whose intellect was ‘powerful, acute, logical,’ although his sister had been in a mental hospital and ‘a father or grandfather attempted or committed suicide.’<sup>542</sup> But in some instances heredity was cited in case notes with much less justification. All of C D’s relatives had long lives, apart from his father, who had died from the effects of an accident. However C D’s case notes argue that ‘All the members of the family are of marked nervous temperament.’<sup>543</sup>

A M, another subject of a *JMS* article, also had a strong family history of insanity. Prior to her illness the patient had been a ‘good, hard-working girl, who

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<sup>538</sup> YCAA 1048/1, folio 104.

<sup>539</sup> Angela McCarthy, ‘Migration and Madness in New Zealand’s Asylums, 1863-1910’, in *Migration, Ethnicity, and Mental Health International Perspectives, 1840-2010*, p. 66.

<sup>540</sup> Miles Fairburn, *The Ideal Society and its Enemies The Foundations of Modern New Zealand Society 1850-1900* (Auckland: Auckland University Press, 1989)

<sup>541</sup> YCAA 1048/1, folio 134.

<sup>542</sup> D. H. ‘A Case of Typical Melancholia From Hereditary Predisposition’, *JMS*, October 1877, pp. 359-362.

<sup>543</sup> Dr Batty Tuke, ‘Two Cases of Syphilitic Insanity’, *JMS*, January 1874, p. 563.

had given no anxiety to her mother, with whom she was on very good terms.’<sup>544</sup> However, in A M’s family history, ‘her paternal great grandfather and three paternal uncles’ were described as insane.<sup>545</sup> ‘Two of the latter cut their throats. Her father is very “excitable”, and a paternal aunt is described as being very “queer” and a great spiritualist.’<sup>546</sup> In contrast to this dismal paternal heritage, her mother’s family merely had some history of phthisis.<sup>547</sup> A M and her mother had recently been ‘entirely frustrated’ by some hardship, and although her mother, of relatively good lineage, ‘bore up bravely’, A M became ‘overgrown, weakly, and hereditarily tainted, drooped, and never seemed the same person.’<sup>548</sup>

The AMH patient case notes suggest that as the nineteenth century lengthened, the amount of explicit detail provided about potential hereditary causes of insanity diminished. For example, Catherine K’s case note from 1880 states that ‘the cause of her insanity is said to be hereditary.’<sup>549</sup> Despite this clear statement there are no further details provided about this hereditary tendency.<sup>550</sup> Similarly, for Mary S, who like Catherine K suffered from acute mania, heredity was identified as a cause of her condition, but with seemingly scarce recorded evidence for this. Mary’s case notes do reveal that she had been ‘in the asylum about eighteen months ago for a similar attack. After a fortnight she was discharged cured, no satisfactory cause can be assigned for the outbreaks, and no family history is obtainable.’<sup>551</sup> Despite this dearth of evidence, the next sentence in Mary’s case note was that ‘Most likely there is a family taint.’<sup>552</sup> Yet this decline in detail about heredity given in patient case notes does not necessarily reflect a decrease in the popularity of heredity in psychiatry as a cause of insanity. Rather, this thesis argues that it suggests that heredity was becoming more widely recognised as a cause of insanity, so required less evidence, or justification, in patient case notes.

Heredity could also be cited in patient case notes through a vague implication, rather than explicit statement. For example, Ralph F, who was

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<sup>544</sup> Bonville B. Fox, ‘Case of Acute Dementia of Rapidly Fatal Termination’, *JMS*, July 1881, p. 213.

<sup>545</sup> Fox, p. 213.

<sup>546</sup> Fox, p. 213.

<sup>547</sup> Fox, p. 213.

<sup>548</sup> Fox, p. 213.

<sup>549</sup> YCAA 1048/3, folio 86.

<sup>550</sup> YCAA 1048/3, folio 86.

<sup>551</sup> YCAA 1048/3, folio 143.

<sup>552</sup> YCAA 1048/3, folio 143.

admitted to the AMH in 1886 with no formal diagnosis recorded in his case note, had, according to his wife, no insane relatives, although ‘she does not know much of his people.’<sup>553</sup> The lack of a person’s knowledge about their spouse’s family was likely to have been a particularly colonial problem, as single immigrants came to New Zealand without kin, and then married in New Zealand, or any other colony, without their spouse perhaps ever meeting the rest of the family.<sup>554</sup>

The case note for Emmanuel P, admitted in 1888, plainly reveals ‘his brother is said to have been in this asylum. Supposed cause – heredity.’<sup>555</sup> Archibald M’s case note, from 1890, states ‘cause – hereditary’, as his mother had committed suicide and his sister had died in the AMH.<sup>556</sup> But his sister is not referred to by name and there is no indication given about where her case note could be found. In 1892 Emily R was admitted to the AMH. Her case note states that her acute mania is due to heredity, but offers no justification for this.<sup>557</sup> Mary B’s case note, from 1894, is another example of the sometimes unsubstantiated nature of AMH cases attributed to heredity. Extracts from Mary’s admission certificate did not include a diagnosis, but simply identified the ‘supposed cause’ as ‘inheritance.’<sup>558</sup> This is despite the fact that Mary’s mother is quoted in the case note as saying that there is ‘No hereditary nervous history’, and that later in the case note, there is a statement which reads ‘Cause attributed to total deafness.’<sup>559</sup> It is unclear whether this is the doctor’s opinion, or that of Mary’s mother.<sup>560</sup> In some articles published in the *JMS*, heredity was implied, rather than clearly identified as a factor in a patient’s condition. For example, M E, a 49 year-old former merchant, had ‘no history of positive neuroses in his family ... but his father seems to have been a somewhat peculiar, though ingenious and successful man; and his sisters, both of whom are older than himself, are of an emotional,

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<sup>553</sup> YCAA 1048/4, folio 222.

<sup>554</sup> Catharine Coleborne discusses a similar phenomenon in medical histories of asylum patients, for whom there were no family trees available, in the Australian context, due to the ‘newness’ of the European population in the Australian colonies in the nineteenth century. Coleborne cites Frederic Norton Manning, Inspector General of the Insane in New South Wales, and his annoyance at the ‘relative youth of the colonial ‘family tree’.’ Frederic Norton Manning, *The Causation and Prevention of Insanity* (Sydney: Government Printer, 1880), pp. 10-11, cited in Coleborne, *‘Madness’ in the Family Insanity and Institutions in the Australasian Colonial World, 1860-1914* (Basingstoke, Hampshire: Palgrave Macmillan, 2010), p. 59.

<sup>555</sup> YCAA 1048/5, folio 321.

<sup>556</sup> YCAA 1048/5, folio 440.

<sup>557</sup> YCAA 1048/5, folio 805.

<sup>558</sup> YCAA 1048/5, folio 311.

<sup>559</sup> YCAA 1048/5, folio 311.

<sup>560</sup> YCAA 1048/5, folio 311.

fussy, and suspicious temperament.’<sup>561</sup> Furthermore, M E’s mother ‘is said to have died of “decline”.’<sup>562</sup> In his work on the Gartnaval Asylum in Glasgow, Andrews comments on patient records made under the medical superintendence of David Yellowlees. Andrews notes that Yellowlees, who was a listed referee for Frederick Skae, regarded heredity as ‘the single most important factor in insanity’s aetiology’, stretching to ‘every sign of peculiarity of nervous weakness, from flightiness and querulousness, to drunkenness and epilepsy, whether in parents and brothers, or in cousins, aunts and uncles.’<sup>563</sup> AMH patient case notes reflect this belief in the relevance of heredity taints, no matter how distant.

### **Heredity and Vice**

Heredity and vice, as a combined cause of insanity, has received little attention from medical historians.<sup>564</sup> But the relative absence of combined heredity-vice from the historiography is surprising, given that not only did it appear in the patient case notes at the AMH, it was also recognised in the *AJHR* ‘Report on Lunatic Asylums of the Colony.’<sup>565</sup> A clear example of this combined aetiology is in the case of Roger M, a twenty year old dementia patient, admitted in 1876.<sup>566</sup> Roger’s case notes referred to family members being in asylum care, as Roger’s brother Patrick M was also in the AMH.<sup>567</sup> But unlike Patrick, Roger was ‘given to practice of sodomy’, a form of sexual vice.<sup>568</sup> There was no further mention of the hereditary factor in Roger’s condition, and the only subsequent reference to vice was from 18 years later, in a case note entry which stated that Roger was ‘very dirty, never seen committing sodomy for a considerable time.’<sup>569</sup> Roger’s brother, Patrick M, is described in his case notes as ‘Brother of Roger M page 90. Is said to have an uncle at an asylum at Home.’<sup>570</sup> Patrick apparently knew he had a brother in the AMH, but ‘does not know his name nor can he recognise

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<sup>561</sup> Colin M. Campbell, ‘A Case of Moral Insanity’, *JMS*, April 1887, p. 74.

<sup>562</sup> Campbell, p. 74.

<sup>563</sup> Andrews, p. 280.

<sup>564</sup> An exception to this is Coleborne’s *Madness in the Family*.

<sup>565</sup> George Grabham, ‘Report on Lunatic Asylums of the Colony for 1883’, *AJHR*, 1884, H-07, p. 2. Also see ‘Annual Report on Lunatic Asylums of New Zealand, 1881’ *AJHR*, 1882, H-13, p. 15, which included the category ‘Intemperance and hereditary predisposition’.

<sup>566</sup> YCAA 1048/5, folio 90.

<sup>567</sup> YCAA 1048/5, folio 90.

<sup>568</sup> YCAA 1048/5, folio 90.

<sup>569</sup> YCAA 1048/5, folio 90.

<sup>570</sup> YCAA 1048/5, folio 226.

him.’<sup>571</sup> The hereditary nature of Patrick’s condition would remain invisible without the sentence in Patrick’s case note identifying him as Roger’s brother, as the two men had different surnames. A B’s case note also demonstrated a fraternal connection within an asylum.<sup>572</sup> A B was admitted to the Royal Edinburgh Asylum in 1877.<sup>573</sup> His habits had been ‘very intemperate of late’ and ‘one of his brothers was formerly under treatment in this asylum.’<sup>574</sup> The recorded predisposing cause was ‘hereditary predisposition, previous attack, intemperate habits’, and the exciting cause was ‘intemperance and business anxieties.’<sup>575</sup>

Cases such as A B’s which identify multiple aetiologies for the patient’s mental condition, touching on vice, heredity, and heredity tainted by vice, or ancestral vice, perhaps prompted the design of forms to better classify patient aetiology and to promote the collation of this data. Such a form is illustrated by Figure 3.1, published in the *JMS* in 1881, which demonstrates the enthusiasm in the Medico-Psychological Association for the conversion of information obtained for patient case notes into a statistical format. The Medico-Psychological Association had its own statistics department, which was responsible for the design of this so-called Intemperance Table. This table clearly sets out an inquiry into the link between intemperance in alcohol, heredity, and insanity. Points b and c, near the bottom of the page, are particularly illuminating, as point b, which asks for ‘Information as to the general habits of the classes from whom your patients are drawn; the influence of any general circumstances – e.g., strikes, famine, distress, etc’ encourages the articulation of the relationship between external events, including the political and the economic, and insanity.<sup>576</sup> Point c highlights the importance to nineteenth-century psychiatry of the relationship between vice and insanity.<sup>577</sup> Of further relevance to this thesis, columns 5 and 6 require the indication of the exact relationship between patient and family member who has a ‘predisposition to insanity’ or to intemperance.<sup>578</sup> The reasons given

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<sup>571</sup> YCAA 1048/5, folio 226.

<sup>572</sup> A. R. Turnbull, ‘Notes of a Case in which Hallucinations of Four of the Special Senses were present – Recovery’, *JMS*, April 1878, p. 97.

<sup>573</sup> Turnbull, p. 97.

<sup>574</sup> Turnbull, p. 97.

<sup>575</sup> Turnbull, p. 97.

<sup>576</sup> ‘Suggestions and Reasons for Seeking, in a New Form, Statistics of the Causation of Insanity by Intemperance’, *JMS*, 1881, p. 407.

<sup>577</sup> ‘Suggestions and Reasons’, p. 407.

<sup>578</sup> ‘Suggestions and Reasons’, p. 407.

for the creation of this form, which was intended for use in asylums by members of the Medico-Psychological Association, was that the role of intemperance was ‘demonstrated by the amount of discussion, and therefore a sure basis for argument should be procured.’<sup>579</sup> Furthermore, ‘Existing statistics are insufficient, because they do not attempt to dissociate and analyze the relations between insanity and intemperance.’<sup>580</sup>

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<sup>579</sup> ‘Suggestions and Reasons’, p. 405.

<sup>580</sup> ‘Suggestions and Reasons’, p. 405.





The most common way that heredity and vice appeared together in the patient case notes, particularly towards the end of the nineteenth century, was in a formalised statement, common to most patient case notes in the last two decades of the century, in those cases for which neither heredity nor vice could be blamed. An example of this is in the case note of Edward L, admitted to the AMH in 1880 with acute mania, which stated that ‘in this case there is no evidence of insanity in the family or previous intemperance.’<sup>581</sup> This ‘checklist’ approach, which discounted both heredity and vice from the aetiology of the patient’s condition, was also present in the patient case notes published in medical journals. In the *JMS* in 1889, patient A J N was shown to have ‘no vice, intemperate habits, or other heredity to the neuroses admitted in her family history.’<sup>582</sup> The ‘checklist’ was a sort of catch-all, deployed when other diagnostic categories were inadequate.

But there were also cases in which there was a family history of indulgence in vice, which is described in this thesis as ‘ancestral vice’. This was particularly common in congenital idiocy cases, as is shown in Chapter Five of this thesis. Annie T’s case history provides an example of it in the AMH patient sample, as her case did not include any family history, except that her mother and father were ‘addicted to excess of alcohol.’<sup>583</sup> Despite this, Annie’s ‘instability’ was attributed to ‘fright in childhood.’<sup>584</sup> Ancestral vice of some sort was also cited in Alexander B’s case note, as according to the patient, ‘many paternal relatives’ of Alexander’s were ‘fast living men.’<sup>585</sup> Furthermore, Alexander’s father was ‘a clever lawyer but drank occasionally.’<sup>586</sup> But the case note for Alexander himself does not formally attribute his condition to heredity or vice. Henrietta C’s case note, as shown at the start of this chapter, is a clear example of heredity and vice combining in the same case note. Yet Henrietta’s also stands apart from other case notes from this era, as it included a photograph of her. Photographs of patients became common in the AMH patient case notes in the early twentieth century but were very rare prior to this. There is no context for this photo

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<sup>581</sup> YCAA 1048/3, folio 104.

<sup>582</sup> J. Cumming Mackenzie, ‘Myxoedoma and its Insanity’, *JMS*, July 1889, p. 206.

<sup>583</sup> YCAA 1048/4, folio 189.

<sup>584</sup> YCAA 1048/4, folio 189.

<sup>585</sup> YCAA 1048/4, folio 257.

<sup>586</sup> YCAA 1048/4, folio 257.

provided or explanation of why it was been included in this instance but not other, contemporary cases.

Eva B was committed to the AMH in 1896 with a diagnosis of ‘stuporose insanity’.<sup>587</sup> There was no predisposing cause given for this but the exciting cause was stated to be masturbation.<sup>588</sup> However, in the designated ‘Family History’ section it was shown that ‘a cousin suffers from chorea’ and that her grandmother was ‘in Ipswich Asylum for twelve months.’<sup>589</sup> This is a fairly strong family history of insanity and other patients had been identified as being insane due to hereditary causes on far less evidence than that provided in Eva’s case. The ‘previous history’ section included information that Eva had ‘had a love disappointment. Thought her cousin wanted to marry her. Practices masturbation.’<sup>590</sup> But even in this evidence there is still no obvious reason why vice, in the form of masturbation, was prioritised over hereditary factors in Eva’s case. Masturbation and heredity were also combined in a ‘Case of Sexual Perversion’, published in the *JMS* in 1891.<sup>591</sup> In this case, patient number 666 ‘had a bad heredity’, as his father was ‘dissipated’ and the patient’s mother had contracted a venereal disease from the patient’s father while pregnant with the patient.<sup>592</sup> This case is a clear example of hereditary vice. Patient 666’s sole sister was ‘most immoral’, although his only brother was ‘respectable.’<sup>593</sup> Patient 666 himself was ‘a confirmed masturbator’ when at school and early in his life he had demonstrated a ‘preference for the society of male children, to the disgust of his brother.’<sup>594</sup> Furthermore, the patient had previously displayed ‘indecent habits towards boys, but denies sodomy.’<sup>595</sup> This case history was contributed to the *JMS* by Dr Urquhart, superintendent of Perth, Scotland’s James Murray Asylum. Elspeth Knewstubb’s work on the Ashburn Hall mental hospital identifies the relationship between Urquhart and psychiatric medicine in New Zealand, and the high esteem Urquhart was held in by Inspector-General Duncan MacGregor.<sup>596</sup>

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<sup>587</sup> YCAA 1048/7, folio 69.

<sup>588</sup> YCAA 1048/7, folio 69.

<sup>589</sup> YCAA 1048/7, folio 69.

<sup>590</sup> YCAA 1048/7, folio 69.

<sup>591</sup> Dr Urquhart, ‘Case of Sexual Perversion’, *JMS*, January 1891, p. 94.

<sup>592</sup> Urquhart, p. 94.

<sup>593</sup> Urquhart, p. 94.

<sup>594</sup> Urquhart, p. 94.

<sup>595</sup> Urquhart, p. 94.

<sup>596</sup> Elspeth Knewstubb, ‘Medical Migration and the Treatment of Insanity in New Zealand: The Doctors of Ashburn Hall, Dunedin, 1882-1910’, in *Migration, Ethnicity, and Mental Health*, p. 109

This relationship exemplifies the web of knowledge between psychiatry in New Zealand and elsewhere in the British world, and the strong influence of Scottish medicine in New Zealand, as outlined in Chapter Two.

Chapter One of this thesis referred to various pieces of legislation which were enacted to discourage vice, one of which was the Vagrancy Act, designed to reduce public drunkenness and prostitution. Figure 3.1 represents an attempt to formally document and quantify vice, as well as heredity, in the British asylum population, and the presence of dual aetiologies. At the AMH, Edward W's case note demonstrates ideas about heredity and vice, and also alludes to the Vagrancy Act. Edward, who 'led a very irregular life by his own account', 'masturbates', and 'states that his father died in an asylum', was also a prisoner in jail, serving a sentence for 'vagrancy'.<sup>597</sup> The official cause of Edward's attack was said to be 'drink and heredity', as his father had been in Victoria's Yarra Bend Asylum for twenty-seven years.<sup>598</sup> John O, like Edward W, practiced self abuse, and had a family member who had been in a mental hospital. John's mental state was also attributed to 'probably want of means and employment' as well as self-abuse.<sup>599</sup> Although it is noted that John's sister 'was at one time an inmate in this asylum' and that this patient's sister was 'an inmate of the Asylum in 1877 and perished in the fire which she herself caused on 20<sup>th</sup> April 1877' heredity is not a cited cause of John's melancholia.<sup>600</sup>

Evidence of heredity in patient case notes was often provided by those accompanying the patient to the AMH. This evidence referred to a variety of familial relationships, some close, others more distant. The ability of others to provide this information about patients challenges Fairburn's ideas, rather supporting McCarthy's claims about 'kinship' in nineteenth-century New Zealand. This section also notes that the amount of detail written about cases of insanity attributed to heredity declined as the nineteenth century wore on. The shorter justifications offered for the identification of heredity as a cause of insanity reflects the way that heredity was becoming more widely accepted, perhaps almost taken for granted as a cause of insanity, in medical discourse. The combination of heredity and vice, or ancestral vice, presented a problem for the

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<sup>597</sup> YCAA 1048/5, folio 333.

<sup>598</sup> YCAA 1048/5, folio 333.

<sup>599</sup> YCAA 1048/5, folio 33.

<sup>600</sup> YCAA 1048/5, folio 719.

classification and statistical analysis of aetiologies of insanity in asylum populations, motivating the Medico-Psychological Association to construct 'intemperance tables' in order to gain a more detailed and accurate picture of the causes of insanity. But a 'helpful' completion of such a form required that the information recorded in the patient case notes was correct. The collection of such information was difficult, leading to 'evidence' about patients which was perhaps misleading or of dubious origins. This occurred in a number of ways, as detailed in the next section.

### **Querying the Evidence**

The nature of the 'evidence' of heredity and vice presented in patient case notes was often problematic and open to interpretation. In particular, this chapter argues that vice, particularly intemperance in alcohol, was favoured as an attributed cause of insanity in patients admitted to the AMH because of its very visible nature. Not only could patients have been seen drinking alcohol by others, they also reputedly displayed particular physical characteristics such as skin tone, tremor, speech and gait. Almost as visible were those patients whose insanity was attributed to masturbation. This is demonstrated in instances of patients caught practicing self-abuse by family, police, or AMH staff, as noted in their case notes. By contrast, evidence of heredity in the AMH patient case notes was almost exclusively from verbal sources, either the patient themselves or the testimony of family or friends. The reluctance of family members to attest to their own 'flawed' heritage was linked to a sense of shame, particularly towards the end of the nineteenth century as the concepts of heredity and racial fitness became somewhat more significant in popular discourse. Heredity was not so obvious. However, Chapter Five of this thesis, which centres on congenital idiocy at the AMH, provides some examples of the 'visibility' of heredity in AMH patients. Medical discourses about congenital idiocy, with the frequent assignation of certain physical characteristics to patients diagnosed with this condition countered this 'invisibility' of what was predominantly held to be a hereditary condition. As Chapter Five shows, phrenological theories were also applied to congenital idiocy patients, furthering the 'visibility' of heredity in the asylum. There is a correlation between the years in which heredity was a more frequent cause of insanity in patients admitted to the AMH than intemperance or masturbation and the years when the category of 'heredity' was combined with congenital

conditions, to form a category of ‘congenital and hereditary’. This is illustrated in the years 1892, 1894, 1896, and 1898, as indicated by the asterisks in Table 3.4. The only exceptions to this are in 1886, when the percentage of patients admitted with insanity attributed to heredity alone was equal to that of intemperance and greater than that of masturbation, and in 1896, when ‘heredity and congenital’ was significantly lower than in other years.

**Table 3.4** Percentage of patients admitted to the Auckland Mental Hospital between 1868 and 1899, whose mental condition was attributed to intemperance, masturbation, or heredity, as shown in the Annual Reports on the Lunatic Asylums of the Colony, *AJHR*

Year	% attributed to Intemperance	% attributed to Masturbation	% attributed to Heredity
1868	No statistics available	No statistics available	No statistics available
1870	No statistics available	No statistics available	No statistics available
1872	7.84	0	3.92
1874	16.4	0	0
1876	No statistics available	No statistics available	No statistics available
1878	16.4	0	0
1880	7.06	0	4.71
1882	19.77	1.16	1.16
1884	4.3	1.08	3.22
1886	11.54	1.28	11.54
1888	10.17	1.7	6.78
1890	13.43	7.46	5.97
1892	10.58	3.85	33.65*
1894	16.46	2.53	16.46*
1896	6.86	8.82	2.94*
1898	8.64	6.17	12.35*

**Source:** *AJHR*, 1869, 1871, 1873, 1875, 1877, 1879, 1881, 1883, 1885, 1885, 1887, 1889, 1891, 1893, 1895, 1897, 1899. Figures marked with \* are taken from years in which ‘heredity’ was combined with ‘congenital’ in the *AJHR* tables.

This table shows the dominance of intemperance in alcohol as a cause of insanity in patients admitted to the AMH over approximately three decades, compared to masturbation and heredity. But the data presented in this table is subjective, as the designation of cause of insanity was, as is shown elsewhere in this chapter, often based on very scarce evidence. Furthermore, the very ‘evidence’ itself of heredity and vice in patient case notes was itself contested. One way that this contest was demonstrated was through the deployment of terms of doubt in the case notes. For example, in the *JMS* in January 1878, J H, a 33 year old widower was recorded as being admitted to the West Riding Asylum during the previous year. According to the author of the article, for some unstated reason, ‘The facts of his history prior to this attack as given by his friends and Relieving Officer, were too conflicting to be closely relied upon.’<sup>601</sup> Rather than privileging one testimony above another, the author simply believed neither. Instead, he stated that ‘There was good reason, however, to suspect that for some years past he had been living a somewhat loose and dissolute life, and lately had become very intemperate in his habits ... a distant relative was said to have been insane.’<sup>602</sup> It is not clear from this published case note where this latter and apparently ‘valid’ information came from.

As already mentioned in this thesis, a lack of multi-generation family histories was considered to be a problem in colonial asylums. Yet there is evidence that there were similar issues in British asylums. For example, in the case history of A Y, a fifteen year old epileptic dementia patient, ‘Facts as to her history were scanty and obtained with difficulty, as she was illegitimate, and had been several years before left by mother, who had emigrated.’<sup>603</sup> Yet, as this example shows, a more internationally mobile population also impacted on the knowledge held about families in those places which immigrants originated from. Patients’ personal circumstances in nineteenth-century Britain also helped to determine the breadth of family information available to asylum doctors. William H was admitted to the Sussex County Asylum from the Brighton Workhouse, suffering from melancholia. It appears that William himself was unable to vouch for his own background, and ‘the relieving officer was unable to give any history

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<sup>601</sup> W. Bevan Lewis, ‘A Case of Disseminated Cerebral Sclerosis’, *JMS*, January 1878, p. 564.

<sup>602</sup> Bevan Lewis, p. 564.

<sup>603</sup> W. Herbert Packer, ‘Two Cases of Epilepsy Associated with Cerebral Tumour’, *JMS*, October 1882, p. 373.

of the case, as the patient was a vagrant, and had no known relatives.’<sup>604</sup> This lack of known patient history would perhaps be more expected in Fairburn’s atomized society of nineteenth-century New Zealand.<sup>605</sup> A similar example is from the Perth District Asylum, in which B McD, a 64 year old domestic servant was admitted from the Perth Poorhouse, where she had lived for two years. This woman had ‘no family history to be got, and her personal history was meagre.’<sup>606</sup> The social dislocation implied in these three cases was perhaps symptomatic of upheavals present in nineteenth-century British society, such as immigration, urbanisation, and the effect of the Poor Laws.<sup>607</sup> It is arguable that these changes created similarly difficult physical and social environments for the mentally vulnerable in Britain, as in the colonial setting.

There was also tension between stated patient histories and the doctors admitting patients to asylums as demonstrated in the ‘Case of Cocainism’, contributed to the *JMS* in 1892 by R. Percy Smith. In this case M D, a 39 year old nurse, was voluntarily admitted to Bethlem Hospital to cure her cocaine habit.<sup>608</sup> M D’s personal history made no mention of her family or of heredity in any way, except to note that her father was a school master.<sup>609</sup> Further down in the published case note, Percy Smith states that ‘In the family history there was no evidence of any insanity, but there was the important fact that her mother suffered from morphia habit. In the previous history, as given to us by her friends, there was no account of any disease other than those given in the patient’s own history of herself.’<sup>610</sup> Percy Smith makes no further comment about this. However, the very fact that he mentioned the contradictory patient histories at all suggests that he was somewhat irritated by this. In a similar vein, the excerpt of the case notes

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<sup>604</sup> T. B. Worthington, ‘Sudden Death from Rupture of a Thoracic Aneurism in a Case of Melancholia’, *JMS*, October 1882, p. 375. The ‘Intemperance Table’ published in the *JMS* in 1881, as shown earlier in this chapter, suggests that insufficient or unreliable information about patients was a genuine concern in British psychiatry, as the instructions accompanying the table state request that ‘If any item of information can be given with tolerable certainty, please by X in the proper place. If there is only suspicion, put (?)’.

<sup>605</sup> Fairburn.

<sup>606</sup> N. M MacFarlane, ‘Case of Insanity associated with Chorea in Advanced Life’, *JMS*, January 1890, p. 74.

<sup>607</sup> Peter Bartlett has researched the relationship between the nineteenth century Poor Laws and the treatment of the insane in ‘The Asylum and the Poor Law the Productive Alliance’, in *Insanity, Institutions and Society, 1800-1914*, ed. by Joseph Melling and Bill Forsythe (London and New York: Routledge, 1999), pp. 48-67.

<sup>608</sup> R. Percy Smith, ‘Case of Cocainism’, *JMS*, July 1892, p. 408.

<sup>609</sup> Percy Smith, p. 408.

<sup>610</sup> Percy Smith, p. 409.



of J J, a single, unemployed 18 year old, were published in the *JMS* in 1892.<sup>611</sup> J J was a ‘fairly well nourished youth, described as temperate, shy, and retiring in disposition, and very intelligent.’<sup>612</sup> There is no indication where this description came from, nor that the author disputes this depiction. The author of this case note, M. J. Nolan, clearly had less faith in the patient history. He wrote that the ‘Family history could be obtained only from a neurotic emotional sister, who denies hereditary taint.’<sup>613</sup> The implication in this sentence is that the patient’s sister’s own emotional state and neuroses made her testimony questionable and was in itself evidence of such a hereditary taint.

## Conclusion

This chapter has demonstrated the different ways that various forms of vice and of heredity appeared in patient case notes at the AMH, between 1868 and 1899. It has shown that the clarity of evidence for the attribution of patients’ conditions varied between different forms of vice, within the same form of vice, and was perhaps the least obvious in cases attributed to heredity. Those admitted to the AMH and represented in medical journals as suffering from a mental condition in some way related to intemperance in alcohol seem to have presented the most visible evidence of all patients surveyed in this chapter. Illegitimate birth was also highly visible, although much less common than intemperance.

Masturbation, also feared to be a source of corruption, was, contrary to secondary literature, almost as visible as indulgence in alcohol in patient case notes.<sup>614</sup>

There was still a reasonable degree of conjecture in many of the cases for which masturbation was an aetiology or symptom. The case extract at the start of this chapter is an example of this assumption. Yet masturbation was much more visibly obvious than heredity, which almost without exception, was an aetiology based on testimony from patients, or from patients’ families or friends. However, there were also instances, particularly in the *JMS* of cases in which the denial of heredity taint was strongly questioned, because this denial came from a family member themselves who were apparently of doubtful mental health. There were

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<sup>611</sup> M. J. Nolan, ‘Cases of so-called Katatonia’, *JMS* (October 1892), p. 552.

<sup>612</sup> Nolan, p. 552.

<sup>613</sup> Nolan, p. 552.

<sup>614</sup> Jock Phillips writes that by the turn of the century in New Zealand ‘fear was expressed that the habits of drinking, smoking, and sexual abuse, particularly masturbation, were sapping the physical strength and moral fibre of the race.’ Jock Phillips, ‘Mummy’s Boys: Pakeha Men and Male Culture in New Zealand’, in *Women in New Zealand Society*, ed. by Phillida Bunkle and Beryl Hughes (Sydney: George Allen & Unwin, 1980), p. 229.

also cases which lacked any information at all about a patient's family history, examples of which came from both the AMH patient case notes and from the British medical journals. This notable absence throws into question the idea that insufficient information about family histories was a particular problem of colonial psychiatry.

This chapter has also reinforced the transnational nature of New Zealand psychiatry, showing connections between contributors to medical journals and doctors working in asylums in New Zealand. This chapter has not differentiated between patients diagnosed with specific medical conditions, instead focusing on vice and heredity, as causes and signifiers of insanity. Finally, this chapter has attempted, where possible, to make connections between medical discourse and popular ideas and anxieties about the mentally ill. Focusing research on specific diagnoses would allow a more in-depth consideration of these connections and the interaction between different types of medical discourse, for example, between text book, medical journal, and patient case note. Through the lens of specific diagnoses, the next chapter of this thesis uses such an approach, and explores ideas about heredity, vice and race decline within different forms of medical discourse, as well as popular anxieties.

This part of the thesis has outlined the popular and medical contexts of New Zealand in the nineteenth century, and shown how concerns about national fitness and efficiency were reflected in these sources, in reference to mental illness and deficiency. It shows that traditional concepts of morality and respectability coexisted with the adoption of science into popular texts, establishing a social and political environment in which heredity, vice and racial decline became part of anxieties about national fitness. This part has also demonstrated that medical discourses circulated around the British world, clearly flowing between Britain and New Zealand, particularly from Scotland and England, to New Zealand. This part of the thesis has also used large patient populations as well as individual patients to identify how vice, through its visible nature, was a favoured cause of insanity, while heredity, until it became more visible through its association with congenital conditions, was less predominant. Part Two of this thesis explores the connections between heredity, vice and racial decline, and specific mental diagnoses, also through analysis of large patient populations and case notes of individual patients.

## **Part Two**

# **Interpreting 'National Fitness' Through Three Diagnoses**

## Chapter 4

### From ‘carnal scourge to family poison’: General Paralysis of the Insane at the Auckland Mental Hospital and beyond, 1868-1899 <sup>615</sup>

In 1896, Thomas Clouston, former Medical Superintendent of Scotland’s Royal Edinburgh Asylum (also known as Morningside) and Lecturer in Mental Diseases at the University of Edinburgh, addressed the British Medical Association’s Section of Psychology. In this speech, Clouston declared that

Man with a nervous heredity if he has got safely through childhood and adolescence may with care and obedience to Nature’s laws live to a good old age; but if he drinks too much, or carries with him an old syphilitic gland, or has to work too hard, he has not the staying power to resist these things. With a good heredity he might have withstood them; with a bad heredity in his nerve centres he falls a victim to general paralysis. <sup>616</sup>

This chapter explores medical ideas about the diagnosis of General Paralysis of the Insane (GPI), particularly theories about the role of heredity and of vice in the aetiology of the condition. It also explores popular ideas about GPI, and then focuses on the presentation of patients with GPI admitted to the Auckland Mental Hospital (AMH) between 1868 and 1899. Previous chapters of this thesis examined popular and medical ideas about insanity, specifically the role of heredity and vice in the aetiology of mental illness. These chapters demonstrated that vice, as a more ‘visible’ factor in a diagnosis, was more closely identified with insanity than heredity in popular discourses. Heredity, despite its more concealed nature, formed a significant part of medical theories about the aetiology of insanity.

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<sup>615</sup> Allan M. Brandt, ‘Sexually Transmitted Diseases’, in *Companion Encyclopedia of the History of Medicine*, vol. 1, ed. by W. F. Bynum and Roy Porter (London and New York: Routledge, 2001), p. 572.

<sup>616</sup> T. S. Clouston, ‘An Address Delivered at the Opening of the Section of Psychology, at the Annual Meeting of the British Medical Association at Edinburgh’, *British Medical Journal (BMJ)*, 30 July 1898, p. 304.

This chapter is the first of three to adopt a different approach to the source materials used in this thesis. General Paralysis of the Insane, Congenital Idiocy and Puerperal Insanity are examined in these chapters through both medical and popular discourses. In doing so, these chapters demonstrate how theories about heredity, vice and racial decline were deployed in relation to specific psychiatric conditions, and also what the relationship between these theories and these conditions reveal about gender, class, and sexuality.

The second part of the thesis deploys the methodology demonstrated in Chapter Three, using patient case notes to explore how heredity and vice were implicated as causes of mental conditions. As discussed in the Introduction, patient case notes as archival sources have been widely used by historians of medicine, particularly of psychiatry. Patient case notes from the AMH in particular have been examined by Emma Spooner, Catharine Coleborne, Bronwyn Labrum, and Angela McCarthy, and, as Coleborne suggests, provide evidence of the ‘highly circumscribed and mediated’ versions of patients’ lives recorded in these sources.<sup>617</sup>

Published medical discourses, individual doctors, and the popular press, were reluctant to identify GPI exclusively with syphilis during the nineteenth century. This was, arguably, because of the implications of connection for individual GPI patients, many of whom did not fit the ‘mould’ of the typical person diagnosed as ‘insane’, but were instead members of the married, urbane, employed and often educated ‘respectable class’. In contrast, the ‘typical’ male psychiatric patients were often socially dislocated, living in isolated areas, and subject to the effects of poverty, loneliness, and want of nourishment. A key part of this argument refers to the scarcity of links made in public and medical discourses between prostitution and GPI. It is important to note that although, as shown in this chapter, firm scientific evidence of the aetiology of syphilis in GPI cases was not established until the early twentieth century, this connection had been suspected since at least the 1860s. Therefore, the presence of a connection between prostitution and GPI could be expected in popular and medical discourses in the latter decades of the nineteenth century. However this chapter

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<sup>617</sup> Catharine Coleborne, *‘Madness’ in the Family: Insanity and Institutions in the Australasian Colonial World, 1860-1914* (Basingstoke, Hampshire: Palgrave Macmillan, 2010), p. 10.

demonstrates that these ideas were not published, and argues that this is because of the implications of such an accusation, that is, that general paralytics, or their spouses, parents, or wet nurses, were likely to have engaged in sexual contact with prostitutes. This was unpalatable to medical professionals and non-medical elites. The discomfort caused by this idea resulted in its suppression, or at the very least, a failure to engage with this theory.

Discourses about GPI form an entire chapter of this thesis for several reasons. First, it is one form of insanity which has been proven conclusively to be a manifestation of a specific disease, syphilis, which was often a consequence of sexual ‘vice’. This distinguishes GPI from most other types of insanity in the nineteenth century. Second, there was a clear hereditary aspect to GPI, as the children of women with syphilis could inherit the condition and therefore be born with the seeds of GPI. This is known as congenital syphilis. This hints at the existence of a ‘class’ of people who were likely to contract or to develop GPI, and bolsters arguments about hereditary mental and physical weakness. Third, GPI patients admitted to the AMH were more likely to be male, adding a strong gender element to discourses around GPI. This provides a contrast with Chapter Six of this thesis which examines discourses about Puerperal Insanity, a diagnosis which by definition excluded male patients. A fourth reason for dedicating a chapter to GPI is because this condition, in a colonial context, has to date been the subject of very little scholarship.

Based on nineteenth-century medical and popular ideas and beliefs about patients diagnosed with GPI and the causes of the illness, this chapter examines how concerns about heredity, vice, and racial decline influenced discourses about GPI, and how this may have changed over time. The primary medical sources are the patient case notes of patients admitted to the AMH under the diagnosis of GPI between 1868 and 1899, and articles from medical journals, particularly the *BMJ* and the *JMS*. The majority of the popular sources are articles from New Zealand newspapers from the same era. The first section of this chapter relays the major developments in the ‘discovery’ of GPI, particularly in the speculated causes of the condition, drawing on secondary literature and on contemporary medical journals. This section includes a discussion about the relationship between syphilis and GPI. The second section outlines the ideas about GPI in circulation in non-medical New Zealand society, particularly theories about the ‘type’ of

people who were thought to be more likely to have this condition and how they may have acquired it. This section also explores the effects of concerns about syphilis on society, and the connections made between syphilis and anxieties about national fitness and efficiency. Finally, the third section presents patient case notes from the AMH of patients diagnosed with GPI. These notes are analysed for clues about how doctors thought patients had developed the illness and specifically for evidence about the role of heredity or vice as a cause of GPI and the implications of this condition for racial degeneracy. This final section also shows how ideas about the aetiology of GPI changed over time and contrasts them with case notes from GPI patients from overseas. Overall, the construction of this diagnosis as a disease associated with disrepute or with respectability was highly dependent on the favoured aetiology of the time, as well as the personal histories of the patients.

### **General Paralysis of the Insane as a Medical Condition**

By the end of the nineteenth century it had become generally accepted in western medicine as practised in Continental Europe, Great Britain, and the wider British world, that GPI was the tertiary stage of syphilis, a sexually transmitted disease, although was not scientifically proven until the discovery of the syphilitic spirochete in 1905 by Fritz Schaudinn and Erich Hoffman.<sup>618</sup> This discovery provided irrevocable evidence of the relationship between GPI and syphilis, thus ensuring that GPI patients beyond the nineteenth century were constructed as sinful, immoral, promiscuous, and contributed to the general level of anxiety about racial degeneracy.<sup>619</sup> Prior to this discovery, the multitude of suspected causes of GPI helped to construct GPI patients in a variety of ways, ranging from sexual deviants to workaholics.

The early nineteenth century medical history of GPI spans Western Europe. In England, as early as 1809 a physician at Bedlam attributed ‘paralysis

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<sup>618</sup>Judith Walkowitz, *Prostitution and Victorian Society: Women, Class, and the State* (New York: Cambridge University Press, 1980), p. 256. For more on this see Kevin Brown, *The Pox The life of and near death of a very social disease* (Gloucestershire: Sutton Publishing, 2006), p. 3,97, and Gayle Davis, *‘The Cruel Madness of Love’: Sex, Syphilis and Psychiatry in Scotland, 1880-1930* (Amsterdam and New York: Rodopi, 2008), pp. 15-16.

<sup>619</sup>Walkowitz, cited in Margaret Thompson, ‘The Wages of Sin: the Problem of Alcoholism and General Paralysis in Nineteenth-Century Edinburgh’, in *The Anatomy of Madness, Essays in the History of Psychiatry of Psychiatry Volume III: The Asylum and its Psychiatry*. Ed. By W. F. Bynum, Roy Porter, and Michael Shepherd (London and New York: Routledge, 1988), p.331.

inducing derangement of the mind’ to ‘a course of debauchery long persisted in.’<sup>620</sup> The increase in GPI cases after the Napoleonic Wars, which ended in 1815, was attributed to ‘privation, terrors of war, excessive intellectual activity, emotional upsets and disappointments.’<sup>621</sup> In 1822 Frenchman Antoine Laurent Bayle asserted that the ‘mental symptoms of dementia paralytica’, another name for GPI, and the ‘associated paralysis’, were the ‘direct consequence of visible pathological changes in the brain and meninges.’<sup>622</sup> These ‘changes’ which Bayle discussed were also of broader significance than as an explanation of GPI, as they also represented the first time that a defined, physical factor was found to be different in the brains of the mentally ill, from the rest of the population. This discovery supported those who argued that insanity had an organic aetiology.<sup>623</sup> In 1857, Danes Frederich Esmarch and Peter Willers Jessen authored the first internationally published article suggesting that syphilis may be a cause of GPI.<sup>624</sup> Three years later, another Dane, Valdemar E. Steenberg, Chief Physician at St Han’s Hospital in Denmark, published research drawing on 29 post mortem examinations of syphilitics and patient records from 89 syphilis cases.<sup>625</sup> Steenberg’s findings supported Esmarch and Jessen and rejected other hitherto assumed causes of GPI, such as heredity, climate, and alcoholism.<sup>626</sup> While Steenberg’s thesis was initially ‘favourably reviewed’ in the *British and Foreign Chirurgical Review*, the somewhat sparse discussion of GPI in the *BMJ* centred on differentiating the illness from other ‘mental’ illnesses, particularly those with a

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<sup>620</sup> John Haslam, *Observations on Madness and Melancholy*, 2<sup>nd</sup> revised edn. (London: Lallow, 1809) pp. 208-209.

<sup>621</sup> Alan Stoller and R. Emmerson, ‘General Paralysis in Victoria, Australia: Historical Study’, *Medical Journal of Australia*, 12, 2 September 20 1969, p. 607. This was supported in an article in the *BMJ* in an article by John Hitchman, who attributed GPI to ‘high designs dashed suddenly to the ground, severe fatigue sustained by alcoholic stimulants, rather than by sleep are frequent excitements’, of the condition. Hitchman cited the number of cases occurring among soldiers in the Grand Army, during their retreat from Moscow. See John Hitchman, ‘Clinical Observations on the Diagnosis of the General Paralysis of the Insane’, *BMJ*, 28 October 1871, p. 494.

<sup>622</sup> Edward H. Hare, *On the History of Lunacy: the Nineteenth Century and After* (London: Gabbay, 1998), p. 47.

<sup>623</sup> Claude Quétel, *History of Syphilis*, translated by Judith Braddock and Brian Pike (Cambridge: Polity Press, 1992), p.161.

<sup>624</sup> Frederich Esmarch and Peter Willers Jessen, ‘Syphilis & Geistesstörung’, *Allgemeine Zeitschrift für Psychiatrie*, 14 (1857), pp. 20-36 cited in Jesper Vaczykragh, ‘Malaria Fever Therapy for General Paralysis of the Insane in Denmark’, *History of Psychiatry*, 21, 4 (2010), p. 473.

<sup>625</sup> Valdemar E. Steenberg, ‘Den Syphilitiske Hjernelldelse’, (unpublished PhD thesis, Copenhagen, 1860), cited in Vaczykragh, p. 474.



physical manifestation, such as senile dementia.<sup>627</sup> The discovery of the ‘syphilitic origin of general paralysis’ is generally attributed to Frenchman Dr Alfred Fournier, in the 1870s.<sup>628</sup> Even early in his career Fournier had identified the ‘terrible effect it [GPI] had together with tuberculosis and alcoholism on the whole country, causing high infant mortality, chronic ill health, wastage of man power, and personal disaster’, perhaps alluding to the greater threat to racial health which GPI presented.<sup>629</sup>

Ideas about the aetiology of GPI published in the *BMJ* in the 1870s reflected contemporary class concerns, as causes affecting society’s ‘more opulent classes’ included ‘intense and prolonged mental activity, carried on under emotional excitement;’ and ‘sexual excesses; and large quantities of wine and alcoholic stimulants.’<sup>630</sup> Englishman Dr John Hitchman distinguished this from the causes of GPI among the working classes, which were ‘heavy and prolonged labour, sustained by large portions of ale or spirits, rather than by nutritious food and a due quantity of sleep.’<sup>631</sup> At the same time Hitchman defined the GPI population further by describing sufferers of the condition as mostly over thirty years old and ‘among the upper classes of society’ and the condition as affecting ‘almost exclusively the male sex.’<sup>632</sup> But he added to this that ‘among the female poor, and the lower middle classes of society, such cases are occasionally brought under notice.’<sup>633</sup> While Hitchman erroneously focused on the causative role of alcohol in GPI, he correctly disagreed with the views of Dr Conolly, who disputed ‘the acting force of sexual excess in producing this malady, because he had so frequently met with this disease in “respectable married life”.’<sup>634</sup> It is the appearance of GPI in these very circumstances of ‘respectable, married life’ which delayed and suppressed medical acknowledgement and public awareness about GPI’s origins as a sexually transmitted disease, generally considered to be the preserve of low class prostitutes and their clientele. Hitchman himself went

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<sup>626</sup> Steenberg, cited in Vaczykragh, p. 474.

<sup>627</sup> ‘Progress of Medical Science’, *BMJ*, September 19 1863, p. 327.

<sup>628</sup> Quétel, p. 134.

<sup>629</sup> M. A. Waugh, ‘Alfred Fournier, 1832-1914, His Influence on Venereology’, *British Journal of Venereal Disease*, 50, 1974, p. 234. In this sentence, Fournier was referring to France.

<sup>630</sup> Hitchman, p. 494.

<sup>631</sup> Hitchman, p. 494.

<sup>632</sup> Hitchman, p. 494.

<sup>633</sup> Hitchman, p. 494.

<sup>634</sup> Hitchman, p. 494.

on to state that research had shown that sexual excess was ‘among the most frequent’ of the ‘antecedents’ of the disease.<sup>635</sup>

Although none of Hitchman’s ideas about GPI as discussed so far relate to heredity, the patient case note extracts included in his article support the role of a hereditary taint in the production of GPI. The case note Hitchman quotes is from a patient, T G, who had a ‘special hereditary predisposition to insanity’, including a ‘mother of weak intellect’, who was ‘always in anxiety owing to the vices and caprices of her husband, who drank to excess and died of pulmonary consumption.’<sup>636</sup> Furthermore, T G’s grandfather, uncle, and sister, were all described as mentally deranged, and had died in lunatic asylums.<sup>637</sup> As well as his ‘hereditary predisposition to insanity’ T G had a personal history of excessive drinking. Both heredity and vice were made visible in T G’s history. But the defining statement in Hitchman’s published version of this case is his description of T G as the result of ‘a (probable) drunken procreative act; to gestation in a womb of a mother agitated by a thousand fears; to poor and irregular nutrition in infancy; to defective intellectual training; and the daily example of drunkenness or depravity in his father, and last, although not least, to intemperance on his own part.’<sup>638</sup> This is a particularly useful example for this argument, as Hitchman combined vice and heredity to demonstrate how these factors contribute to degeneracy in the next generation. But in T G’s case Hitchman failed to explicate or speculate on the link between T. G.’s condition and his heritage.<sup>639</sup> This connection may have been that T G’s grandfather had contracted syphilis, infected T G’s grandmother, who had in turn infected T G’s uncle, aunt and one of his parents, in utero, with the latter perhaps infecting T G while pregnant with him, as an example of hereditary syphilis. Hereditary syphilis occurred through transmission from mother to foetus during pregnancy, producing children of small stature who could be recognised by their ‘family appearance of flat faces with saddle-noses’ and their ‘notched and peg-shaped Hutchinson’s teeth.’<sup>640</sup> In these

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<sup>635</sup> Hitchman, p. 494.

<sup>636</sup> Hitchman, p. 494.

<sup>637</sup> Hitchman, p. 494.

<sup>638</sup> Hitchman, p. 494.

<sup>639</sup> Coleborne uses the term ‘heritage’ in her discussion of concerns explored at the 1889 Intercolonial Medical Congress, in reference to ‘the “hybrid” heritage of asylum inmates.’ See Coleborne, *Madness in the Family*, p. 36.

<sup>640</sup> Brown, p. 5

instances heredity became as visible as vice was in a trembling and jaundiced alcoholic.

Joseph Melling and Bill Forsythe's research also shows that in early 1880s England, patient case notes from the Devon asylum suggest that GPI was a common diagnosis among male patients but was rarely attributed to 'sexual intemperance.'<sup>641</sup> Nor was heredity strongly implicated in these patient case notes, as 'hereditary causes' were equal to the number of patients whose illness was attributed to 'insanity induced by religion.'<sup>642</sup> Indeed, English historian Lesley Hall asserts that while venereal diseases, such as syphilis, were a 'problem' in mid-Victorian Britain, medical knowledge of these conditions was fairly primitive, particularly the level of understanding of the changes occurring in various stages of syphilis.<sup>643</sup> At about the same time as this, Dr Julius Mickle analysed the Lunacy Blue Books for England and Wales over a four year period in the 1880s, identifying 3,374 male and 910 female GPI patients.<sup>644</sup> Mickle concluded that the main causes of GPI in males were 'intemperance in drink, heredity, other bodily diseases, and adverse circumstances', in that order.<sup>645</sup> For female patients Mickle found that the order of causes of GPI was 'heredity, intemperance in drink, other bodily diseases and domestic trouble.'<sup>646</sup> Mickle suggested that the difference in susceptibility to GPI according to gender was based on 'the greater moral shocks to which the male is subjected, as well as the greater frequency with which he indulges in excess, especially alcoholic.'<sup>647</sup> Mickle also claimed that the male brain was 'innately more liable to organic disease than the female', as well as the 'more exhausting effect of sexual excess' in men, and their 'greater liability to syphilis, injury and isolation,' effectively suggesting a wide range of causes of GPI in men, including the moral, the physical, and the physiological.<sup>648</sup>

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<sup>641</sup> Joseph Melling and Bill Forsythe, *The Politics of Madness: The State, Insanity and Society in England, 1845-1914* (London: Routledge, 2006), p. 178.

<sup>642</sup> Melling and Forsythe, p. 178.

<sup>643</sup> Lesley A. Hall, *Sex, Gender and Social Change in Britain Since 1880* (Basingstoke, Hampshire: Macmillan Press Ltd, 2000), p. 22.

<sup>644</sup> W. J. Mickle, *General Paralysis of the Insane* (London: H. K. Lewis, 1886), cited in Stoller and Emmerson, p. 607.

<sup>645</sup> Mickle, p. 263.

<sup>646</sup> Mickle, p. 263.

<sup>647</sup> Mickle, p. 247.

<sup>648</sup> Mickle, p. 247.

Across Europe at this time there was considerable debate about the significance of heredity and vice, including sexual and alcoholic intemperance. At the 1884 *Congrès Périodique International des Sciences Médicales* in Copenhagen, the relationship between syphilis and GPI was an important topic.<sup>649</sup> While Scandinavian psychiatrists at this forum favoured the syphilitic aetiology of GPI, in contrast Russian, Dutch and French medical doctors ‘stressed other causes of GPI.’<sup>650</sup> Indeed, the Frenchman Valentin Magnan maintained that at the Hôpital St Anne in Paris, three hundred GPI patients were admitted per annum, of whom only 30 to 40 per cent had syphilis.<sup>651</sup> Instead, Magnan stated that ‘syphilis, chronic alcoholism and excesses of any kind are only determining factors’, citing a ‘hereditary condition predisposition.’<sup>652</sup> In this way heredity was placed above vice in the hierarchy of causes of GPI. This mirrors general patterns in contemporary theories about insanity, particularly towards the end of the nineteenth century, which sought to reduce state culpability in the causation and frequent incurability of insanity. Mexican historian Cristina Rivera-Garza posits that towards the end of this period the Mexican government promoted hereditary theory in discussions about the aetiology of insanity over the influence of ‘modern life’, in order to reduce state culpability for the insane, in a country marked by economic inequalities.<sup>653</sup>

By the late 1880s the relationship identified between syphilis and insanity was a popular theme of medical articles. At the section on psychological medicine at the Ninth International Congress in 1888 several papers were contributed by British doctors on the link between syphilis and insanity, including a paper by Dr Savage on the ‘Connection between General Paralysis of the Insane and Syphilis’.<sup>654</sup> But a later paper by Savage published in the *BMJ* in 1890, refutes the clarity of this connection, depicting GPI as a ‘degeneration’ initiated by ‘possibly drink, extravagance, restlessness, and sexual excess alone or

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<sup>649</sup> C. Lange (ed.) *Congrès périodique, International des sciences médicales. 8me session-Copenhague 1884* (Copenhagen: Gyldendal, 1886), in Vaczykragh, p. 476.

<sup>650</sup> Vaczykragh, p. 476.

<sup>651</sup> V. Magnan, *Discussion* (1886), cited in Vaczykragh, p. 476.

<sup>652</sup> Magnan, 1886, p. 90, in Vaczykragh, p. 476.

<sup>653</sup> Cristina Rivera-Garza, ‘Dangerous Minds: Changing Psychiatric Views of the Mentally Ill in Porfirian Mexico 1876-1911’, *Journal of the History of Medicine*, 6 (2001), p. 66.

<sup>654</sup> ‘Psychological Medicine at the Ninth International Congress’, *BMJ*, 14 January 1888, p. 97.

combined.’<sup>655</sup> In this later paper Savage depicted typical GPI patients as being ‘middle-aged married men, inhabitants of cities, and flesh eaters.’<sup>656</sup> Middle-aged, omnivorous and urbanised males formed a significant proportion of the ‘respectable class’. Emphasising the origins of GPI as a consequence of sexual impropriety risked offending a large, dominant, and ‘respected’ sector of the population, so was perhaps avoided for this reason. Medicalised generalisations about the GPI patient population continued into the 1890s. Various contributors to the *BMJ* claimed that certain groups of people were more likely than others to develop GPI, for example Saxons were claimed to be more likely to develop GPI than ‘Celtic Highlanders.’<sup>657</sup> These examples show that ‘degeneration’ and ideas about racial health serve as lenses through which GPI and ideas about its aetiology may be viewed and analysed. This thesis, more generally, suggests that mental illness and deficiency could be perceived as a form of evidence of racial degeneracy, and that anxieties about this decline provide a way to analyse mental conditions.

Another contribution to the *BMJ* in the early 1890s demonstrates the continuity of mixed ideas about the causes of GPI, while suggesting a relationship between syphilis and other mental conditions, as syphilis was an occasional, although very rare, cause of ‘mania, melancholia, and dementia, but not the well-marked form of the paralysis of the insane.’<sup>658</sup> This article also stated that ‘some German authors gave syphilis too large a part in the causation of mental disease.’<sup>659</sup> Other key contributions about GPI published in the *BMJ* in the 1890s explain the condition as a ‘disease of civilisation’<sup>660</sup> or quoted specific admission numbers of GPI cases.<sup>661</sup> For example, an 1890 survey of medical literature

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<sup>655</sup> George H. Savage, ‘The Warnings of General Paralysis of the Insane’, *BMJ*, 5 April 1890, p. 777.

<sup>656</sup> Savage, ‘The Warnings’, p. 778.

<sup>657</sup> An example of this is J. Cunningham Mackenzie, ‘Medico-Psychological Association of Great Britain and Ireland’, *BMJ*, 25 March 1893, p. 663.

<sup>658</sup> ‘Forty-Eighth Annual Meeting of the British Medical Association Held in Cambridge, August 1890’, *BMJ*, August 28 1890, p. 339.

<sup>659</sup> ‘Forty-Eighth Annual Meeting’, p. 339.

<sup>660</sup> George H. Savage, ‘Discussion on Neurasthenia and its Treatment’, delivered at the sixty second annual meeting of the British Medical Association, *BMJ*, (8 September 1894), pp. 522-524. In this article, Savage writes that he ‘cannot help comparing the two disorders of advancing civilisation, general paralysis and neurasthenia.’ (p. 522.) Also, see Henry Berkeley’s article, ‘The Johns Hopkins Hospital Reports’, *BMJ*, 19 January 1895, pp. 141-142, particularly Berkeley’s assertion that GPI is increasing among ‘negros in sharp competition with the white man.’ (p. 141.)

<sup>661</sup> ‘Hospital and Dispensary Management, The London County Asylum, Hanwell’, *BMJ*, 4 November 1893, p. 1033.

included a review of a German doctor's examination of the 'Etiology of General Paralysis', comprising an analysis of 200 cases of GPI, revealing that the condition was 'due to syphilis and syphilis alone, and that in the 19 per cent of cases in which there was no indication of this disease in the history had probably suffered from it unknowingly.'<sup>662</sup> Furthermore, hereditary 'influences' were traceable in only 11 per cent of those 200 cases. In contrast, an 'Association Intelligence' piece, published in the *BMJ* less than two months after the 'Etiology of General Paralysis', announced that doubt was thrown on the 'generally accepted view that syphilis and venereal excess were the principal causes of the disease.'<sup>663</sup> This claim was based on GPI's occurrence in the 'strong and the robust.'<sup>664</sup> Rather than syphilis, the Chairman of the Medical Association blamed 'the ever increasing struggle for existence and the worries and the anxieties associated with it being thought by some to be responsible for many cases.'<sup>665</sup> As the opening passage of Chapter One of this thesis suggests, there was a real concern in the nineteenth century about role of the 'worries and excitement of modern life' in the appearance of insanity.<sup>666</sup>

Psychiatrists' reluctance to attribute GPI purely to syphilis is demonstrated by the level of proof demanded by doctors to make such a claim creditable. At the 1893 annual meeting of the British Medical Association, Dr Jacobsen of Denmark blamed the reluctance of 'modern alienists' to support the syphilitic aetiology doctrine on the fact that 'no one has yet been able to definitely trace the syphilitic infection to every case of general paralysis.'<sup>667</sup> Here, this chapter suggests that the value-laden nature of formally associating any illness with a sexually transmitted disease made the level of proof required for some nineteenth-century doctors much higher than if GPI had been linked to a far less morally loaded cause.

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<sup>662</sup> 'An Epitome of Current Medical Literature', *BMJ*, 22 February 1896, p. 29.

<sup>663</sup> 'Association Intelligence', *BMJ*, 4 April 1896, p. 878.

<sup>664</sup> 'Association Intelligence', p. 878.

<sup>665</sup> 'Association Intelligence', p. 878.

<sup>666</sup> *AS*, 4 January 1887, p. 2. Stephen Garton also refers to the challenges presented by modern life to individuals' mental wellbeing in *Medicine and Madness: A Social History of Insanity in New South Wales 1880-1940* (Sydney: University of New South Wales Press, 1988).

<sup>667</sup> 'Annual Meeting: Address in Medicine', *BMJ*, 5 August 1893, p. 298.

The discovery of a physical change in the brain to accompany an alteration in function, and the significance of this to theories about the causes of mental illness more generally, may partly explain the strong motivation to find a definitive cause of GPI.

Scottish historian Margaret Thompson, in her discussion of Morningside Asylum's inmates, many of whom were treated by Dr Thomas Clouston between 1873 and 1908, claims that while Scottish doctors and 'social reformers' were interested in a correlation of sorts between 'alcoholism and promiscuous sexuality', they did not 'recognise the causative relationship between syphilis and general paralysis of the insane'.<sup>668</sup> Clouston himself considered syphilis and GPI as distinct diseases,<sup>669</sup> and held that GPI may be due to 'brain exhaustion, irritation, excesses in drinking, sexual excess, over-work, over-worry, syphilis or injuries.'<sup>670</sup> As Thompson suggests, the fact that syphilis was a 'necessary precursor' to GPI put doctors such as Clouston, referred to at length in Chapter Two of this thesis, in a professionally and socially awkward position, as he was in charge of a large number of asylum patients who could be labelled 'promiscuous or dissipated.'<sup>671</sup> Some medical professionals were much more willing to embrace the idea that GPI was linked to 'hard work under conditions and responsibility,'<sup>672</sup> a connection which may have been far more palatable for the likes of Dr Clouston and the financial supporters of the Morningside asylum. In a New Zealand context, in strongly Scottish Dunedin, the *ODT* published an annual report on mental disease penned by Clouston, in which he claimed that there was 'almost certainly a relationship between general paralysis and city life, high wages, alcohol and riotous living.'<sup>673</sup> While 'promiscuity' is not a clear opposite to Clouston's quoted ingredients of GPI, it is also not an obvious implication. Perhaps 'city life, high wages, alcohol and riotous living' were more acceptable to Clouston's Scottish, and even New Zealand, contemporaries than the more likely, and by this point long suggested, explanation of premarital or extramarital sex. Sexual promiscuity was a particular source of anxiety and reprehension in the Victorian era, and venereal disease was often viewed as a 'just punishment of sexual promiscuity and an indicator of social decay.'<sup>674</sup>

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<sup>668</sup> Thompson, pp. 316-340.

<sup>669</sup> Thompson, p. 325.

<sup>670</sup> Thomas Clouston, *Clinical Lectures, Lecture X*, pp. 260-276, quoted by Thompson, p. 326.

<sup>671</sup> Thompson, p. 329.

<sup>672</sup> 'General Paralysis', *BMJ*, 2 February 1895, p. 266. The exact quote is 'while much with regard to the etiology remains obscure, one factor is almost always to be traced, namely, hard work under conditions of excitement and responsibility.'

<sup>673</sup> 'Scotland', *Otago Daily Times (ODT)*, 26 April 1893, p. 4.

<sup>674</sup> Thompson, p. 316.

Thompson's analysis and interpretation of Clouston's work on GPI is queried by Gayle Davis, who argues that Thompson overstates Clouston's moral dilemma, and claims that his approach to determining the cause of GPI was typical of his contemporaries.<sup>675</sup> Davis also argues that Clouston's stated purpose in denying the role of syphilis in the aetiology of GPI was 'pragmatic – a lack of statistical evidence to support what was at that time a major reformulation of the syphilitic domain.'<sup>676</sup> But this chapter disagrees with Davis's critique of Thompson's arguments, and suggests that Davis herself has not given due weight to Clouston's stubborn reluctance to cite syphilis as the sole cause of GPI, in view of the mounting, and by the end of the nineteenth century, fairly convincing evidence of this connection. This is particularly true when comparing the growing certainty in the medical profession that syphilis was a significant factor in most GPI cases, to the plateau, if not decline, in importance attached to intemperance in alcohol, or 'modern life'.

By the mid-1890s fears of racial decline became central to medical discourses about GPI. This is demonstrated by records from meetings of the Medico-Psychological Association, the professional organisation for psychiatrists in nineteenth-century Britain whose members included some psychiatrists working in New Zealand, including Dr Cremonini, Medical Superintendent of the AMH between 1886 and 1889.<sup>677</sup> At one of these meetings Dr R Stewart concluded that the increase of GPI cases was indicative of 'increasing moral decadence, diminishing power of resistance, and premature and rapid racial decay.'<sup>678</sup> Stewart's inclusion of 'rapid racial decay' and 'increasing moral decadence' in his outline of the significance of GPI is echoed, albeit in more poetic terms, in Clouston's opening address for the section of psychology at the British Medical Association's annual meeting in 1898. In this address, Clouston described bad heredity, in a time of 'decadence of the organism' as a 'weakening of the roots and supports that keep a full-grown tree from being blown over by the storms to which it is exposed from without.'<sup>679</sup> While Clouston referred to the

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<sup>675</sup> Davis, p. 200.

<sup>676</sup> Davis, p. 200.

<sup>677</sup> Rex Wright-St. Clair, *Medical Practitioners in New Zealand from 1840-1930* (Hamilton, N. Z.: R. E. Wright-St. Clair, 2003), p. 103.

<sup>678</sup> 'Medico-Psychological Association', *BMJ*, 8 August 1896, p. 337. Thomas Clouston defined the mental conditions of decadence as 'climacteric, senile and paralytic insanities.' See T. S. Clouston, 'An Address', p. 304.

<sup>679</sup> Clouston, p. 304.



syphilitic origins of GPI, as demonstrated in the passage at the beginning of this chapter, that quote also shows that he simultaneously promoted other aetiological factors, supporting the idea that heredity and vice, even non-sexual vice, remained important to some medical discourses about GPI at the end of the nineteenth century. But this statement also suggested that GPI may be a consequence of hard work. This provided Clouston with a way to avoid accusing his patients of engaging in unsavoury and unrespectable activities.

In contrast to Clouston's ambivalence, other dominant figures in British psychiatry in the late-nineteenth century were quite direct in attributing GPI to syphilis, and were no longer willing to attribute the condition to anything but syphilis. Alfred W. Campbell contributed a lengthy article to the *BMJ* in 1899, in which he concluded that it was only in the previous decade that the significance of syphilis in the aetiology of GPI had been recognised.<sup>680</sup> Campbell went so far as to discount all previously obtained statistics as 'valueless', stating that it was likely that the patient histories had ascertained 'alcoholism, overwork, trauma' and that questioning had ceased, as, 'in accordance with former doctrines, this would be immediately entered as sufficient cause for the attack' of GPI.<sup>681</sup> In this way, a patient history of syphilis would never be suspected, and would never be enquired about.<sup>682</sup> But even this seemingly scientific monologue about GPI was infused with concerns about morality, as Campbell suggested that most GPI cases came from 'localities where the traffic in immorality is greatest', which he concluded explained why GPI was a 'disease of urban and industrial communities', as opposed to rural areas.<sup>683</sup> It appears from this that Campbell linked prostitution to GPI, perhaps through a syphilitic consequence of prostitution. Indeed, this is one of the more explicit references made to the connection between GPI and sex workers, in either the *BMJ* or the *JMS*. Campbell's certainty about the role of syphilis in GPI was echoed by Dr Warnock, the Medical Superintendent of a lunatic asylum near Cairo, Egypt. In his letter to Dr Mott, who was a supporter of the syphilitic aetiology of GPI, Warnock stated that 'general paralysis is caused by syphilis and probably only syphilis,'

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<sup>680</sup> Alfred W. Campbell, 'A Discussion on the Relationship Between Syphilis and General Paralysis of the Insane', *BMJ*, 16 September 1899, p. 705.

<sup>681</sup> Campbell, p. 705.

<sup>682</sup> This theory is supported by G. E. Shuttleworth's comment in the *BMJ* that the 'fact of syphilitic affection of patients' was concealed in patient application forms. Discussed in P. W. MacDonald and A. Davidson, 'Congenital General Paralysis', *BMJ*, 16 September 1899, p. 709.

<sup>683</sup> Campbell, p. 705.

expressing his doubt that ‘alcohol, sexual excess, worry, fast life, have anything to do with general paralysis.’<sup>684</sup>

But the *BMJ* continued to print articles which gave credence to the idea that syphilis was not the decisive factor in the production of GPI into the twentieth century.<sup>685</sup> At a meeting of the Birkenhead Medical Society, Dr Dalzell read a paper on the aetiology of GPI, reported on in the *BMJ* in 1900.<sup>686</sup> In this, Dalzell identified the ‘chief factors’ as ‘(1) over-exertion, (2) syphilis; (3) alcoholism, and (4) excessive venery.’<sup>687</sup> He also described the GPI patient population, presenting the condition as ‘occurring chiefly in the great industrial cities, much more frequently in males, and essentially a poor man’s disease, though also found in the higher ranks of life.’<sup>688</sup>

Medical professionals had linked GPI to syphilis almost from the middle of the nineteenth century. But at the same time as this, other factors, such as ‘modern life’, intemperance in alcohol, climate, and heredity were implicated as aetiological factors. Throughout the second half of the nineteenth century medical discourses about GPI reflected perceived class and gender differences, and bemoaned the ability of the condition to target the strong, as well as the weak, and those from stable family backgrounds and marriage, as well as the dissipated and socially dislocated. In the 1890s concerns about the role of GPI in racial decline strengthened. Even in the 1890s some British medical personalities expressed opinions about the causes of GPI which persistently doubted the role of syphilis. As suggested above, Thomas Clouston provides a particularly interesting example of this, and historians have speculated about his unwillingness to formally acknowledge the significance of syphilis. However, other British doctors embraced syphilis as the precursor of GPI, discounting all previous theories and statistics which supported these theories. But an explicit connection between GPI and prostitution was only very tentatively expressed.

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<sup>684</sup> ‘Syphilis and General Paralysis in Egypt’, *BMJ*, 25 November 1899, p. 1500.

<sup>685</sup> Near the end of the nineteenth century, a £150 scholarship was awarded to Dr Elliot Smith, of Sydney, by the British Medical Association, to explore the changes occurring in the brain structure of patients ‘subject to general paralysis of the brain’, an award which demonstrates the importance of unravelling GPI to the medical profession, at this time. See ‘Association Intelligence’, *BMJ*, 22 July 1899, p. 220. Also see R. Percy Smith, ‘Introductory Remarks Delivered at the Opening of the Section of Psychology at the Annual Meeting of the British Medical Association’, *BMJ*, 11 August 1900, p. 343.

<sup>686</sup> W. R. Dalzell, ‘Birkenhead Medical Society’, *BMJ*, 24 March 1900, p. 709.

<sup>687</sup> Dalzell, p. 709.

<sup>688</sup> Dalzell, p. 709.

International medical discourse about prostitution and syphilis favoured wider regulation of prostitution, as it affected civilian society. In line with this, several prominent British medical personalities, including Ernest Hart, editor of the *BMJ*, psychiatrist Henry Maudsley, and surgeon Berkeley Hill, led a Society for the Extension of the Contagious Diseases Act to the Civil Population.<sup>689</sup> But the role of syphilis in the occurrence of GPI was not referred to in the lay or medical discourses behind the Contagious Diseases Acts. Instead, GPI was much more likely to be constructed in popular discourses as a consequence of indulgence in non-sexual vice or through heredity, as discussed below.

### **Popular Ideas about General Paralysis of the Insane**

General Paralysis of the Insane was discussed in popular texts in nineteenth-century New Zealand, in newspaper articles speculating on the cause of the condition, articles discussing medical theories about it, and the occasional reference to well-known patients. An analysis of local, regional, and ‘national’ newspapers published in New Zealand between 1868 and the end of 1899 shows that, while international ideas about GPI were validated through their publication in these newspapers, somehow the significance of syphilis as a cause of the condition was almost ignored in these articles.

Just as there was uncertainty in medical circles about the causes of GPI, popular discourses were similarly vague about the aetiological details of the disease. The report of an inquest conducted on an AMH patient was published in the *DSC* in 1871. This stated that ‘from the evidence given it appeared that the deceased had been suffering for some considerable time from general paralysis.’<sup>690</sup> According to the press, the Coroner found that the deceased had ‘died from natural causes.’<sup>691</sup> This report does not include any information about the nature of GPI, or its causes. This may be because such information was not thought to be appropriate for a lay publication, because it was not considered newsworthy, or because it was taken as a given that the newspaper-reading public in New Zealand already knew what the cause of GPI was, or knew that it was still unconfirmed. An article published in the *Colonist* the following year promoted the relationship of vice to GPI, quoting Moreau’s statement that ‘not a single case of general

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<sup>689</sup> Brown, p. 68.

<sup>690</sup> ‘Inquest’, *Daily Southern Cross (DSC)*, 25 July 1871, p. 2.

<sup>691</sup> ‘Inquest’, p. 2.

paralysis is seen in Asia Minor, where there is no abuse of alcoholic liquor, and where they smoke a kind of tobacco which is almost free from nicotine or the peculiar poison in tobacco.’<sup>692</sup> This article implies that GPI was caused by intemperance in alcohol or other toxins, such as nicotine. Syphilis was not in any way invoked in this article, although other forms of vice were.

Heredity, via the family trees of general paralytics, was also discussed in popular publications in New Zealand. In January 1873 the *Nelson Evening Mail* published by request an extract from Dr Maudsley’s *Body and Mind*.<sup>693</sup> Bernard Morel’s research into the ‘family history of a youth who was admitted into the asylum at Rouen’ was included in this abstract, describing a first generation of ‘immorality, depravity, alcoholic excess and moral degeneration’ in the patient’s great grandfather, who was killed in a bar room brawl.<sup>694</sup> The second generation of this family featured ‘hereditary drunkenness, maniacal attacks, ending in general paralysis in the grandfather.’<sup>695</sup> The ‘general paralytic’ grandfather produced a sober ‘but hypochondriac’ son, who in turn fathered a son with ‘defective intelligence’ who underwent a ‘transition to complete idiocy.’<sup>696</sup> The inclusion of this in a popular lay-press newspaper, by request, suggests that the association between vice, via ‘immorality, depravity and alcoholic excess’ and GPI in subsequent generations was of interest to New Zealand society, as well as the hereditary influences on GPI. Such ‘family trees’ also made heredity more visible as a cause of GPI, and of insanity in general.

Other insights into popular theories about GPI are evident in a report on medical testimony given in a manslaughter trial, published in the *Evening Post* (*EP*). This mentioned a woman who had died of ‘general paralysis from chronic alcoholism. That would indicate long indulgence in drunken habits.’<sup>697</sup> Clearly syphilis was not considered part of the aetiology of GPI, in the *EP*. Similarly, Dr B. Richardson contributed an article to the *North Otago Times*, titled ‘Alcohol and the National Life’, which held alcohol responsible for the decline of man to ‘the lower ranks of the living creation over which he was born to rule’, a state which

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<sup>692</sup> ‘Tobacco’s Work’, from the *Student’s Journal, Colonist*, 12 July 1874, p. 4.

<sup>693</sup> ‘Intemperance and Idiocy’, *Nelson Evening Mail*, 13 January 1873, p. 4.

<sup>694</sup> ‘Intemperance and idiocy’, p. 4.

<sup>695</sup> ‘Intemperance and Idiocy’, p. 4.

<sup>696</sup> ‘Intemperance and Idiocy’, p. 4.

<sup>697</sup> ‘The Alleged Manslaughter at Dunedin, The Medical Testimony’, *Evening Post* (*EP*), 27 April 1883, p. 2.

the author identified as ‘general paralysis’, adding that ‘our asylums contain an immense number of examples of this general paralysis, produced by alcohol.’<sup>698</sup>

The construction of GPI patients in the press carried into the 1890s and involved the publication of medical theories to be read by the general public. A New Zealand newspaper report on an Australian murder trial provides a clear example of the connotations associated with a GPI diagnosis. In this case the accused man was judged by several ‘medical men’ to be suffering from ‘general paralysis of the brain.’<sup>699</sup> But several other doctors who examined the accused did not believe him to be a general paralytic. One of these doctors was quoted in the article, saying that ‘if he were a householder with a wife and children, and were brought before me for commitment to Kew, I would not sign the warrant, I am so satisfied of his sanity.’<sup>700</sup> Although this seems to contradict British medical theories about GPI affecting flesh-eating, city-dwelling, middle-aged men, as already discussed in this chapter, this Australian ‘testimony’ perhaps refers to the insane more generally, a classification predominantly occupied by the aging, socially dislocated and impoverished. Another interpretation of this murder trial commentary refers to the belief that only men who used prostitutes, which theoretically excluded those men with wives and children, contracted syphilis and were therefore likely to develop GPI. But this equation of prostitution with GPI is not actually stated in the popular press.

Gender difference was also invoked in medical ideas published by the popular-press, particularly the perceived blurring of gender-appropriate behaviour. One article, published in the *Nelson Evening Mail*, directly quoted British psychiatrist and sexologist Havelock Ellis, who described GPI as ‘the disease of excess, over over-work, of above all of prolonged worry, especially the disease of great urban centres’, which usually appeared in ‘the organism entered upon a competitive race for which it is not fully equipped.’<sup>701</sup> Ellis suggested that as women were beginning to take on traditionally masculine roles, the incidence of

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<sup>698</sup> Dr B. W. Richardson, ‘Alcohol and the National Life’, *North Otago Times*, 24 May 1884, p. 4.

<sup>699</sup> ‘The Narbethong Murder, Opinions as to the Patient’s Sanity’, *Timaru Herald*, 12 June 1891, p. 3.

<sup>700</sup> *Timaru Herald*, 12 June 1891, p. 3.

<sup>701</sup> Havelock Ellis, ‘The Increase of Insanity Among Women’, quoted in *Nelson Evening Mail*, 6 September 1892, p. 4.

GPI among women increased at a greater rate than among men.<sup>702</sup> Ellis's 'research', which had originally been published in London's *Pall Mall Gazette*, was also published in the *ODT*. This suggests that GPI was a sufficiently large concern in the minds of the public to justify the article's wide dissemination, and that these ideas about GPI patients and about gender roles were well supported, in Britain and New Zealand.

While Ellis favoured the stresses of city life in GPI's aetiology, a number of local and regional newspapers published an extract from French newspaper *Figaro*, according to which 'over pressure alone will not explain the increase of progressive general paralysis of the insane, and its continual augmentation is in evident relation with increasing intemperance.'<sup>703</sup> In this example, vice, in the form of intemperance, dominated public ideas about the cause of GPI, which was perhaps a more respectable form of vice than sexual impropriety. Numerous newspaper articles from late 1894 were dedicated to the deteriorating health of Lord Randolph Churchill, who was 'suffering from general paralysis.'<sup>704</sup> But there was no hint in the article how Lord Churchill came to have GPI, nor any indication that GPI was a socially embarrassing condition. Closer to home, an obituary of sorts of a prominent Dunedin merchant who died of GPI, also published in 1894, described the deceased as taking 'an active part in provincial politics', and a former Provincial Treasurer.'<sup>705</sup> The deceased and the cause of death were both clearly identified in the report, suggesting that in 1894 New Zealand, there was no shame attached to a GPI diagnosis, perhaps because syphilis was not yet a recognised cause of GPI.

In October 1898, the Christchurch-based *Star* newspaper reported on the attempted suicide of a male GPI patient. Once again, there was no information included about GPI as an illness. The article reported that the man had 'some time ago sustained an attack of general paralysis, and latterly has developed paralysis of the brain. He has a wife and children. Formerly he was a commercial traveller.'<sup>706</sup> This is a fairly common occupation for patients admitted to the AMH with GPI, particularly by the 1890s. Furthermore, the inclusion in the report

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<sup>702</sup> Ellis, in *Nelson Evening Mail*, p. 4.

<sup>703</sup> 'Temperance Items', *Fielding Star*, 2 March 1898, p. 4.

<sup>704</sup> *Colonist*, 28 December 1894, p. 3.

<sup>705</sup> 'Dunedin News', *Star*, 29 August 1894, p. 1.

<sup>706</sup> 'Auckland News', *Star*, 10 October 1898, p. 3.

of a reference to the man's wife and children may have been a deliberate effort to discredit the connection between GPI and syphilis. Or perhaps this was included to provoke sympathy for the patient's family, a group portrayed as the true innocent victims in GPI cases, once the aetiological role of syphilis became more widely supported.

A report from within the AMH's catchment area discussed the increased likelihood of women developing general paralysis, 'and other diseased conditions once almost wholly confined to man', if women 'invade what has hitherto been looked upon as a man's sphere of labour.'<sup>707</sup> Quoting Dr Strachan, author of *Marriage and Disease*, the newspaper article also claimed that, as well as 'acquiring' general paralysis, women's 'adoption of the ways, manners, education, and mode of life of man' makes her more likely to 'acquire criminality.'<sup>708</sup> In this way, constructions of femininity and masculinity were tied in with popular and medical discourses about GPI, and perhaps tie in with contemporary arguments about women's suffrage, portraying man as the corrupt villain, and woman as pure, unless desirous of 'masculine' ideals.

These newspaper articles show that there was virtually no connection made, in popular discourses or medical discourses published in the popular press, between prostitution, as a source of syphilis, and GPI. While invocation of syphilis as a cause of GPI meant that this psychiatric condition was connected in the public mind with a physical condition which by the late nineteenth century had been redefined from a 'carnal scourge' to a 'family poison,'<sup>709</sup> there are very few references to a connection between prostitution and GPI in secondary literature. Gayle Davis refers to prostitution just once in her book and while Kevin Brown mentions prostitution, he does not explicitly link it to GPI. Margaret Thompson questions how Scottish doctors dealt with the inference of patients who had sexual contact with prostitutes, arguing that Clouston in particular was slow to accept the sexual vice-filled aetiology of GPI, but as the

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<sup>707</sup> 'The Woman Movement and Its Effect on Crime and Health', *Bay of Plenty Times*, 19 February 1896, p. 2. This also reflects Havelock Ellis's ideas.

<sup>708</sup> *Bay of Plenty Times*, 19 February, 1896, p. 2.

<sup>709</sup> Brandt, p. 572. Medical historians Joseph Melling and Bill Forsythe suggest that the links between 'sexual infection, legal regulation, and social purity campaigns' were a 'context in which mental illness was understood.' However, contagious diseases legislation is not covered in this chapter, due to the absence of concerns about GPI in contagious diseases legislation in both Britain and New Zealand. See Melling and Forsythe, p. 132.

role of syphilis became undeniable, responded by embracing ‘mental hygiene.’<sup>710</sup> Clouston’s deployment of ideas of mental hygiene and racial fitness is matched by growing public fears in the late nineteenth and early twentieth century about social hygiene. In particular, these included concerns about sexually transmitted diseases and the consequences of ‘profligate men visiting their sins upon their wives and children.’<sup>711</sup> This became a lynch-pin in arguments about sex, eugenics and ‘so-called “degenerative racial stocks”.’<sup>712</sup>

The role of prostitutes in the propagation of syphilis also contributed to public debates about venereal disease and the need for government legislation to minimise the spread of this medical and moral contagion, in a wider and otherwise innocent society.<sup>713</sup> If found to be ‘diseased’, these prostitutes, or rather, those women suspected by special under-cover policemen of being prostitutes, were forcibly admitted to a lock hospital, an institution specialising in treating venereal diseases, for three months or until cured.<sup>714</sup> If a woman refused examination or treatment she risked one month’s imprisonment.<sup>715</sup> The growing strength of the link between syphilis and GPI could have led to a medical or popular acknowledgment of the role of prostitution in the aetiology of GPI. After all, public opinion, or at least, the opinion of literate sectors of the British public, expressed anxiety about prostitution, and the mingling of prostitutes, as well as ‘criminals and heavy drinkers’, with the ‘respectable poor’, which could result in the ‘corruption of the innocent.’<sup>716</sup> Prostitutes in particular, even by the 1870s, had long shouldered the blame for the spread of syphilis, and were viewed as a vehicle for the contamination of wider society.<sup>717</sup> In view of this, government control of prostitution, couched in terms of public health, relied on a panic about syphilis. The policy of British lock hospitals, which specialised in treating venereal disease, to treat men mostly as outpatients, but women as inpatients, may have been a means of controlling the activities of known prostitutes, although this was not made explicit.<sup>718</sup> At the Brussels Conference of Social Hygiene in 1899,

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<sup>710</sup> Thompson, p. 337.

<sup>711</sup> Brandt, p. 572.

<sup>712</sup> Brandt, p. 572.

<sup>713</sup> Walkowitz, p. 331.

<sup>714</sup> Brown, p. 65.

<sup>715</sup> Brown, p. 65.

<sup>716</sup> Brown, p. 57.

<sup>717</sup> Brown, p. 57.

<sup>718</sup> Brown, p. 60, citing TNA: PRO CO 273/208. Max F Simon to Colonial Secretary, 17 April 1895.



Jonathan Hutchinson, noted expert on syphilis, declared that it would a difficult challenge in ‘passing or carrying out any repressive legislation’ in England, for the expressed purpose of repressing prostitution.<sup>719</sup> New Zealand followed a number of British colonies, and England itself, in introducing Contagious Diseases legislation, although it differed from legislation elsewhere through its intention to ‘suppress prostitution rather than to limit the spread of venereal disease.’<sup>720</sup> This puritanical motivation creates the impression of a state which is likely to have shared the awkwardness at formally identifying GPI with syphilis, and thus with prostitution, as described by Margaret Thompson in reference to nineteenth-century Edinburgh. However, there is very little, if any, discursive connection made directly between GPI and prostitution in Britain or in New Zealand, in *BMJ* and *JMS* articles, or even in recently published secondary literature.

The recourse of the New Zealand popular press to deifying articles promoting the excessive work ethic of GPI patients suggests that medical discourses in late nineteenth-century New Zealand were selectively embraced, but that the project of creating a strong white race was the ultimate goal, and an ideal to which potentially troubling scientific truths were secondary. For example, an article in the *Tuapeka Times* described GPI as induced by ‘overwork, overindulgence in alcoholic beverages, tobacco or narcotics, or other excesses.’<sup>721</sup> GPI patients were constructed in this article by occupation and gender, as ‘bankers, lawyers, editors, actors, playwrights, and even doctors compose the greater part of the roll of its victims,’ as men who ‘insist on working sixteen hours a day, and who employ stimulants to keep up their strength instead of getting natural rest.’<sup>722</sup>

In summary, popular discussions about GPI in New Zealand between 1868 and 1899 explored the condition to a fairly limited extent. Newspaper articles included minimal information about the causes of GPI, and when aetiology was discussed, intemperance in alcohol was the most frequently identified cause.

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<sup>719</sup> Jonathan Hutchinson, ‘Brussels Conference of Social Hygiene’, *BMJ*, 16 September, 1899, p. 740.

<sup>720</sup> Charlotte Macdonald, ‘The ‘Social Evil’ Prostitution and the Passage of the Contagious Diseases Act (1869)’, in *Women in History: Essays on European Women in New Zealand*, ed. by Barbara Brookes, Charlotte Macdonald and Margaret Tennant (Wellington: Allen and Unwin, 1986), p. 16.

<sup>721</sup> ‘All About Paresis’, *Tuapeka Times*, 28 September 1889, p. 1.

<sup>722</sup> ‘All About Paresis’, p. 1.

Other articles attributed GPI to natural causes and heredity. A newspaper article raises ideas about the ‘typical’ GPI patient which in this instance contradicted the commonly described GPI patient of contemporary medical texts. Popular discourses also discussed idealised gender behaviour, as Havelock Ellis’s views were published in New Zealand newspapers. Anti-syphilis legislation, such as the Contagious Diseases Acts, operated at a number of locations across the globe in variations on a legislative theme which specifically targeted prostitutes, explicitly blaming them for the spread of syphilis in the general male population. But like medical discourses, these popular sources did not identify prostitution with GPI. Sources such as mental hospital records, which form the basis of the next section, show that syphilis eventually became a more dominant aetiological factor in GPI, but interestingly also show that references to prostitution in relation to GPI remained invisible.

### **‘Got queer and becoming uncontrollable’: The Causes of General Paralysis of the Insane in the Auckland Mental Hospital** <sup>723</sup>

Patients admitted to the AMH under the diagnosis of GPI were characterised by several factors. These patients were predominantly male, and often worked in occupations which took them away from home, or were paupers. Sixty-eight patients were admitted to the AMH with GPI between 1868 and 1899. These patients were overwhelmingly male, and tended to be aged between 35 and 50, and married. These patients had a variety of occupations, but were more likely to be mariners or sailors. Only a very small percentage of GPI cases were attributed to heredity, but the percentage of cases said to be caused by vice increased markedly towards the end of the nineteenth century. As shown in Table 4.1 below, none of the GPI cases admitted to the AMH between 1868 and 1879 included heredity as a cause of the condition, and only four of these 21 cases referred to vice. In these causes, vice took the form of ‘a drinking propensity appears to have been the cause of his malady,’ and patient has ‘been a rather hard drinker.’ <sup>724</sup> There were no other specifically identified causes of the condition for the GPI patients admitted to the AMH during this period.

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<sup>723</sup> YCAA 1048/3, folio 107 [Archives New Zealand / Te Rua o te Kawanatanga, Auckland Regional Office].

<sup>724</sup> YCAA 1048/1, folio 178.

**Table 4.1.** Patients admitted to the AMH between 1868 and 1879, with the diagnosis of GPI (N), and stated cause of condition.

Year	N	Heredity	Vice	Both	No Cause	Other Cause
1868	2				2	
1869	3		2		1	
1870	2				2	
1871	1				1	
1872	2		1			1
1873	2				2	
1874	1					1
1875	2		1		1	
1876	2				2	
1877	3				3	
1878	0					
1879	1				1	

**Source:** YCAA patient case books 1048/1, 1048/2, 1048/3, 1048/4, 1048/5, patient admissions registers 1021/1, 1021/2 [Archives New Zealand / Te Rua o te Kawanatanga, Auckland Regional Office].

Table 4.2 sets out that during the 1880s, eleven patients were admitted to the AMH with GPI. All of these patients were male, and there were very few explicit causes suggested for the development of the condition. The GPI patient cohort at the AMH in the 1880s was notably different from the occupations described in the *Tuapeka Times*, as it consisted of labourers, painters, gum diggers, and carpenters, all perhaps hard working men in their own right, but a far cry from the highly educated and very middle class men mentioned in the press and by Savage.<sup>725</sup> Instead, the AMH GPI patients conform more closely to the classic constructions of masculinity in nineteenth century New Zealand. As discussed in the first section of this thesis, the white settler colonial context of nineteenth-century New Zealand was characterised in part by gold rushes, and the itinerant, often immigrant, male population attracted by the promised riches.

<sup>725</sup> Savage, 'The Warnings', p. 778.

**Table 4.2** Patients admitted to the AMH between 1880 and 1889 with the diagnosis of GPI (N), and stated cause of condition.

Year	N	Heredity	Vice	Both	No Cause	Other Cause
1880	3	1			1	1
1881	3				3	
1882	1				1	
1883	3				3	
1884	0					
1885	4				4	
1886	1					1
1887	0					
1888	0					
1889	0					

**Source:** YCAA patient case notes 1048/5, 1048/6, YCAA patient admissions registers 1021/2, 1021/3 [Archives New Zealand / Te Rua o te Kawanatanga, Auckland Regional Office]

One patient, indicated in the ‘Other Cause’ box for 1880, who had ‘lived a sober, industrious life’, had fallen on his head previously, after which he had a fit, and then ‘got queer and becoming uncontrollable and dangerous.’<sup>726</sup> The implication in this patient’s case note is that, while indulgence in insobriety would be the first suspected cause of GPI, thereby justifying the need to dismiss it immediately, the fall on his head was the only evident cause of the patient’s condition. Another patient, indicated in the ‘Heredity’ box for 1880, was admitted to the AMH with no explanation for his condition other than that his brother was a former patient at this institution, who had committed suicide.<sup>727</sup> Aside from this, there were few examples of heredity evident in the GPI patient case notes in the 1870s or the 1880s. References to vice were also indirect and scarce, with the sole example being of a patient who ‘eats gluttonously’, and

<sup>726</sup> YCAA 1048/3, folio 107.

<sup>727</sup> YCAA 1048/3, folio 162.

requested ‘fourteen gallons of beer, fourteen gallons of whiskey, or fourteen he does not know what of tobacco.’<sup>728</sup> Apart from this, vice was not a clear presence in these case notes. ‘Worry and anxiety about having a wife and large family, and being out of work, owing to dull times’ was the only other explanation for a case of GPI admitted during the 1880s, which is indicated in the ‘Other Causes’ box for 1886.<sup>729</sup>

Savage’s multiple aetiologies of GPI were not matched in the patient case notes at the AMH in the late 1880s, as the patient case notes were dedicated to recording the patients’ symptoms, and only rarely speculated as to the cause of the patients’ condition. Those causes of the patients’ conditions recorded in the patient case notes in no way referred to syphilis, any sort of venereal disease, or sexual impropriety or excess. This may be due to the nature of patient case notes, which were perhaps more conservative than an article in a medical journal, or it may indicate that New Zealand asylum medicine was far less concerned with matters of aetiology than its British counterpart.<sup>730</sup> Another possible reason for this lack of speculation on aetiology is that doctors at the AMH simply did not know why GPI patients came to be admitted to the institution. This is unsurprising given the overcrowding, lack of funding and chronic understanding inherent in public institutional care during this period.

The GPI patient population at the AMH exploded in the 1890s, compared to the two previous decades. The case notes for these patients also became much more detailed than those from the 1870s and 1880s, providing causes of the condition and background into the patients’ lives. Among the GPI patients there were a variety of supposed causes, ranging from those of similar ilk to the ‘bankers, lawyers and editors’ discussed in the *Tuapeka Times* article, such as ‘capitalists’, ‘clerks’ and ‘insurance agents’, to the less salubrious categories of prisoners, paupers, bushmen and billiard markers. There was considerable variance in the AMH GPI patient case notes which, even by the 1890s, only sometimes referred to a cause in the patient case notes. Causes related to vice featured fairly frequently, with one 1890 patient’s case note offering no insight

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<sup>728</sup> YCAA 1048/5, folio 195.

<sup>729</sup> YCAA 1048/4, folio 215.

<sup>730</sup> Articles in medical journals provided a forum for doctors to forge their reputations among their peers and potential employers, so perhaps wrote about patients and mental illness in a more controversial or provocative way than they may have written a non-public media, such as patient case notes.

into the cause of his condition, except that ‘he was caught in the act of masturbation in the police cell. Dr Callan’s (admission) certificate is to the same effect.’<sup>731</sup> Another patient’s case note frankly stated ‘supposed cause masturbation.’<sup>732</sup> Other patients’ conditions were attributed to purely physical reasons, such as ‘kidney failure’, or ‘insomnia,’ both of which may have disguised the role of syphilis in the development of GPI.<sup>733</sup>

**Table 4.3.** Patients admitted to the AMH between 1890 and 1899 with the diagnosis of GPI (N), and stated cause of condition.

Year	N	Heredity	Vice	Both	No Cause	Other Cause
1890	0					
1891	6	2	2		2	
1892	1				1	
1893	5		2	1	2	
1894	1		1			
1895	3		1		2	
1896	6		4			2
1897	3		1			2
1898	5		4		1	
1899	3		2		1	

**Source:** YCAA patient case books 1048/7, 1048/8, YCAA patient admissions registers 1021/3 [Archives New Zealand / Te Rua o te Kawanatanga, Auckland Regional Office].

By the 1890s heredity was identified as a supposed cause of GPI at the AMH. For example, John S, represented in the ‘Heredity’ box for 1891, was diagnosed with ‘all the symptoms of a general paralytic in a marked degree’ which was ‘probably hereditary (his brother is said to have committed suicide).’

<sup>734</sup> Alfred T, a married cheese maker from Waharoa, a small township in the

<sup>731</sup> YCAA 1048/5, folio 437.

<sup>732</sup> YCAA 1048/5, folio 619.

<sup>733</sup> YCAA 1048/5, folio 569, YCAA 1048/6, folio 381.

<sup>734</sup> YCAA 1048/5, folio 677.

Waikato region, was admitted to the AMH in 1895.<sup>735</sup> According to his wife, who is quoted in the case note, none of Alfred's relatives were insane, and he had always been temperate.<sup>736</sup> Further down the page of Alfred's case note, other "relatives" testified that the patient's sister had been 'subject to epileptic fits for years' and that Alfred himself, shown in the 'Vice' box for 1895, would 'drink heavily' from time to time.<sup>737</sup>

Vice was a more prominently attributed cause of GPI in the 1890s than heredity. For example, although patient Bryan H, shown in the 'Vice' box for 1893, was diagnosed as general paralytic 'caused probably by injury, a fall in a lift a few years ago', and Bryan's wife was quoted in the case note as saying that there was 'no hereditary taint of insanity, was not addicted to drink or other vices,' police contributed that 'he was a heavy drinker, this is corroborated by others.'<sup>738</sup> This case book entry is reminiscent of the latter section of Chapter Three, which refers to instances of disagreement or mistrust between the patient's testimony or that of those accompanying the patient to the AMH, and the admitting doctors. The somewhat peripheral reference to vice made in Bryan's case note was fairly typical of those case notes which mentioned vice at all. One particularly interesting case note is from Pourari K, a 'half-caste' patient from a small settlement near Kaitaia, whose GPI was attributed to 'a land court case and religious excitement.'<sup>739</sup> Several members of Pourari's family were described in the case note as 'hard drinkers, as also was the patient til he joined the Salvation Army.'<sup>740</sup> No further details are provided about the land court case or the patient's religion, but the combined mention of heredity and vice, in that both Pourari, depicted in the 'Both' box for 1893, and his parents, drank, matched both published British medical theories and popular ideas expressed in New Zealand newspapers. Family history was mentioned in only three other GPI cases from the

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<sup>735</sup> YCAA 1048/6, folio 439.

<sup>736</sup> YCAA 1048/6, folio 439. Catharine Coleborne provides further examples of the interactions between family members and doctors working in mental hospitals, as recorded in the case notes of GPI patients. See Coleborne, *Madness in the Family*, pp. 83-4.

<sup>737</sup> YCAA 1048/6, folio 439.

<sup>738</sup> YCAA 1048/6, folio 77.

<sup>739</sup> YCAA 1048/6, folio 141.

<sup>740</sup> YCAA 1048/6, folio 141.

1890s, and that reference was consistently to the effect of there being ‘no history of insanity in the family.’<sup>741</sup>

The most significant difference between AMH GPI patients in the 1890s, and those admitted to the institution in the 1870s and 1880s, is the noted presence of syphilis in the 1890s case notes. Of the 33 patients admitted with GPI in the 1890s, six had GPI due to syphilis, or ‘sexual excess.’<sup>742</sup> This change over time suggests that practices at the AMH, and perhaps in New Zealand medicine more generally, were beginning to keep pace with changes in medical theories about GPI, overseas. As well as these six, in an additional eleven cases, vice, through intemperance in alcohol or masturbation, was identified as a contributing factor. Other causes persisted in AMH patient case notes though, as Wilhelm F, a 40-year-old married storekeeper, was admitted in 1897 with GPI attributed to ill health, phthisis, and ‘business worries,’<sup>743</sup> while George W’s GPI was blamed on ‘heat of sun and want of food.’<sup>744</sup>

In many GPI cases there was no family history provided at all. This could indicate that family history was no longer considered significant to a patient’s condition, or, as is perhaps more likely, there was no family history provided due to the nature of many GPI patients as being isolated from family or anyone able to provide a family history to asylum doctors. This is supported by the occupations of the patients, many of whom were sailors, gold miners, labourers, or commercial travellers, all occupations which promoted an itinerant lifestyle.<sup>745</sup> One example of this is Christopher C, who was admitted to the AMH in 1894. Christopher was born in Greece and worked as a seaman. While his condition was attributed to masturbation, his case note shows that there was no consideration of heredity or family history having a causative role in his condition, as ‘no one seems to know

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<sup>741</sup> YCAA 1048/7, folio 77. Lorelle Burke and Catharine Coleborne have explored Maori patients at the AMH in the nineteenth century, in ‘Insanity and ethnicity in New Zealand: Maori patient encounters with the Auckland Mental Hospital, 1860-1900’, *History of Psychiatry*, 22, 3 (September 2011), pp. 285-301.

<sup>742</sup> YCAA 1021/1.

<sup>743</sup> YCAA 1048/7, folio 98. Wilhelm is represented in the ‘Other Causes’ box for 1897.

<sup>744</sup> YCAA 1048/7, folio 101. George is represented in the ‘Other Causes’ box for 1897.

<sup>745</sup> As discussed in Chapter Three of this thesis, Jock Phillips has written about this sector of the population in *A Man’s Country? The Image of the Pakeha Male – A History* (Auckland: Penguin Books, 1996). Also see James Belich’s references to ‘crew culture’ in *Making Peoples: A History of the New Zealanders From Polynesian Settlement to the End of the Nineteenth Century* (Auckland: Penguin Books, 1996), pp. 428-31.



anything of his history, and he is quite unable to give an intelligent account of himself.’<sup>746</sup> Christopher’s case is shown in the ‘Vice’ box for 1894, in Table 4.3.

Sailors such as Christopher, as well as miners and those employed in other ‘frontier’ occupations, inhabited a world which has been characterised by historians as being a hotbed of vice, particularly binge drinking, gambling, and soliciting prostitutes. The popular and medical concerns about prostitutes as carriers of syphilis have already been discussed in this chapter, but the absence of prostitutes themselves from the AMH records, as GPI patients, is noteworthy. The five female patients who were admitted to AMH with GPI between 1868 and 1899 included an ‘old woman,’<sup>747</sup> a housewife,<sup>748</sup> and a widow.<sup>749</sup> There were no prostitutes among these female patients, and an examination of prostitutes with GPI admitted to mental hospitals in the nineteenth century is an aspect of the history of this condition which needs further work, but is beyond the scope of this thesis.

The female patients admitted with GPI appear to have mostly been members of the ‘respectable classes’. This suggests that Savage’s assertion about GPI patients as being ‘middle aged, married, and inhabitants of cities’ did not match the reality of the AMH GPI patients. The much larger number of male GPI patients than female patients, as mentioned by Mickle, fits the AMH pattern, and the even more lopsided gender imbalance at the antipodean institution may be explained by even greater gender imbalance in New Zealand, in the mid to late nineteenth century.<sup>750</sup> Australian medical historians Alan Stoller and R. Emmerson speculate that high incidences of GPI in the 1880s and 1890s were the aftermath of the gold rushes, and the associated ‘residuum of unattached migrant males.’<sup>751</sup>

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<sup>746</sup> YCAA 1048/6, folio 267.

<sup>747</sup> YCAA 1048/1, folio 132.

<sup>748</sup> YCAA 1021/1.

<sup>749</sup> YCAA 1021/1.

<sup>750</sup> David Wright, James Moran, and Sean Gouglas refer to this correlation in their chapter, ‘The Confinement of the Insane in Victorian Canada: the Hamilton and Toronto Asylums, c. 1861-1891’, in *The Confinement of the Insane International Perspectives, 1800-1965*, ed. by Roy Porter and David Wright (Cambridge: Cambridge University Press, 2003), p. 111. Here, they note that ‘it has now become common for medical historians to uncover a sex ration of patients reflective of the proportion of men and women in adult population from whence the patients came.’

<sup>751</sup> Stoller and Emmerson, p. 608.

The content of the AMH patient case notes for GPI patients shows continuity with GPI patient case notes from Scottish mental hospitals. In the Scottish examples, as presented by Davis, ‘thickness of speech’ was viewed as so ‘characteristic’ of general paralysis patients, that patient case notes frequently referred to a patient as having ‘speech like a GPI.’<sup>752</sup> There was also a shared notion of typical ‘general paralytic’ handwriting, and, as Davis notes and as is demonstrated in the AMH case notes, asylum doctors described patients’ handwriting as being ‘the typical general paralytic calligraphy.’<sup>753</sup> A similarity between diagnosis of GPI patients in Scottish asylums and at the AMH was the recourse to ‘the diagnostic potential of the face.’<sup>754</sup> Davis shows that in the ‘State on Admission’ part of a mental hospital’s case notes, the heading ‘Appearance’ was included. This subheading invited remarks about ‘the general look or physiognomy of the patient, as might the admission certificates.’<sup>755</sup> Such comments were often of the nature of ‘‘vacant’, ‘dull’ and ‘foolish’.’<sup>756</sup> Charles Darwin also expressed an interest in the appearance of GPI patients, to the point where he requested photographs of these people, a request obligingly filled by Scottish psychiatrist James Crichton-Browne.<sup>757</sup> These shared characteristics of GPI patients on opposite sides of the world made the condition itself more visible, and the use of photographs and written descriptions of the patients’ appearance and manner contributed to this visibility.

There is scope for further analysis of AMH patient case notes. Such work could contrast those patients admitted before the first administration of the Wasserman test for syphilis in 1906 with the case notes of patients admitted to the institution after this date.<sup>758</sup> This may illustrate how texts produced by doctors about GPI patients changed after a syphilitic aetiology was confirmed. In particular, this could allow an examination of whether syphilis was suddenly the sole identified cause of GPI after this date, or whether other causes cited in the nineteenth century, such as intemperance in alcohol, financial strain and business worry, or overwork, continued to appear in the case notes of GPI patients. The speed with which the Wasserman test was accepted as conclusive evidence of a

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<sup>752</sup> Davis, p. 91.

<sup>753</sup> Davis, p. 92.

<sup>754</sup> Davis, p. 95.

<sup>755</sup> Davis, pp. 95-6.

<sup>756</sup> Davis, p. 96.

<sup>757</sup> Davis, p. 97.

<sup>758</sup> Brown, p. 97.

syphilitic aetiology may also indicate how quickly medical ideas from overseas were adopted in New Zealand. It might also show how willing doctors were to discard existing ideas about GPI, and to embrace what had been a long-suspected but only sceptically accepted aetiological theory.<sup>759</sup>

## **Conclusion**

The aetiology of GPI was a hotly debated topic in nineteenth-century medicine, particularly the potential roles of syphilis, alcohol, and the effects of ‘modern life’. Alcohol was originally suggested as a likely cause of the condition. Yet, as syphilis gained favour among doctors as a cause of GPI, the condition remained disconnected from prostitution, which had long been acknowledged as a leading ‘cause’ of syphilis, in both medical and popular discourses. Even though GPI was considered to be prevalent among men and women in ‘port cities’ where ‘opportunities’ for prostitution were greater, there was a notable reluctance by doctors and other educated elites to highlight this link.<sup>760</sup>

Some historians, particularly Margaret Thompson and Gayle Davis, have speculated and debated why there was a seemingly selective awareness of developments around the syphilitic aetiology of GPI in Scotland. They have focused on the awkward position which Clouston was placed in by the formal association of GPI patients with sexual vice. The cases at the AMH also present something of a puzzle. While many GPI patients admitted to the AMH were from the ‘respectable’ classes, a large number were not, and were instead employed in occupations historically associated with the use of prostitutes. Yet there were no clear connections made between GPI and prostitution, despite the popular and political emphasis on the role of prostitutes in the spread of syphilis and the growing belief in the association between syphilis and GPI.

This chapter has argued that the concealment or ignorance of this aetiological link was prompted by the confusion aroused by seemingly respectable persons developing a form of insanity which originated from a sexually transmitted disease. This illness was either contracted by the GPI patient themselves, or a spouse, sexual partner, or ancestor, who had themselves indulged in sexual vice in some way. Through GPI, sexual vice, or perhaps an inherited

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<sup>759</sup> A similar idea is discussed by Davis in Chapter Four of her book.

<sup>760</sup> Melling and Forsythe, p. 64.

burden due to sexual vice on the part of an ancestor, was made visible in the aetiology of insanity.

## Chapter 5

### **‘The history of the family is a strange one’: Congenital Idiocy at the Auckland Mental Hospital, 1868-99**<sup>761</sup>

In the late 1880s, James, William and George, three adult brothers from Papakura, were admitted to the Auckland Mental Hospital as congenital idiots. Their admission records reveal that their mother was ‘subject to occasional epileptic fits’, and ‘had the appearance of one who enjoyed a little too much food.’<sup>762</sup> Despite this, both parents were said to be ‘thoroughly respectable and very industrious’, and the boys’ father had succeeded in buying a farm and keeping the family ‘very comfortably,’ although he occasionally ‘took two or three glasses of spirits.’<sup>763</sup> Some of the boys’ mother’s family were addicted to vices, and one was supposed to have suffered a long sentence for a serious crime.’<sup>764</sup> Revisited later in this chapter, the case notes of James, William and George demonstrate the multitude of suspected causes of congenital idiocy cases in nineteenth-century New Zealand psychiatry.

Focusing on the perceived role of heredity and vice in the aetiology of this condition, this chapter discusses the attributed causes of Congenital Idiocy (CI) cases at the AMH. It also examines the implications of CI for medical and popular anxieties about racial decline and the role of phrenology as a ‘scientifically objective’ means of diagnosis in discourses about CI. Previous chapters of this thesis have demonstrated that the more visible cause of ‘vice’ was favoured in popular discourses about mental disease, while in medical texts the more

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<sup>761</sup> *Hawke’s Bay Herald*, 12 August 1889, p. 2. This chapter is based on Maree Dawson’s chapter, ‘A Degenerate Residuum? The Migration of Medical Personnel and Medical Ideas about Congenital Idiocy, Heredity, and Racial Degeneracy between Britain and the Auckland Mental Hospital, c. 1870-1900’, in *Migration, Ethnicity, and Mental Health International Perspectives, 1840-2010*, ed. by Angela McCarthy and Catharine Coleborne (New York: Routledge, 2012), pp. 91-106.

<sup>762</sup> YCAA 1048/5, folio 378 [Archives New Zealand / Te Rua o te Kawanatanga, Auckland Regional Office]. This case is also cited at length in Dawson, ‘A Degenerate Residuum?’, p. 92.

<sup>763</sup> ANZ ARO, YCAA 1048/5, folio 378.

<sup>764</sup> ANZ ARO, YCAA 1048/5, folio 378.

concealed factor of heredity appeared, although vice was still a more prevalent factor in diagnoses. As in Chapter Four of this thesis, this chapter argues that ancestral or hereditary vice was a key part of ideas about the aetiology of mental conditions. Ancestral or hereditary vice refers to the theory that an insane patient's condition may be attributed to an ancestor's indulgence in vice. While this appeared in GPI cases through the transmission of syphilis between generations in utero, it was also a strong theory in contemporary medical literature about CI. This chapter will also outline the diverse factors considered significant in the aetiology of CI, and in so doing, it highlights the way that heredity was prioritised over these supposed causes through the 'science' of phrenology.

David Wright's discussion about the causes of CI in Victorian England refers to the appearance of fright, anxiety or trauma, as experienced by expectant mothers.<sup>765</sup> Wright intentionally dissociates this from a type of uneducated 'superstition', noting that such suggested aetiologies were shared among parents from across the socio-economic spectrum. However, in contrast with the current research, Wright makes very little reference to heredity. Since his work focuses on popular attitudes, he does not examine the idea of contested aetiologies between doctors and parents - a significant idea in this chapter - instead focusing on instances of agreement between doctors and those who accompanied CI patients to Earlswood asylum.<sup>766</sup> Despite this difference, this chapter builds on Wright's work by interrogating the presence of contested aetiologies in a nineteenth-century New Zealand mental hospital and in other contemporary medical literature. More recently, Wright has dedicated an entire book to Down's Syndrome, the diagnosis originally termed 'Mongolism' by Dr John Langdon Down in England, in the mid-nineteenth century.<sup>767</sup> In this book, *Downs: The History of a Disability*, Wright suggests that the era which Down himself worked in, during which he coined the term 'Mongolism', was an optimistic era, which by the early twentieth century had turned into a time of anxiety, as 'intellectual

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<sup>765</sup> David Wright, '“Childlike in his innocence”: lay attitudes to ‘idiots’ and ‘imbeciles’ in Victorian England', in *From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities*, ed. by David Wright and Anne Digby (London and New York: Routledge, 1996), pp. 127-8. Frederic Manning also discussed this in 'A Contribution to the Study of Heredity', *Australian Medical Gazette* (17 July 1885) referred to in Catharine Coleborne, *'Madness' in the Family: Insanity and Institutions in the Australasian Colonial World, 1860-1914* (Basingstoke, Hampshire: Palgrave Macmillan, 2010), p. 55

<sup>766</sup> Wright, p. 127.

<sup>767</sup> David Wright, *Downs: the History of a Disability* (Oxford: Oxford University Press, 2011).

circles were awash with Social Darwinistic ideas of racial degeneration', and 'scientific research' into Mongolism was 'conducted in the shadow of hereditarianism.'<sup>768</sup> By contrast, the research presented in this chapter demonstrates that the association between hereditary causes and congenital idiocy existed from as early as the mid-1880s.

The chapter first summarises definitions and theories about CI as they appeared in textbooks and medical journals which were read by doctors at the AMH, or referred to in their medical training. Some medical journal articles about CI also refer to specific doctors involved with the AMH, providing clear evidence of the perceptions and ideas held by these men, about the condition, also demonstrating the transnational nature of psychiatric medicine in the nineteenth century British world, as already explored in Chapter Two of this thesis. This part of the chapter will centre on ideas about the aetiology of the condition that rendered CI more visible, particularly heredity and vice, and phrenology as a diagnostic practice. It also explores medicalised concerns about CI and racial decline. This section demonstrates the importance of this chapter, and of this thesis, to New Zealand scholarship, as it provides a synthesis of international medical ideas about CI, and situates the AMH in an international setting.

Secondly, this chapter explores how CI itself was represented in the popular press, and how these sources constructed CI in view of concerns about heredity and vice. It also examines the influence of fears about race decline in popular ideas about the condition. The final section of this chapter is based on a textual analysis of the case notes of patients diagnosed as congenital idiots, admitted to the AMH between 1868 and 1899. This analysis focuses on discourses relating to heredity and vice, much like the previous chapter, but with an added emphasis on the evidence of phrenology-based diagnostic techniques in the asylum, particularly craniometry: the measurement of skulls. This reading of a combination of different sources demonstrates that the very diagnosis of CI was itself indicative of both medical and biological concerns about the composition of the human race, and of wider concerns in general society. It also demonstrates the on-going debate within medical and popular circles about the causes of CI..

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<sup>768</sup> Wright, *Downs*, p. 13.

This chapter does not distinguish between patients diagnosed as ‘imbecile’ and those diagnosed as ‘idiot’, as the two conditions were not consistently and clearly defined as separate diagnoses in medical journals or in mental hospital patient case notes. The separation of patients which German Berrios would term ‘mentally retarded’ into congenital idiots and congenital imbeciles is a highly contested idea in medical journals and textbooks and the distinction between these two categories of affect is disputed. Thomas Clouston classed mental disorders into ‘mental depression, mental exaltation, and mental enfeeblement’ in the 1880s,<sup>769</sup> and divided ‘mental enfeeblement’ into that of childhood and of old age, and described CI as occurring ‘if the brain development is arrested before birth or in childhood.’<sup>770</sup> A lecture on idiocy and imbecility delivered by Dr G. E. Shuttleworth, Medical Superintendent of the Royal Albert Asylum in northern England, to students at Owens College (Manchester) described the idiot as one who has always lacked intellect, with both idiocy and imbecility ‘characterised by defective mental action.’<sup>771</sup>

Anne Digby defines the difference between the two diagnoses of congenital idiocy and congenital imbecility as being that ‘idiots were seen to be less able to reason than imbeciles.’<sup>772</sup> But Digby has singled out the term ‘feeble-minded’, a term borrowed from the United States in the 1860s, as being used in Britain in relation to ‘fears of miscegenation and degeneration’, and tied to Empire-wide concerns about racial health.<sup>773</sup> For the purposes of this thesis, congenital idiots and imbeciles, as well as the congenitally ‘feeble-minded’, are grouped as congenital idiots.

### **Congenital Idiocy as a Medical Diagnosis**

The recent historiography of congenital idiocy, mental illness, and racial decline, has dealt with the history of medical ideas about these issues chronologically, and arranged these ideas according to their origins. Among these works are Daniel Pick’s *Faces of Degeneration* and German Berrios’ *The History of Mental*

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<sup>769</sup> German E. Berrios, *The History of Mental Symptoms Descriptive Psychopathology Since the Nineteenth Century* (Cambridge: Cambridge University Press, 1996), p. 172.

<sup>770</sup> Berrios, p. 183.

<sup>771</sup> G. E. Shuttleworth, ‘Clinical Lecture on Idiocy and Imbecility’, *BMJ*, 30 January 1886, p. 183.

<sup>772</sup> Anne Digby, ‘Contexts and Perspectives’, in *From Idiocy to Mental Deficiency, Historical Perspectives on People with Learning Disabilities*, ed. by David Wright and Anne Digby (London and New York: Routledge, 2002), p. 2.

<sup>773</sup> Digby, p. 2.



*Symptoms*, both of which trace the rise of psychiatry and changes within the specialty in France, Germany, Italy and England, over the eighteenth, nineteenth and twentieth centuries. What follows below is a condensed version of this history which focuses on the personalities in medical history who directly and explicitly referred to CI and its links to theories of heredity and vice. This brief history of medical theories about CI reveals that by the 1860s this condition was blamed on indulgence by patients' predecessors, in several different forms of vice, and was also linked to broader concerns about racial decline.

The 'scientific study of idiocy and its treatment' has a short history, relative to both many other branches of medicine and to psychiatry.<sup>774</sup> Berrios argues that the 'behaviours pertaining to 'mental retardation' have occurred since the beginning of human existence.<sup>775</sup> The 'history' of CI as a diagnosis began in the seventeenth century, which is believed to be the beginning of the 'medicalisation' of this condition.<sup>776</sup> At this time, terms such as 'amentia, imbecility, morosis, fatuitas, anoea, foolishness, stupidity, simplicity, carus, idiocy, dotage and senility' were employed to name 'states of cognitive and behavioural deterioration leading to psychosocial incompetence.'<sup>777</sup> The teachings of eighteenth-century medical theorist William Cullen, represent, according to Roy Porter, 'the most influential attempt to set disease in a coherent framework.'<sup>778</sup> Berrios also cites Cullen's nosography, which defines *amentia*, the category of *neuroses* which relates to CI, as 'imbecility of the judging faculty with inability to perceive or remember.'<sup>779</sup> Cullen then divided *amentia* into three forms, 'congenital, senile, and acquired.'<sup>780</sup> Cullen defined *amentia congenital* as 'a condition present from birth and which included *Amentia morosis* and *Amentia microcephala*, both recognisable types of idiocy.'<sup>781</sup> At this time, as 'humoral explanations' went out of favour, 'new science', and neuro-anatomy in particular,

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<sup>774</sup> 'The Causes and Treatment of Feeble-Mindedness', *BMJ*, 5 February 1887, p. 289.

<sup>775</sup> Berrios, p. 159.

<sup>776</sup> Berrios, p. 159.

<sup>777</sup> Berrios, p. 172.

<sup>778</sup> Roy Porter, *The Greatest Benefit to Mankind* (London: Fontana Press, 1999), p. 260.

<sup>779</sup> Berrios, p. 159.

<sup>780</sup> Berrios, p. 159.

<sup>781</sup> Berrios, p. 159.

emphasised the role of nerves.<sup>782</sup> Against this intellectual background, Cullen explained insanity as being a type of neurosis.<sup>783</sup>

Frenchman Philippe Pinel's 1798 *Nosographie* then defined *idiotisme* as an 'abolition of the functions of understanding and feeling, which may be acquired or congenital.'<sup>784</sup> Pinel extended his definition of *idiotisme* in his 1801 *Traité medico-philosophique sur l'aliénation mentale*, to include 'total or partial obliteration of the intellectual powers and affections: universal torpor, detached, half-articulated sounds or entire absence of speech from want of ideas.'<sup>785</sup> These characteristics frequently appeared in the case notes from the AMH of patients diagnosed with CI, several decades after Pinel's 1801 publication. Following Pinel, Jean-Etienne Dominique Esquirol initially described CI as a disease, but by 1838, defined idiocy as 'a state in which the intellectual faculties are never manifested or developed for lack of education.'<sup>786</sup> Within this framework, idiotism and 'a degree of weakness generally termed imbecility' were on a continuum, rather than being clearly separated.<sup>787</sup> Earlier English definitions of idiotism developed by James Cowles Prichard in the early-to mid-nineteenth century, followed Esquirol's idea of continuity between idiocy and imbecility, but distinctly contrasted these categories with 'normality.'<sup>788</sup> Using terms which are echoed in the case notes of patients diagnosed with CI, who were committed to the AMH, Prichard explained that 'there are different degrees and varieties of mental deficiency, which scarcely amount to what is termed either idiotism, or, in general language, imbecility. Persons so affected are commonly said to be weak in character, stupid, or of mean capacity.'<sup>789</sup>

In 1848 Samuel G. Howe's seminal work *The Causes of Idiocy* also discussed the role of parental vice and sin, the 'violation of natural laws', on the congenital idiot progeny.<sup>790</sup> Howe then specified that the parents of congenital idiots were often guilty of being 'very unhealthy or scrofulous, intermarrying with blood relatives, being intemperate, or being guilty of sensual excesses which

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<sup>782</sup> Porter, p. 271.

<sup>783</sup> Porter, p. 271.

<sup>784</sup> Porter, p. 495; Berrios, p. 160.

<sup>785</sup> Porter, p. 495; Berrios, p. 160.

<sup>786</sup> Berrios, p. 160.

<sup>787</sup> Berrios, p. 164.

<sup>788</sup> Berrios, p. 164.

<sup>789</sup> Berrios, p. 164.

<sup>790</sup> Samuel Howe, *The Causes and Prevention of Idiocy* (1848), p. ix.

impaired their constitutions.’<sup>791</sup> Medical and popular theories about many of these aetiological factors are examined in this chapter. Between the late 1860s and the end of the nineteenth century, ideas about CI presented in the *British Medical Journal (BMJ)* and the *Journal of Mental Science (JMS)*. The influence of medical journals in the spread of ideas about degeneracy and CI has been examined to a limited extent by Daniel Pick. Pick has gone so far as to credit England-based medical journals with ‘reformulating the language surrounding the ‘condition of England question’ and notes their centrality to the promulgation of a medical hypothesis about degeneration.’<sup>792</sup>

By the 1870s the medical profession was using a ‘graduated classification of mental retardation,’ in which ‘idiots’ were at the ‘lower range of ability’, ‘imbeciles’ were placed ‘low to middle’, and the ‘weak-minded’ were positioned nearest to ‘normality.’<sup>793</sup> Janet Saunders’ study of the ‘incarcerative institutions’ of Warwickshire, England, shows that the terms ‘feeble-minded’, ‘weak-minded’ and ‘imbecile’ were used to imply varying levels of ‘imbecility of one or several of the faculties.’<sup>794</sup> This was in contrast to ‘idiocy’, which was ‘reserved for severe conditions affecting all the faculties.’<sup>795</sup> Therefore, the terminology used in certain institutions may not have been indicative of a terms’ general usage in publications, and vice-versa.

Phrenology was also influential in European medical views of CI, and has been explicitly linked to the ‘question of progressive degeneration.’<sup>796</sup> This was an idea which Saunders describes as being ‘carried on with vigour in the general mood of psychiatric pessimism that was pervasive throughout Europe by the 1870s.’<sup>797</sup> Phrenology and inherited characteristics were ideas closely related to Francis Galton’s work on heredity and genetics, as referred to earlier in this thesis.<sup>798</sup> Phrenology was inspired by ‘Faculty Psychology’, a school of thought which followed the idea that ‘capacities’ such as ‘attending, remembering, perceiving’,

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<sup>791</sup> Howe, p. 3.

<sup>792</sup> Daniel Pick, *Faces of Degeneration: A European Disorder c. 1848-1918* (Cambridge: Cambridge University Press, 1993) p. 178, cited in Dawson, ‘A Degenerate Residuum?’, p. 93.

<sup>793</sup> Saunders, p. 274.

<sup>794</sup> Saunders, p. 274.

<sup>795</sup> Saunders, p. 274.

<sup>796</sup> Saunders, p. 277.

<sup>797</sup> Saunders, p. 277.

<sup>798</sup> Pick, p. 165. Galton went so far as to build a ‘composite photography machine’ which he hoped would ‘record the inherent physiognomic features of criminality and race.’

were ‘independent mental powers.’<sup>799</sup> As Faculty Psychology gained popularity, broad understandings of human mental capabilities began to be separated into ‘intuitive, operative and comprehensive understanding.’<sup>800</sup> One form of CI, microcephalic idiocy, was most evident by the undersize craniums of patients, and was by definition linked to phrenology, especially in medical journals. The *BMJ* outlined one case in which the patient was described as having ‘a face shaped like the ape’s; the facial plane has a decided slope backwards, instead of being vertical as in the normal head.’<sup>801</sup> Microcephalic idiocy patients, like most individuals diagnosed by phrenological means, were described in terms of the angles and symmetry of their faces.

Heredity was dominant in medical aetiologies of CI, early in the period under investigation in this thesis. In 1872, Dr W Ireland stated that in CI cases the ‘presumption of a hereditary connection’ was particularly valid, as family history for a CI patient frequently included ‘parents, aunts or uncles who have been insane, imbecile, epileptic, or deaf.’<sup>802</sup> Similarly, in 1875, idiocy was defined by George Grabham in the *BMJ*, as ‘an absence or arrest of development of the intellectual and moral faculties, either congenital, or occurring in new-born children.’<sup>803</sup> As noted in Chapter Two of this thesis, Grabham would later go on to become Inspector-General of Lunatic Asylums in New Zealand. ‘Parental’, accidental, and endemic, or a combination of these factors, were cited causes of idiocy.<sup>804</sup> But a hereditary predisposition was identified as the ‘chief agent in the production of mental deficiency,’ although, as Grabham notes, a desire among upper-class families to disguise such a predisposition made such identification difficult.<sup>805</sup> This sentiment supports the contention in Chapter Three of this thesis that family testimony was generally considered unreliable by some nineteenth-century psychiatrists, although this was particularly true in regard to CI patients. There were multiple references to this idea in medical journals and AMH patient case records for CI patients, which are elaborated on later in this chapter.

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<sup>799</sup> Berrios, p. 157.

<sup>800</sup> Berrios, p. 157.

<sup>801</sup> ‘Reports of Medical and Surgical Practice in the Hospital and Asylums of Great Britain and Ireland’, *BMJ*, 6 April 1878, p. 482.

<sup>802</sup> W. W. Ireland, ‘On the Classifications and Prognosis of Idiocy’, *JMS*, October 1872.

<sup>803</sup> George W. Grabham, ‘Remarks on the Origin, Varieties, and Termination of Idiocy’, *BMJ*, 16 January 1875, p. 73.

<sup>804</sup> Grabham, p. 73.

<sup>805</sup> Grabham, p. 74.

Grabham added that, at the Earlswood asylum, an institution dedicated to the care of idiocy patients, and where he was Medical Superintendent, ‘hereditary taint’ was admitted in 18 per cent of cases, but that he believed this factor to account for a much higher percentage of patients.<sup>806</sup> He based this conclusion on ‘observation of parents, or inquiries among their acquaintances.’<sup>807</sup> He added that even when ‘actual mental disease’ was not known of in a patient’s heritage, there was often a ‘history of neuroses, as chorea’, as well as ‘a great degree of eccentricity in one or both parents.’<sup>808</sup> Grabham was reluctant to attribute CI to intemperance in patients’ parents, although he conceded that ‘*habitual* intemperance’ was a significant factor in the appearance of the condition.<sup>809</sup> He added that ‘consanguinity’ was responsible for just six per cent of CI cases which he had seen, but that a consanguineous marriage, involving persons with a hereditary predisposition to mental or physical illness, was capable of producing multiple children with CI, in the same family.<sup>810</sup> He also calculated that over one-fifth of CI cases admitted to Earlswood were first-born children, citing the ‘anxiety which often precedes a first confinement, and the increased mental strain when the child is illegitimate, or has not been conceived in wedlock.’<sup>811</sup> He added that syphilis in parents may be responsible for a small number of cases, while in more than a quarter of cases, no cause was located.<sup>812</sup>

Heredity was also cited by Dr Fletcher Beach, who was quoted in an April 1878 edition of the *BMJ* as stating that heredity, particularly for a person born into a family with a ‘neurotic tendency’, played a major role in the ‘causation of idiocy.’<sup>813</sup> A ‘neurotic tendency’ included a family history of insanity and epilepsy.<sup>814</sup> Beach rejected the role of consanguineous marriage in CI cases, arguing that such relationships had a lesser influence than ‘might be supposed’, favouring maternal ‘shocks, frights and anxiety during pregnancy.’<sup>815</sup> Beach also

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<sup>806</sup> Grabham, p. 74.

<sup>807</sup> Grabham, p. 74.

<sup>808</sup> Grabham, p. 74.

<sup>809</sup> Grabham, p. 74. Grabham’s emphasis.

<sup>810</sup> Grabham, p. 74.

<sup>811</sup> Grabham, p. 74.

<sup>812</sup> Grabham, p. 74.

<sup>813</sup> Dr F. Beach, ‘Reports of Medical and Surgical Practice in the Hospitals and Asylums of Great Britain and Ireland’, *BMJ*, 6 April 1878, p. 483.

<sup>814</sup> Beach, p. 483.

<sup>815</sup> Beach, p. 483.

maintained that parental intemperance was indirectly responsible for a ‘great part’ of CI cases.<sup>816</sup>

Two years later, at the 1880 annual meeting of the British Medical Association, Shuttleworth linked the social class of CI patients to the likelihood of ‘parental intemperance’ as an aetiological factor.<sup>817</sup> Shuttleworth suggested that it was the ‘pauper parents’ themselves, who were more likely to cite intemperance as a cause of idiocy, overlooking ‘heredity neuroses or other influences,’ as doctors once again rejected proposed aetiologies.<sup>818</sup> In an 1886 *BMJ* article, Shuttleworth, echoing concerns raised by doctors, and as identified in Chapter Three of this thesis, claimed that the testimony of parents could not be trusted to diagnose whether an idiot patient was congenital or non-congenital, as parents were ‘very slow to see and acknowledge congenital infirmity in their offspring.’<sup>819</sup> The most striking aspect of Shuttleworth’s 1886 ‘Clinical Lecture on Idiocy and Imbecility’ was the explicit ‘othering’ of CI patients. In this address, Shuttleworth used CI patients to demonstrate the different ways that the condition appeared, referring to, for example, ‘this lad, “Freddy”, now nearly 20 years of age’, whose ‘forehead rapidly recedes, and his occiput is small.’<sup>820</sup> Shuttleworth described “Freddy” as ‘like the so-called Aztecs, he has an aspect which reminds one of a bird.’<sup>821</sup> Soon after this, J. Langdon Down noted that the relationship between consanguineous marriage and CI in offspring had been grossly overstated.<sup>822</sup> As discussed later in this chapter, these types of relationships appeared only very rarely in AMH records for CI patients.

At this time, the characteristic now described as ‘intelligence’, defined as a combination of ‘operative and comprehensive understanding’, emerged as a defined entity of sorts, and the correlation between the physical dimensions of the brain and intelligence levels developed.<sup>823</sup> Phrenology’s conception that the ‘faculties of intelligence’ were located on the brain’s frontal lobe is an example of

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<sup>816</sup> Beach, p. 483.

<sup>817</sup> G. E. Shuttleworth, ‘Forty-Eighth Annual Meeting of the British Medical Association’, *BMJ*, 4 September 1880, p. 377.

<sup>818</sup> Shuttleworth, p. 377.

<sup>819</sup> Shuttleworth, ‘Clinical Lecture’, p. 184.

<sup>820</sup> Shuttleworth, ‘Clinical Lecture’, p. 184.

<sup>821</sup> Shuttleworth, ‘Clinical Lecture’, p. 184.

<sup>822</sup> ‘Fifty-Fourth Annual Meeting of the British Medical Association’, *BMJ*, 25 September 1886, p. 585.

<sup>823</sup> Berrios, 157.

this.<sup>824</sup> The focus on quantitative analysis of brain dimension was shared by Esquirol.<sup>825</sup> However, phrenology was contested in Dr Savage's address to the Neurological Society of London, which was quoted extensively in the *BMJ*, and in which he explained that an increase in brain mass was not responsible for the 'transmission of acquired powers', but rather, that the 'adaptability of already existing organs and tissues' was.<sup>826</sup> The decline in the popularity of cranial capacity as an explanation for CI was further discussed in Shuttleworth's 'Clinical Lecture on Idiocy and Imbecility.'<sup>827</sup> In this, Shuttleworth specifically stated that 'it is a mistake to suppose, as we find laid down even in students' textbooks, that of necessity the brain of an idiot is undersized.'<sup>828</sup> The nature of this statement is highly illuminating, as it shows how divergent views held by the medical profession about definitions, symptoms, and causes of congenital idiocy. However, the 'form and size of the head' were considered to 'furnish valuable evidence,' when taken into account with other signs of idiocy, in the recognition of the condition in early infancy.<sup>829</sup> Dr J. Langdon Down also viewed 'deformations of the mouth' as being vital in diagnosing congenital idiocy, an opinion supported by Dr de Bourneville, of Paris.<sup>830</sup> Phrenology has been described as 'an anthropology, which sought to find the contours of racial difference and social degeneracy in the shape and weight of the skull.'<sup>831</sup>

Explicit links between phrenology and racial degeneracy were made in an 1896 article in the *BMJ*. This article, which was a report of an address made at the annual meeting of the British Medical Association of 1896, made a number of generalisations about mental capacities and capabilities of the populations of different parts of England. For example, the paper identified the Cumbrians as 'a big stout people', with 'heavy brains,'<sup>832</sup> who also 'yield more than their share of ability and energy for the national benefit.'<sup>833</sup> A particularly strong example of

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<sup>824</sup> Berrios, p. 157.

<sup>825</sup> Berrios, p. 164.

<sup>826</sup> G. Savage, 'Abstract of an Address on Heredity in the Neuroses', *BMJ*, 16 January 1897, p. 128.

<sup>827</sup> Shuttleworth, 'Clinical Lecture', pp. 183-6.

<sup>828</sup> Shuttleworth, p. 184.

<sup>829</sup> Grabham, p. 74.

<sup>830</sup> J. Langdon Down, 'Abstracts of the Lettsomian Lectures on some of the Mental Affections of Childhood and Youth', *BMJ*, 8 January 1887, p. 50.

<sup>831</sup> Pick, p. 51.

<sup>832</sup> J. A. Campbell, 'Lunacy in Cumberland and Westmorland, With Remarks', *BMJ*, 1 August 1896, p. 271.

<sup>833</sup> Campbell, p. 271.

the relationship between ideas about phrenology and racial degeneracy appeared in an article from the *BMJ* in 1887. In this article, J Langdon Down described the ‘narrow palates, rabbit-mouths, bad foreheads and facial exaggeration,’ characteristics which he grouped as ‘cranial and other signs of racial degeneration’, all of which commonly appeared in CI patients.<sup>834</sup>

The *BMJ* published a series of lectures given by J. Langdon Down, which discussed congenital idiocy. In one of these, Down explained that the causes of idiocy were not always ‘operative in a single generation’, but rather it was only when able to examine the ‘physical conformation of parents and grandparents that one can see that idiocy in many cases is the culmination in the individual of a gradual degenerative process.’<sup>835</sup> In his lecture on ‘mental affections’ of children, delivered to the Medical Society in London in 1887 Down identified heredity as ‘one of the great causes’ of CI.<sup>836</sup> In order to accurately establish the causes of idiocy, Langdon Down recommended ‘examining into the physical conformation of parents and grandparents.’<sup>837</sup> Langdon Down believed that such an investigation would show that idiocy is frequently ‘the culmination in the individual of a gradual degenerative process.’<sup>838</sup> In a summary of Down’s address, the ‘emotional life of the mother during the period of pregnancy’ was described as ‘one of the most potent of all the pre-efficients of idiocy.’<sup>839</sup> Down’s statistics, which he quoted in his lecture, showed that it was the ‘health and mental life of the parents’ which were the main causes of congenital idiocy.’<sup>840</sup>

As already noted, the emotional health of the mother was also cited by Dr F. Beach as a cause of idiocy, particularly exposure to ‘shocks, fright and anxiety during pregnancy.’<sup>841</sup> Although these statements illustrate the often gendered nature of discourses surrounding CI in medical publications, about who is to blame for the condition, it is important to acknowledge that both parents, male and female, were at times cited by medical writers as being responsible for the

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<sup>834</sup> J. Langdon Down, ‘Lettsomian Lectures on Some of the Mental Affections of Childhood and Youth’, *BMJ*, 22 January 1887, p. 149.

<sup>835</sup> Down, p. 149.

<sup>836</sup> Down, p. 149.

<sup>837</sup> Down, p. 149.

<sup>838</sup> Down, p. 149.

<sup>839</sup> Down, p. 149.

<sup>840</sup> Down, p. 149.

<sup>841</sup> Dr F. Beach, ‘Reports at Medical and Surgical Practice in the Hospitals and Asylums of Great Britain and Ireland’, *BMJ*, 6 April 1878, p. 483.



idiotic state of their children. For example, Down's 1887 address also mentioned that the 'exalted emotional life of the father and mother' may be the reason for the relatively high incidence of idiocy in first born children.<sup>842</sup> Yet despite this relatively gender-equal allocation of blame, the details of this supposed 'exalted emotional life' were highly gendered. Down described the fathers of congenital idiots as 'phthisical and irascible', and the mothers as 'feeble in judgement and so emotional that everything is a cause of fright.'<sup>843</sup> In this way, Down supports, and, through his influence in medical circles, validates existing Victorian gender stereotypes.

Fletcher Beach, in his contribution to a report published in the *BMJ* on practices at hospitals and asylums in Great Britain and Ireland, identified 'intemperance of the parents' as having a significant role in the production of idiocy in a child, as this intemperance would result in a 'child with a weak brain, easily upset by slight causes.'<sup>844</sup> While Beach does not discriminate according to gender, he demonstrates an awareness of class. Class concerns were manifest in discussions of the role of intemperate behaviour on the part of parents of idiots. For example, an 1875 article in the *BMJ* which examined the causes and typologies of idiocy, stated that 'habitual intemperance' was important to the production of an idiot child, and that this was a vice which was 'extremely common with newly married couples of the lower orders of society.'<sup>845</sup>

Resident Medical Superintendent of the Royal Albert Asylum, in Lancaster, England, Dr Telford-Smith, also referred to the complexity of the aetiology of CI, highlighting the frequency with which patients were the 'last children of large families', or were the offspring of mothers who had been 'in a feeble state of health.'<sup>846</sup> At the same time, Beach persisted in querying the very evidence provided by parents of CI patients, imploring doctors experienced in inquiry into the aetiology of idiocy to be cautious, as parents were said to be likely to cite 'fright of the mother during pregnancy' a cause of a child's mental

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<sup>842</sup> Down, p. 149.

<sup>843</sup> Down, p. 150.

<sup>844</sup> Beach, p. 483.

<sup>845</sup> Grabham, p. 74.

<sup>846</sup> Dr Telford-Smith, 'The Thyroid Treatment of Cretinism and Imbecility in Children', *BMJ*, 12 September 1896, p. 617.

deficiency, when, in truth, ‘more potent influences are present.’<sup>847</sup> Thomas Clouston also argued that ‘traumatism’ of mothers during pregnancy and labour had been given ‘too much weight as a cause of idiocy’ and that it was a smokescreen for the presence of ‘neurotic heredity.’<sup>848</sup>

Consanguineous marriage was also linked to congenital idiocy in a number of medical texts. However, towards the end of the nineteenth century, statistics were emerging from ‘institutions for idiots’ in England which showed that there were fewer ‘offspring of consanguineous marriage’ in these institutions than was expected by many medical personnel at that time.<sup>849</sup> Dr Fletcher Beach stated that consanguinity accounted for only two per cent of cases of imbecility, and that in those cases attributable to consanguinity, other causes were present which were ‘sufficient of themselves to produce imbecility.’<sup>850</sup> Langdon Down noted in his 1887 Lettsomian Lecture that Mr George Darwin addressed the Statistical Society in London on the number of consanguineous marriages in England, which was 1.5 per cent in London, and 2.75 per cent in the ‘country districts.’<sup>851</sup>

*Zur Aetiologie der Idiotie*, translated as *The Etiology of Insanity*, a book by Hermann Piper, School Inspector of the State Idiot Asylum at Dalldorf, near Berlin, was reviewed in the *BMJ* in 1894. In this review, the findings and theories put forward by the German author were compared to some of those circulating in Britain at the same time. In *Zur Aetiologie der Idiotie*, Piper defines the ‘principal antecedents’ in the cases of congenital idiocy as being ‘phthisis, mental disorder, intemperance, and convulsions in the parents or their relations.’<sup>852</sup> In comparison to German statistics, the reviewer of *Zur Aetiologie der Idiotie* describes the ‘principal antecedents’ or congenital idiocy as being the same as those of England’s congenital idiot population.<sup>853</sup> These causes may be summarised as a combination of heredity and vice – ancestral vice. The influence of ‘decadence’

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<sup>847</sup> Fletcher Beach, ‘The Etiology of Sporadic Cretinism’, *BMJ*, 12 September 1896, p. 620.

<sup>848</sup> ‘Reviews: *The Neuroses of Development* by Thomas Clouston’, *BMJ*, 15 July 1893, p. 120.

<sup>849</sup> G. E. Shuttleworth, ‘Discussion on the Prevention of Insanity, Part III’, *BMJ*, 8 September 1894, p. 520.

<sup>850</sup> Fletcher Beach, ‘Discussion on the Prevention of Insanity, Part XVII’, *BMJ*, 8 September 1894, p. 522.

<sup>851</sup> Down, p. 151.

<sup>852</sup> Review of *Zur Aetiologie der Idiotie*, by Von Hemann Piper (Fischer: Berlin, 1893), *BMJ*, 15 December, 1894, pp. 1373-4.

<sup>853</sup> *BMJ*, 15 December 1894, pp. 1373-4.

on the ‘progenitors of idiots’ was also discussed by W. Lloyd Andriezen, who commented that he was alarmed at the ‘prevalence of an alcoholic etiology, combined sometimes with syphilis,’ in the predecessors of epileptic idiot and imbecile children.<sup>854</sup> Telford-Smith specifically raised the question of whether a ‘causal connection’ existed between congenital syphilis and idiocy or mental deficiency, in a *BMJ* article in 1898, in which he concluded that congenital syphilis, as referred to in Chapter Four of this thesis as a cause of GPI, was, in fact, not a significant factor in congenital and developmental idiocy and imbecility. Regardless of Telford-Smith’s conclusion, the suggestion of a connection between CI and syphilis, and the subsequent ‘violation’ of sexual mores, further ‘tainted’ CI patients, as well as their families. In 1899 Shuttleworth drew on his experience at the Royal Albert Asylum in citing syphilis as a relatively hidden cause of congenital idiocy. He suggested that the nature of that institution, which sought to ‘train’ CI patients, and selected the admitted patients, based in part on an application form, meant that ‘the fact of syphilitic affection of patients was carefully concealed’ in this paperwork, but that the disease’s presence became clear as ‘the more one got to know the family history of the cases the more obvious became the influence of inherited syphilis.’<sup>855</sup> Sexual vice was also invoked in theories about the cause of CI in Langdon Down’s argument, based on Scottish statistics, that ‘illegitimacy was a very common cause of idiocy’, due to the ‘mental agony’ experienced by a mother, in such a situation.<sup>856</sup>

Also at this late stage in the nineteenth century, Beach continued to argue that idiocy in children and other ‘nervous and cerebral defects’ could be ‘directly traced to parental alcoholic excess.’<sup>857</sup> A case discussed in an article published in the *BMJ* in 1899 quoted the patient’s medical certificate as describing the patient as ‘an idiot, unable to understand what is said to him and can make no reply to questions.’<sup>858</sup> Although the patient’s mother was described in the article as being ‘a fairly intelligent woman, in good health,’ two of the patient’s paternal aunts were ‘idiots’, and ‘the maternal grandmother and one aunt on the same side were

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<sup>854</sup> Lloyd Andriezen, *BMJ*, 1 May 1897, p. 1081.

<sup>855</sup> G. E. Shuttleworth, ‘Section of Psychology’, *BMJ*, 16 September 1899, p. 709.

<sup>856</sup> Down, p. 151.

<sup>857</sup> ‘Alcoholism in its Relation to Heredity’, *BMJ*, 16 September 1899, p. 723.

<sup>858</sup> P. W. Macdonald and A. Davidson, ‘Congenital General Paralysis’, *BMJ*, 16 September 1899, p. 707.

insane.’<sup>859</sup> This article suggests that the ideas of heredity and a ‘strong neuropathic taint’ were significant to ideas in the medical discussion of idiocy at the end of the nineteenth century.

The stated links between heredity, vice, racial decline and CI ensured that the condition maintained a position of concern and at times fear in public consciousness throughout Europe, the British world, and New Zealand. ‘Doctors of degeneration’ from across Western Europe and Great Britain constructed the threat of degeneration of European society in terms of an ‘empirically demonstrable medical biological or physical anthropological fact.’<sup>860</sup> Phrenology served as a device to connect anthropology to CI, and added a sense of ‘scientific objectivity’ and quantification, to the diagnosis of a psychiatric medical condition. But despite the supposed certainty provided by phrenology and craniometry, the aetiology of CI remained up for debate in medical circles, up to and beyond the end of the nineteenth century. A degree of vagueness was also perpetuated in popular discourses about the condition, as illustrated in the next section of this chapter.

### **‘Evil influence’ and Popular Perceptions of Congenital Idiocy**<sup>861</sup>

Popular discourses about CI were dominated by concerns about the role of alcohol, as a cause of the condition. But like medical discourses, there were multiple aetiological factors presented in popular texts, in discussions about CI. Congenital Idiocy, perhaps more than most other mental conditions, was linked to anxieties about racial decline, and was singled out as an indicator of this malaise. Popular references to CI were often contributed by medical doctors, suggesting that medical and popular ideas about this condition were closely interwoven. In a similar way, patients diagnosed with ‘idiocy’ appeared in the New Zealand popular press as early as January 1868. An early example of this is a report on the ‘Provincial Lunatic Asylum’ published in the *DSC* in January 1868, about the patients in the AMH.<sup>862</sup> This report disclosed that there were three patients, out of a total of 66 in the asylum, who were classified as ‘idiots.’<sup>863</sup> CI consistently

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<sup>859</sup> Macdonald and Davidson, p. 707.

<sup>860</sup> Pick, pp. 11-20.

<sup>861</sup> ‘Heredity in Alcoholism’, *Otago Daily Times (ODT)*, 20 April 1880, p. 1.

<sup>862</sup> ‘Provincial Lunatic Asylum’, *Daily Southern Cross (DSC)*, 6 January 1868, p. 4.

<sup>863</sup> ‘Provincial Lunatic Asylum’, p. 4.

appeared about once every two or three weeks in the popular press throughout the rest of the nineteenth century and into the twentieth century in this way.

The next significant appearance of CI in the press was a letter to the Editor of the *New Zealand Herald*, a newspaper published in Auckland, with a readership extending into much of the upper-North Island. This letter was written by F. G. Ewington, an official visitor to the AMH, and requested the publication of an extract from Henry Maudsley's *Body and the Mind*.<sup>864</sup> A similar extract was published in the *Nelson Evening Mail* the following year, in 1873. The extract was provided by Ewington in his letter, part of which reads 'idiocy is a manufactured article, and although we are not always able to tell how it was manufactured, still its important causes are known and within control. Many cases are attributable to parental intemperance and excess.'<sup>865</sup> This suggests that Ewington, in his capacity as an official visitor to the AMH, not only held Maudsley and his theories in high esteem, but that Ewington believed in the influence of alcohol as an antecedent to CI, in the next generation.<sup>866</sup>

The theme of alcohol as a cause of CI influenced popular, as well as medical, discourses in the 1870s, as the *ODT* declared in 1878 that alcoholism is 'a family disease, and projects its evil influence upon the race.'<sup>867</sup> The paper went on to state that alcoholism was revealed in a drunken individual's children, as the intemperate man's family receives 'a fatal heritage in debility, deafness, a crowd of nervous disorders, moral imbecility, idiocy, mental alienation, and weaker instincts.'<sup>868</sup> The idea of an 'evil influence' manifesting in idiocy was echoed in the *Press* article, bemoaning the 'modern popular conception of the marriage state and its relations', citing a man who married a woman with some unnamed 'chronic disease.'<sup>869</sup> The marriage produced a 'numerous family, in whom various forms of constitutional disease appeared, one being idiocy.'<sup>870</sup> The idiot progeny was then singled out in the article, which suggested that 'As the father

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<sup>864</sup> F. G. Ewington, 'Idiocy and Intemperance', *New Zealand Herald*, 28 December 1872, p. 3.

<sup>865</sup> Ewington, p. 3.

<sup>866</sup> 'Mr F. G. Ewington', *The Cyclopaedia of New Zealand* [Auckland Provincial District] (Christchurch: The Cyclopaedia Company Limited, 1902). *The Cyclopaedia* also shows that Ewington was also 'honorary secretary to Benevolent Society and Prisoners' Aid Society, so was a fairly prominent member of the Auckland community.

<sup>867</sup> 'Heredity in Alcoholism', *ODT*, 20 April 1878, p. 6.

<sup>868</sup> 'Heredity in Alcoholism', p. 6.

<sup>869</sup> 'The Vocation of New Zealand', *Press*, 20 March 1880, p. 1.

<sup>870</sup> 'The Vocation of New Zealand', p. 1.

looked upon his idiot child how the justice of his punishment must have come home to him for his crime against the children and the race.’<sup>871</sup> The article identified the man as a horse breeder, who, according to the paper, should have known better than to introduce ‘bad blood’ into his family line.<sup>872</sup> This article is blatant in its invocation of eugenic ideas about racial degeneracy, and CI as a signifier of degeneracy, and the publication of this in a mainstream, widely circulated newspaper suggests that these ideas were well accepted, and that CI was a commonly recognised manifestation of racial decline, brought about by hereditary causes. The constructed relationship between CI and intemperance in alcohol continued in the popular press into the 1880s, as demonstrated by an *ODT* report from November 1884, which cited Dr Howe’s report on idiocy in the United States.<sup>873</sup> In this report, Howe apparently sampled the ‘habits’ of the parents of 300 CI patients, and found that 145 of these parents ‘proved to be habitual drunkards.’<sup>874</sup> The newspaper does not query Howe’s findings, nor question his methods of reaching this conclusion. This suggests a strong faith in the alcoholic aetiology of congenital idiocy in popular discourses, and considerable interaction between medical and popular discourses.

While there was some discrepancy between medical and popular ideas about the causes of CI with regard to consanguinity, there was agreement about other factors. As shown earlier in this chapter, doctors consistently cited maternal stress during pregnancy as a cause of CI in the following generation. This idea was supported in popular discourses, also, as an unnamed ‘Correspondent’ claimed in the *AS* in 1877, that ‘idiocy arises, as all great authorities on insanity will tell you, and I suppose Dr Skae included, principally from the state of health of the mother during pregnancy.’<sup>875</sup> This short piece not only illustrates public opinion about the aetiology of CI, it also demonstrates a non-medical, public engagement with the ideas of the Inspector-General of Lunatic Asylums, Dr Frederick Skae.

By the mid-1890s, the association between parental drunkenness and CI in the next generations had gained a firm hold in popular discourses. The *EP* printed

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<sup>871</sup> ‘The Vocation of New Zealand’, p. 1.

<sup>872</sup> ‘The Vocation of New Zealand’, p. 1.

<sup>873</sup> *ODT*, 25 November 1884, p. 4.

<sup>874</sup> *ODT*, 25 November 1884, p. 4.

<sup>875</sup> *Auckland Star (AS)*, 24 August 1877, p. 2.

a report about London Hospital cases proving how ‘drunkenness in parents distinctly tended to idiocy in children,’ and, like the *ODT*’s report on Samuel Howe’s work, failed to question the conclusions reached by the ‘experiment’, which linked CI to parental drunkenness.<sup>876</sup> Two years later, the *EP* was more explicit in connecting alcoholism, and a raft of other social evils, to mental illness and deficiency, and to ‘manifestations of an inherited taint and of a progressive family degeneration.’<sup>877</sup> This was in a letter to the Editor of the paper, in reference to ‘Case 19’, a needy family, whose case was presented to the Benevolent Trustees, who described this case as ‘deserving.’<sup>878</sup> The letter writer, ‘Ishmael’, expressed dismay, and a number of eugenically-based ideas, at the Benevolent Trustees sympathy to ‘A man weak in the head; family constantly increasing,’ arguing that this ‘weak in the head’ man could only produce descendants who would be a burden on the rest of the country and would be detrimental to the preservation of Empire.<sup>879</sup> In this published letter, concerns about race, about imperial strength, and about the transfer of mental illness and deficiency from one generation to another, through a variety of conduits, including both heredity and vice, were acknowledged.

Near the end of the nineteenth century, the *ODT* published in its ‘Temperance Column’ a report on the seventh meeting of the International Congress for the Prevention of the Abuse of Alcoholic Drinks, which was held in Paris. At this conference, an American doctor, Dr David, declared that there was ‘a direct relation between the increasing consumption of alcohol, idiocy, and insanity.’<sup>880</sup> Meanwhile, the *Fielding Star* contented that ‘the first contributing cause’ of mental illness or ‘idiocy’ was ‘strong drink, either direct or by heritage [sic] from parents of intemperate habits.’<sup>881</sup>

Along with ‘parental intemperance’, consanguineous marriage was also recognised in popular discourses as a cause of CI. At a meeting of the Waipu Literary Association, in the Far North of New Zealand, the president of the Association, Dr Dalton, reportedly read an ‘interesting and very instructive essay

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<sup>876</sup> ‘For the Children’s Sake Abstain’, *Evening Post (EP)*, 16 November 1895, p. 2.

<sup>877</sup> ‘That “Deserving Case”’, *EP*, 9 June 1897, p. 2.

<sup>878</sup> ‘That “Deserving Case”’, p. 2.

<sup>879</sup> ‘That “Deserving Case”’, p. 2.

<sup>880</sup> ‘Temperance Column’, *ODT*, 5 August 1899, p. 6.

<sup>881</sup> ‘Books and Beer’, *Fielding Star*, 16 November 1882, p. 2.

on ‘Intermarriage’.’<sup>882</sup> In this address, Dalton outlined the ‘ill effects attending marriages contracted by near relatives’, including ‘Idiocy, physical debility, degeneration’ in ‘the portion of the offspring of such marriages.’<sup>883</sup> Dalton’s claims were met with ‘universal applause.’<sup>884</sup> This was despite the rejection in medical discourses about the role of consanguineous relationships between parents, in the aetiology of CI. But clearly this idea persisted in popular circles. The *ODT* suggested that a number of people have ‘rooted objection to the mating of first cousins upon physical grounds’, claiming that ‘idiocy, deafness and dumbness, and other such evils, result more often from marriages of this sort than from others.’<sup>885</sup>

### **Congenital Idiocy at the Auckland Mental Hospital**

The multiplicity of identified causes was also evident in the patient records of CI patients admitted to the AMH. Between January 1868 and December 1899, 92 patients were admitted to the AMH under the diagnoses of congenital idiocy or congenital imbecility. In the majority of these cases, there was no known cause given in the AMH records for the patients’ conditions, although by the late 1890s, heredity and vice, particularly the indulgence in vice by a patient’s parents became more dominant in aetiologies of CI.

One of the first patients admitted to the AMH with CI during this 31 year period was Mary M. Her case note states that for the past two years she has ‘suffered from some physical disturbance.’<sup>886</sup> This was according to Mary’s mother, who ‘appears to be a stupid sort of woman.’<sup>887</sup> Furthermore, there was ‘every possibility that there has been mental weakness from birth.’<sup>888</sup> These statements cast doubt on the validity of the attribution of Mary’s condition to a ‘physical disturbance’ and suggest that there was a family history of mental illness or weakness, passed down from her mother, although this is never formally identified as a cause of Mary’s condition. In total, seven patients were admitted to the AMH between January 1868 and December 1869 with congenital idiocy or

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<sup>882</sup> ‘Country News Waipu: Meeting of Literary Association’, *Daily Southern Cross (DSC)* 16 October 1876, p. 3.

<sup>883</sup> ‘Country News Waipu’, p. 3.

<sup>884</sup> ‘Country News Waipu’, p. 3.

<sup>885</sup> ‘Cousins’, *ODT*, 11 November 1878, p. 2.

<sup>886</sup> YCAA 1048/1, folio 113.

<sup>887</sup> YCAA 1048/1, folio 113.

<sup>888</sup> YCAA 1048/1, folio 113.



imbecility. As Table 5.1 shows, there was no cause provided for the stated condition of any of these patients.

**Table 5.1** Patients admitted to the AMH in 1868 and 1869 diagnosed as congenital idiots or congenital imbeciles, as shown by N, and the stated cause for their condition.

Year	N	Heredity	Vice	Both	No Cause	Other
1868	4				4	
1869	3				3	
Total	7				7	

**Source:** YCAA 1048/1 patient case book, patient admissions book YCAA 1021/1 [Archives New Zealand / Te Rua o te Kawanatanga, Auckland Regional Office].

Similarly, there were very few CI cases admitted during the 1870s for which a cause was identified. One patient, David T, had a ‘deformed cerebrum’, which had caused his condition.<sup>889</sup> As Table 5.2 illustrates, there were no CI patients admitted to the AMH during the 1870s whose condition was attributed to heredity or vice.

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<sup>889</sup> YCAA 1021/1.

**Table 5.2** Patients admitted to the AMH between 1870 and 1879 diagnosed as congenital idiots or congenital imbeciles, as shown by N, and the stated cause for their condition.

Year	N	Heredity	Vice	Both	No Cause	Other
1870	2				2	
1871	0					
1872	0					
1873	2				2	
1874	2				2	
1875	3				3	
1876	4				3	1
1877	1				1	
1878	1				1	
1879	4				4	
Total	19				18	1

**Source:** YCAA 1048/2 patient casebook, YCAA 1048/3 patient casebook, YCAA 1021/1 patient admissions book, YCAA 1021/2 patient admissions book [Archives New Zealand / Te Rua o te Kawanatanga, Auckland Regional Office].

By contrast, in the early 1880s, the aetiology of CI patients was becoming increasingly evident in the AMH patient case notes. As shown in Table 5.3, of the 35 CI patients admitted between 1880 and 1889, the condition of three patients was unquestionably attributed to heredity, and the aetiology in five other cases featured forms of ancestral vice. In one other case, the patient's condition was said to be caused by receiving a fright, at the age of four, although this was disputed by doctors at the mental hospital, who emphasised the congenital nature of the patient's condition.

**Table 5.3** Patients admitted to the AMH between 1880 and 1889 diagnosed as congenital idiots or congenital imbeciles, as shown by N, and the stated cause for their condition.

Year	N	Heredity	Vice	Both	No Cause	Other
1880	3				2	1
1881	6				6	
1882	1				1	
1883	3				3	
1884	6	2			1	3
1885	4	1			2	1
1886	2				2	
1887	4		1		3	
1888	2		1		1	
1889	4		3		1	
Total	35	3	5		22	5

**Source:** YCAA 1048/3 patient case book, YCAA 1048/4 patient case book, YCAA 1048/5 patient case book, YCAA 1021/2 patient admissions book, YCAA 1021/3 patient admissions book [Archives New Zealand / Te Rua o te Kawanatanga, Auckland Regional Office].

Table 5.4 demonstrates the closer relationship between CI admissions and heredity, in the 1890s. In just under half of the CI cases admitted in the 1890s, heredity was the identified cause of the patient’s mental deficiency, while in another case, heredity and vice combined, as the patient’s aunt was ‘insane “through drink”.’<sup>890</sup>

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<sup>890</sup> YCAA 1048/6, folio 387.

**Table 5.4** Patients admitted to the AMH between 1880 and 1889 diagnosed as congenital idiots or congenital imbeciles, as shown by N, and the stated cause for their condition.

Year	N	Heredity	Vice	Both	No Cause	Other
1890	1				1	
1891	4	1			3	
1892	5	5				
1893	0					
1894	4	3				1
1895	1			1		
1896	3	1			2	
1897	5	2			3	
1898	4	1			3	
1899	4				4	
Total	31	13		1	16	1

**Source:** YCAA 1048/5 patient case book, YCAA 1048/6 patient case book, YCAA 1048/7 patient case book, YCAA 1048/8 patient case book, YCAA 1021/2 patient admissions book, YCAA 1021/3 patient admissions book.[Archives New Zealand / Te Rua o te Kawanatanga, Auckland Regional Office].

This tabulated evidence, collated from patient case notes, suggests that CI patients were more likely to be considered mental deficient due to heredity causes, as the nineteenth century drew to a close, compared to earlier in the period. Medical journal articles, as examined earlier in this chapter, argue that CI patients' parents often attributed their child's condition to vice or poor maternal health during pregnancy, minimising and concealing the 'true' cause, heredity. Mary M, admitted in 1868, was one example of this occurring in the AMH.<sup>891</sup> There are several other instances of disputed aetiology, particularly between that provided by parents, and that ascribed by doctors. For example, Frank S, admitted in 1880, had been known by Dr Goldsbro, the Medical Officer at the Auckland Hospital,

<sup>891</sup> YCAA 1048/1, folio 113.

for ‘many years.’<sup>892</sup> Goldsbro blamed Frank’s ‘weakmindedness’ on a fall received during infancy.<sup>893</sup> The Medical Superintendent at the AMH in 1880, Dr Alexander Young, argued that Frank’s ‘look’ was ‘idiotic’, based on the circumference of his head.<sup>894</sup> Dr Young added, following a conversation with Frank’s mother, that ‘during her pregnancy previous to his birth she was in very bad health and that for six months she suffered from severe diarrhoea.’<sup>895</sup> Furthermore, she could not recall Frank having a fall in childhood.<sup>896</sup> Rather, she described him as ‘always a backward child.’<sup>897</sup> This supports Young’s contention that Frank was a congenital idiot, who had been mentally deficient from birth rather than being born a ‘normal’ child, whose development had been arrested by a post-natal incident.

The reference in Frank’s case note to the circumference of his skull, invoking phrenological theories, demonstrates the significance of this ‘science’ to psychiatry and the act of diagnosis, particularly in CI cases. Dynamics of specific facial features was also a part of phrenology, as shown in medical journals. In particular, as noted by Langdon Down, the arch of a person’s palate was a key indicator of CI.<sup>898</sup> This held true at the AMH, also. James S, admitted in 1880, was diagnosed with ‘idiocy with epilepsy.’<sup>899</sup> Although his ‘papers’ claimed that he had only suffered fits for the previous two years, his case note disagreed with this, as his palate was ‘highly arched’ and his appearance was ‘that of a congenital idiot.’<sup>900</sup> A similarly disputed case is that of Susan B, admitted in 1885.<sup>901</sup> While Susan has ‘said to have been quite well till the age of four years, when she had a fright, to which her illness is attributed’, she ‘seems a congenital idiot.’<sup>902</sup> In this way, the doctor at the AMH discounted the role of fright in the patient’s condition, instead characterising her condition as being from birth. Cases similar to this were chronicled in medical journals, as well as instances where parents blamed ‘a fall’, to disguise a family tendency to mental illness or deficiency. A

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<sup>892</sup> Rex Wright-St.Clair, *Medical Practitioners in New Zealand from 1840-1930*, (Hamilton, N. Z.: R. E. Wright-St.Clair, 2003), p. 156. YCAA 1048/3, folio 114.

<sup>893</sup> YCAA 1048/3, folio 114.

<sup>894</sup> YCAA 1048/3, folio 114.

<sup>895</sup> YCAA 1048/3, folio 114.

<sup>896</sup> YCAA 1048/3, folio 114.

<sup>897</sup> YCAA 1048/3, folio 114.

<sup>898</sup> Langdon Down, p. 149.

<sup>899</sup> YCAA 1048/3, folio 146.

<sup>900</sup> YCAA 1048/3, folio 146.

<sup>901</sup> YCAA 1048/4, folio 121.

<sup>902</sup> YCAA 1048/4, folio 121.

slightly different case, also admitted in 1885, was Luise H, whose father was ‘a very erratic roué’, who Luise’s mother had married ‘against the wishes of others.’<sup>903</sup> It is possible that parental syphilis, which was occasionally implicated in CI cases was an unspoken cause, hinted at by reference to Luise’s father’s behaviour. In this case, there was no actual cause identified or speculated about.

Heredity was more strongly hinted at in the case notes of William, James and George, the three adult brothers introduced at the beginning of this chapter. The admission process for these men was published in newspapers, which relayed how the three boys, sons of ‘an old settler at the Tamaki recently deceased’ were admitted to the AMH.<sup>904</sup> There were five children in the family, two of whom had already died, and all five were congenital idiots, befitting the description that ‘the history of the family is a strange one.’<sup>905</sup> The newspaper article noted that ‘though otherwise well developed the head of each is about the size of that of a child of three or four years.’<sup>906</sup> The small cranium size is evident in the photograph included in William’s case note from the AMH, of the three men. Photographs of patients were extremely rare at the AMH, at this time. The newspaper article went on to claim that ‘Dr Purchas, yesterday, for scientific purposes, took measurements of the unfortunate men.’<sup>907</sup> In the case notes, emphasis was on the men’s parents, but the main source for this was a schoolmaster, who had taught the men in their youth, as both parents had died.<sup>908</sup> According to the schoolmaster, some of the relatives of Mrs B, their mother, were ‘eccentric and to some extent dangerous for want of sufficient mental control.’<sup>909</sup> It was noted in William’s case note that Mrs B sought to ‘conceal the relationship’ between herself and these relatives.<sup>910</sup> As discussed below, parents of CI patients in the AMH were aware of the significance attached to family history. While there is no formal attribution to heredity made in these three cases, it is strongly hinted at. In contrast, the father’s occasional drink was not emphasised. Nine years prior to the admission of the three men to the AMH, there was a fire at Mr B’s property, south of Auckland. This fire was reported on in various Auckland

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<sup>903</sup> YCAA 1048/4, folio 107.

<sup>904</sup> *Hawke’s Bay Herald*, 12 August 1889, p. 2.

<sup>905</sup> *Hawke’s Bay Herald*, 12 August 1889, p. 2.

<sup>906</sup> *Hawke’s Bay Herald*, 12 August 1889, p. 2.

<sup>907</sup> *Hawke’s Bay Herald*, 12 August 1889, p. 2.

<sup>908</sup> YCAA 1048/5, folio 378.

<sup>909</sup> YCAA 1048/5, folio 378.

<sup>910</sup> YCAA 1048/5, folio 378.

newspapers, which reported that the fire broke out while the property was ‘left in charge of a son, who has reached manhood,’ reflecting a sense of disbelief that an adult could let this happen.<sup>911</sup> But it was not noted in the press that this son suffered from congenital idiocy.

During the 1890s the influence of phrenological ideas in descriptions of patients became more prevalent. For example, John M, admitted in 1892, had ‘all the appearance of imbecility due to arrested development’, as, in particular, an undersized cranium, which was ‘quite out of proportion to the facial part of the skull.’<sup>912</sup> John also had a ‘high palate arch.’<sup>913</sup> Likewise, Carl P had a small cranium, as well as a ‘heavy and obtuse’ facial expression.<sup>914</sup> He had been an imbecile since infancy and had ‘an imbecile expression and manner.’<sup>915</sup> Similarly Annie S had ‘the general vacant expression of imbecility.’<sup>916</sup>

As noted in Table 5.4, the role of heredity also appears in a number of CI cases admitted towards the end of the nineteenth century. William L, admitted in 1894, had been ‘idiotic since infancy’, and had a cousin in an English asylum.<sup>917</sup> However, the cause was stated to be a fright given to William’s mother, when her daughter was kicked by a horse, ‘two or three months before her confinement’ with William.<sup>918</sup> While heredity was not a formally identified cause, it was still invoked in the patient records, by reference to the patient’s cousin.<sup>919</sup> In the same way, Ella E’s mother was said to be ‘hysterical’ and her father was ‘addicted to drinking.’<sup>920</sup> However, Ella’s mother was apparently unaware of a family history of mental illness or deficiency, and so heredity was not cited as a cause of Ella’s condition.<sup>921</sup> In contrast, Edith L’s case notes mentioned that her father was a patient at the AMH, so her condition was concluded to be due to hereditary causes.<sup>922</sup> This was despite the fact that she had ‘no other relatives insane or vicious so far as known,’ which would support a hereditary aetiology.<sup>923</sup> Edith’s

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<sup>911</sup> ‘Fires’, *New Zealand Herald*, 29 March 1880.

<sup>912</sup> YCAA 1048/5, folio 751.

<sup>913</sup> YCAA 1048/5, folio 751.

<sup>914</sup> YCAA 1048/8, folio 270.

<sup>915</sup> YCAA 1048/8, folio 270.

<sup>916</sup> YCAA 1048/8, folio 48.

<sup>917</sup> YCAA 1048/6, folio 283.

<sup>918</sup> YCAA 1048/6, folio 283.

<sup>919</sup> YCAA 1048/6 folio 283.

<sup>920</sup> YCAA 1048/6, folio 471.

<sup>921</sup> YCAA 1048/6, folio 7.

<sup>922</sup> YCAA 1048/7, folio 82.

<sup>923</sup> YCAA 1048/7, folio 82.

case notes also doubtfully suggest that Edith's mother had possibly 'had a fright when pregnant with patient?'<sup>924</sup>

Vice was only mentioned in an aetiological sense in AMH case notes for CI patients as indulged in by parents, rather than in the sense of a patient's own behaviour being a cause of their condition. But it appeared in CI patient case notes in other ways. For example, in 1879 Rachel B was admitted to the AMH with 'congenital idiocy.'<sup>925</sup> She is described in this record as 'of weak intellect and morally imbecile.'<sup>926</sup> Her case notes also reveal she 'has been much exploited and cruelly ill-used by her father,' and that her habits were those of abandoned prostitutes. She used to go into the cemetery in Auckland and solicit young boys to have sexual connection.'<sup>927</sup> According to the *New Zealand Herald*, Rachel B and her father appeared before the court in November 1879, after Rachel's father had repeatedly struck her with a rope.<sup>928</sup> Rachel was described in this newspaper report as 'a poor wretched creature, weak in intellect, only 14 years of age, and requiring more than ordinary care and protection.'<sup>929</sup> Vice also appeared in the case of Charles K, a 15 year old who had previously attended the Kohimarama School, and had prior to his admission to the AMH, engaged in bestiality, masturbation, and attempted rape, and following his committal to the AMH, Charles frequently took advantage of opportunities to commit sodomy.<sup>930</sup>

One major difficulty in the attribution of congenital idiocy to heredity in the context of the AMH, was the relatively short time in New Zealand history that asylums had existed.<sup>931</sup> But the family histories provided in some patient case notes show that admissions of family members on the other side of the world, in Great Britain and Ireland, were also considered to be relevant to the diagnosis of patients at the Auckland Mental Hospital. For example, both mother and grandmother of Betsy J, a 'congenital imbecile', are recorded in Betsy's case note as being admitted to an Irish asylum.<sup>932</sup>

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<sup>924</sup> YCAA 1048/7, folio 82.

<sup>925</sup> YCAA 1048/3, folio 70.

<sup>926</sup> YCAA 1048/3, folio 70.

<sup>927</sup> YCAA 1048/3, folio 70.

<sup>928</sup> 'Brutal Case of Parental Cruelty', *New Zealand Herald*, 24 November 1879, p. 6.

<sup>929</sup> 'Brutal Case', p. 6.

<sup>930</sup> YCAA 1048/5, folio 534.

<sup>931</sup> Catharine Coleborne discussed Frederick Norton Manning's 'frustration' with the lack of family trees, or family histories, in the colonial context, in *'Madness' in the Family*, p. 59.

<sup>932</sup> YCAA 1048/6, folio 221.



The very composition of families was also a dominant concern in both medical journals and patient case notes. The case of Betsy J, admitted to the AMH as a congenital imbecile, states clearly that her father and mother were cousins, a relationship described in medical texts of the time as a ‘consanguineous marriage.’<sup>933</sup> The consequences of consanguineous marriage were rather that where there was a hereditary predisposition to neuroses, within a consanguineous marriage, more than one child in the family would be affected.<sup>934</sup> However, discourses around consanguineous marriage, as shown in the *BMJ*, persisted in highlighting the risks of such relationships by including references to ‘sad instances of defective children, the offspring of neurotic cousins.’<sup>935</sup>

## Conclusion

This chapter has explored medical and popular discourses about CI and the way in which these discourses are reflected in patient case notes from the AMH. By presenting the relationship between CI cases and anxieties about heredity and degeneration, it has shown that ‘idiocy and imbecility’ were psychiatric conditions which were specifically associated, in both medical and popular circles, with the spectre of racial decline. At times this link was concealed by the attribution of a CI patient’s condition to maternal ill-health during pregnancy, parental intemperance, or the patient themselves having an accident of some description in infancy. But doctors argued that these scenarios hid the true role of heredity in the aetiology of CI, and deployed phrenology techniques to scientifically ‘prove’ the congenital nature of a patient’s condition. Popular publications in New Zealand favoured habitual intemperance in alcohol as the cause of CI, although eugenic ideas about the procreation of the ‘weak minded’ and the chronically ill, and the threat this presented to the wellbeing of the race, were also evident.

Patient case notes from the AMH of CI patients reflect the variation in ideas about the aetiology of the condition, although, for most of the first two decades of this period, there was no cause provided at all. From the mid to late 1880s onwards, heredity became an increasing popular aetiology in the case notes, and personnel at the AMH favoured this cause, blatantly disputing evidence

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<sup>933</sup> YCAA 1048/6, folio 221.

<sup>934</sup> Grabham, p. 74.

<sup>935</sup> Shuttleworth, ‘Discussion’, p. 520.

supporting other aetiological factors. In this way, phrenology supported claims of the congenital nature of CI cases in a quantitative, 'objective' manner. As medical discourses so strongly favoured a hereditary aetiology for CI, doctors at the AMH followed suit and promoted heredity as a cause of CI ahead of other factors for which there was evidence.

## Chapter 6

### **‘She curses and uses bad language’: Heredity, Vice and Racial Decline in Puerperal Insanity Cases at the Auckland Mental Hospital, 1868-1899** <sup>936</sup>

In July 1870 the *British Medical Journal* published comments by Dr Campbell of Garlands Mental Hospital, in England, analysing Puerperal Insanity cases admitted to this institution. Campbell stated that ‘in 12 of the 33 [cases], the attack was after the first confinement. In nine cases, the patients were unmarried.’<sup>937</sup> Campbell added to this that ‘In 18, hereditary predisposition to insanity existed.’<sup>938</sup>

This final chapter examines the case notes of female patients admitted to the Auckland Mental Hospital (AMH) between 1868 and 1899, highlighting the diagnosis of Puerperal Insanity among women in the institution. It examines the extent to which heredity and vice were identified as causes of Puerperal Insanity (PI), and explores the appearance of heredity and vice in other ways in the patient case notes. It argues, crucially, that deviations from feminine ideals as represented in these case notes were perceived as a threat to national fitness. These anxieties were particularly relevant to PI patients, because these women patients were, by definition, mothers, and were therefore held responsible for the health and wellbeing of the next generation of New Zealanders. Previous chapters of this thesis have explored medical, popular, and asylum-based texts about Congenital Idiocy and General Paralysis of the Insane, and shown how the relationships between heredity, vice and racial decline, and specific psychiatric diagnoses were varied, and often reflected broader social and cultural concerns about class and gender. Concepts of class and gender provide ways of shedding

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<sup>936</sup> YCAA 1048/5, folio 448. [Archives New Zealand / Te Rua o te Kawanatanga, Auckland Regional Office].

<sup>937</sup> ‘On Puerperal Insanity’, *British Medical Journal (BMJ)*, 8 July 1876, p. 64.

<sup>938</sup> ‘On Puerperal Insanity’, p. 64.

light on the diagnosis of PI, through an examination of how different groups of women were 'constructed' in medical records and published texts, and in the popular press.

The major group of women inmates investigated in this chapter are those admitted to the AMH with PI. In addition to these, the chapter examines a small sample of all women admitted to the AMH with a different diagnosis.<sup>939</sup> These analyses involve patient case notes, and popular press articles about women with PI, and about women admitted to the AMH, in general. But first, this chapter outlines dominant medical ideas about PI, in the nineteenth century, based primarily on British medical journals.

As discussed in the Introduction, PI is used in this thesis as a collective term for women suffering from mental illness as a consequence of pregnancy, childbirth, and lactation.<sup>940</sup> While there was a distinction between puerperal insanity, insanity of pregnancy, and insanity of lactation in the patient records both at the AMH and in medical journals more generally, for the purposes of this thesis and this chapter, these conditions are all referred to and treated as puerperal insanity, as they all provide an insight into the discourses around mental illnesses associated with motherhood.

### **Puerperal Insanity as a Medical Diagnosis**

British medical historian Hilary Marland argues that, in the context of nineteenth-century English asylums, 'the rhetoric of heredity and degeneration' became a focus for explanations about Puerperal Insanity, with the consequence that only certain types of women, that is, those with a hereditary disposition, were considered 'vulnerable' to Puerperal Insanity.<sup>941</sup> The material presented here

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<sup>939</sup> Bronwyn Labrum has interrogated case notes of both male and female patients committed to the Auckland Mental Hospital in the late nineteenth century. She correctly points out that much of the 'variation' in the case notes is evident only through the examination of female case notes in relation to male case notes, and vice versa. I have chosen to only examine case notes of female patients, in order to focus on the constructed differences, or lack thereof, between admitted to the asylum with puerperal insanity, and those without it. See Bronwyn Labrum, 'The Boundaries of Femininity: Madness and Gender in New Zealand, 1870-1910', in *Women, Madness and the Law: A Feminist Reader*, ed. by Wendy Chan, Dorothy E. Chunn, and Robert Menzies (London: Glasshouse Press, 2005), p. 62.

<sup>940</sup> Jacqueline Leckie describes the multitude manifestations of mental illness related to and blamed on pregnancy, childbirth and breastfeeding as 'ambiguous diagnosis', see Jacqueline Leckie, 'The Embodiment of Gender and Madness in Colonial Fiji', *Fijian Studies: A Journal of Contemporary Fiji*, 3, 2 (2005), p. 326.

<sup>941</sup> Hilary Marland, *Dangerous Motherhood Insanity and Childbirth in Victorian Britain* (Basingstoke, Hampshire: Palgrave Macmillan, 2004), p. 207.

demonstrates that Marland's theories had a firm basis in nineteenth-century medical discourses. The first section of this chapter establishes the predominantly 'British' medical ideas about the relationship between heredity, vice and PI to provide an international context for New Zealand medical ideas about this form of mental illness, and the significance of vice, heredity and racial decline to the condition. The key sources in this section are the *BMJ* and the *JMS*, which identify continuities and variations in psychiatric ideas about PI over the last few decades of the nineteenth century. As explained in previous chapters of this thesis, these sources are consulted because they were likely to have been part of the initial and on-going education of doctors working in New Zealand in the nineteenth century. Moreover, they provide a clear indication of British medical discourse in the nineteenth century, with which New Zealand psychiatry shared a close relationship. *BMJ* and *JMS* articles about PI published between 1868 and 1899 show both continuities and differences throughout the period. As will be shown, heredity was continuously favoured as a cause of PI in medical journals, while sepsis, suggested as a cause as early as the 1870s, gained greater acceptance by the late 1890s. Vice was far less closely associated with PI, although a 'craving for drink' was an occasionally cited symptom, rather than cause.

Medical journals also provided very occasional references to concerns about the impact of unsavoury manifestations of PI on patients' reputations. Prior to this period, British medical texts from the 1840s bemoaned the 'artificial and increasingly luxurious state of society' for instances of puerperal insanity.<sup>942</sup> Samuel Ashwell, in his *A Practical Treatise on the Diseases Peculiar to Women, illustrated by cases, derived from hospital and private practice*, attributed puerperal insanity in lactating women to their original 'susceptible, weakly, strumous conditions,' augmented by the 'early and long cultivation of their minds at the expense of their physical strength', and their 'confined and unhealthy' accommodation.<sup>943</sup> Ashwell also attributed PI to 'over-lactation.'<sup>944</sup> But heredity

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<sup>942</sup> Samuel Ashwell, *A Practical Treatise on the Diseases Peculiar to Women, illustrated by cases, derived from hospital and private practice* (London: Samuel Highley, 1844), 'Appendix: On the Morbid Consequences of Undue Lactation', pp. 722-723.

<sup>943</sup> Ashwell, p. 723. Hilary Marland, drawing on English feminist historians Lucy Bland and Jane Lewis, argues that women in the early nineteenth century were depicted as 'sickly, unhealthy, a victim of her fragile nervous system and unpredictable reproductive organs, and likely to have difficulty in performing her most important function of giving birth.' See Marland, p. 6, citing Lucy Bland, *Banishing the Beast: English Feminism and Sexual Morality 1885-1914* (Harmondsworth: Penguin, 1995), and Jane Lewis, *Women in England 1870-1950: Sexual Divisions and Social Change* (Brighton: Harvester Press, 1985).

featured even at this early stage, as Ashwell attributed other cases to a hereditary disposition. In particular, Ashwell was concerned that hereditary PI cases were less likely to end in recovery.<sup>945</sup>

By the 1850s, the aetiology of PI was couched in less definitive terms, as Dr F.W MacKenzie, also writing in the *London Journal of Medicine*, suggested that ‘some special predisposition must exist in those who are attacked by it. Hereditary tendencies and a highly nervous temperament have been recognised as the most important.’<sup>946</sup> MacKenzie also cited post-labour anaemia, a factor linked to both the inherent weakness of the female body and poverty, as working-class women were more likely to be over-worked and under-nourished, compared to women from other classes.<sup>947</sup> Heredity gained even greater ascendancy in *BMJ* discussions of Puerperal Insanity’s aetiology in the 1860s, with one of the few cases discussed in the publication during this decade featuring one ‘Mrs S, aged 37, distinct history of insanity on the side of both parents.’<sup>948</sup> Another case in this article was of a woman of ‘exemplary character, though in humble life, in one branch of the family, lunacy could be traced.’<sup>949</sup> The ‘exemplary character’ indicates that vice was not a factor in this case, while the rest of the case note shows that heredity clearly was.

As mentioned earlier in this chapter, a *BMJ* article from the 1870s referred to 33 cases of PI admitted to an English hospital between 1868 and 1876, and touched on several popular medical theories about it, such as illegitimate birth, the patient’s age when confined, and the role of heredity.<sup>950</sup> According to this article, 27 per cent of the PI cases were unmarried mothers.<sup>951</sup> This shows a link between this diagnosis and vice, via a deviation from ‘traditional’ Christian ideals of sexual relationships, as occurring only within the bounds of marriage. Campbell also suggested that a ‘hereditary predisposition to insanity’ existed in 55 per cent of the PI cases.<sup>952</sup> The use of statistics heightens the ‘legitimacy’ of the scientific

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<sup>944</sup> Ashwell, p. 726.

<sup>945</sup> Ashwell, p. 727.

<sup>946</sup> F. W. MacKenzie, ‘On the Pathology and Treatment of Puerperal Insanity’, *London Journal of Medicine*, 3 June 1851, p. 504.

<sup>947</sup> MacKenzie, p. 5.

<sup>948</sup> S. Monkton, ‘South-Eastern Branch: West Kent District Medical Meetings’, *BMJ*, 19 December 1863, p. 663.

<sup>949</sup> Monkton, p. 663.

<sup>950</sup> Dr Campbell, ‘On Puerperal Insanity’, *BMJ*, 8 July 1876, p. 64.

<sup>951</sup> Campbell, p. 64.

<sup>952</sup> Campbell, p. 64.

knowledge pronounced in these medical journal articles. Australian historian Roy MacLeod argues that ‘when ‘scientific knowledge’ as applied through medicine’, as is the case with medical journals, it becomes more than ‘merely factual knowledge’, instead appearing as ‘a set of social messages wrapped up in technical language.’<sup>953</sup>

A *JMS* article, also from 1870, supported Campbell’s focus on heredity, but suggested a number of other causes, based on the author’s own experience. These causes, described as ‘the moral causes’, included ‘remorse’, ‘fright’, ‘poverty’, ‘desertion’, ‘dissipation’, and ‘intemperance.’<sup>954</sup> The listed ‘physical causes’ included ‘bodily illness’, ‘milk fever’, and ‘debility and prostration from suckling.’<sup>955</sup> Interestingly, in view of medical ideas about Congenital Idiocy as discussed in Chapter Five of this thesis, patient case notes embedded in this article also referred to cranial measurements and post-mortem brain measurements.<sup>956</sup> At this time, J. Batty Tuke published his ‘pathological certification of mental disease’ in the *JMS*.<sup>957</sup> In this, PI was designated as a ‘sub-class’ of ‘sympathetic insanity’, along with the insanities of epilepsy, masturbation, pubescence, the climacteric state, pregnancy, and hysteria, as well as ‘ovarian and uterine insanity’, ‘post-connubial insanity’, and ‘enteric insanity.’<sup>958</sup> This particular sub-class clearly encompassed a wide range of causes of mental weakness, from physical and hormonal, to the stresses of marriage. In contrast, Congenital Idiocy was categorised as ‘insanity resulting from arrested or impaired development of the brain’, and General Paralysis of the Insane was a sub-class of ‘idiopathic insanity’, although at this time the cause of GPI was not yet established. PI was classed as a type of ‘sympathetic insanity’ because it was an example of ‘exoteric irritation acting on the nervous centres.’<sup>959</sup> But four years later, Dr J. C. Bucknill’s chapter, ‘The Treatment of Insanity’ in *Psychological Medicine*, a book co-authored by Bucknill and Dr Hack Tuke, argued that PI was most

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<sup>953</sup> Roy MacLeod, ‘Introduction’, in *Disease, Medicine and Empire*, ed. by Roy MacLeod and Milton Lewis (London and New York: Routledge, 1988), p. 1.

<sup>954</sup> Robert Boyd, ‘Observations on Puerperal Insanity’, *Journal of Mental Science (JMS)*, July 1870, p. 155.

<sup>955</sup> Boyd, p. 155.

<sup>956</sup> Boyd, p. 155.

<sup>957</sup> J. Batty Tuke, ‘A Pathological Classification of Mental Disease’, *JMS*, July 1870, p. 206.

<sup>958</sup> Batty Tuke, p. 206.

<sup>959</sup> Batty Tuke, p. 206.

commonly the result of ‘blood poisoning’, an opinion disputed by the *JMS* reviewer of this book.<sup>960</sup>

These references to multiple causes of PI continued into the 1880s. By this time there was a greater push to delineate puerperal insanity from the ‘insanity of pregnancy’ and ‘insanity of lactation.’<sup>961</sup> Dr M. D. MacLeod, writing in the *BMJ*, contributed a case note of a convalescing PI patient, who was ‘prone to indulge in masturbation’, although MacLeod was unsure whether this was due to ‘local irritations or feelings arising centrally; probably both causes are at work.’<sup>962</sup> This is the most direct reference to indulgence in sexual vice in regard to PI in the *BMJ*. Vice was implied in MacLeod’s article, through mention of the ‘shame and degradation’ caused by giving birth to an illegitimate child.<sup>963</sup> In his article, MacLeod suggested that women who had given birth to illegitimate children were three times more likely to have PI than married women.<sup>964</sup> MacLeod surveyed 814 PIs, of which 95, or 12 per cent, followed the birth of an illegitimate child.<sup>965</sup> But from this, MacLeod made an unqualified link between illegitimate births to a lack of attention and care provided for the mother during ‘pregnancy, parturition, and the puerperal state’, as well as the ‘strain of poverty and adverse circumstances’, which MacLeod felt to be inherent to extra-marital conception and birth.<sup>966</sup> This suggests that MacLeod associated illegitimate births with low socio-economic circumstances, articulating his concerns that the mothers of illegitimate children were susceptible to PI because of their ‘improper or scanty nourishment, unsanitary surroundings, exposure and imprudence during the convalescence.’<sup>967</sup> But MacLeod maintained that PI also had an impact on the

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<sup>960</sup> ‘The Treatment of Insanity’, *JMS*, July 1874, p. 233.

<sup>961</sup> MacLeod, p. 239.

<sup>962</sup> MacLeod, p. 239. The sexual vice implied in illegitimate birth was carried through into American doctor Fordyce Barker work. Barker, practicing at the Bellevue Hospital in the north-eastern United States in the nineteenth century, made this connection in a published lecture, entitled *The Puerperal Diseases? Clinical Lectures Delivered at the Bellevue Hospital*. Barker’s observation of the puerperal insanity cases’ behaviour, as these women showed ‘sometimes moral perversion’, and ‘erotic manifestations.’ But Barker did not play on these ‘perversions’ as may be expected, for example, he discounted masturbation as ‘more the result of a wish to allay than to excite irritation.’ See Fordyce Barker, *The Puerperal Diseases? Clinical Lectures Delivered at the Bellevue Hospital*, 3<sup>rd</sup> edn. (New York: Appleton, 1883), p. 173.

<sup>963</sup> MacLeod, p. 240.

<sup>964</sup> MacLeod, p. 241.

<sup>965</sup> MacLeod, p. 241.

<sup>966</sup> MacLeod, p. 240.

<sup>967</sup> MacLeod, p. 240. In the American context, Barker declared that the large number of puerperal insanity cases received at the Bellevue Hospital was partly due to the large proportion of unmarried women among their maternity patients. See Barker, *The Puerperal Diseases?* p. 165. There is a strong sense of compassion in Barker’s words, as he attributed the likelihood of an



higher classes, arguing that ‘puerperal insanity is as common, if not more so, among the rich and well-to-do as among the poor.’<sup>968</sup> In this, McLeod alluded to a dual aetiology, based on social class. That is, poor women were susceptible to PI for different reasons than women of wealthier economic backgrounds, but that both groups were vulnerable.

Dr George Savage, a frequent contributor to the *BMJ*, associated PI with marriage, and in his published discussion in 1884 about this condition, grouped it with ‘insanity associated with marriage.’<sup>969</sup> Although there was concern about unmarried mothers’ ‘susceptibility to PI’, it was still considered to be a disease, primarily attributed to married women. Savage focused on heredity as a cause, explaining that although a ‘large proportion of acute cases of insanity of pregnancy and childbirth had a belief in self as a sinner,’ there was also an ‘important question of the taint and its transmission to the offspring.’<sup>970</sup> In this way, Savage directly linked heredity as the cause of a patient’s condition to the spectre of racial degeneracy in future generations.<sup>971</sup> According to Savage, inheritance was of the utmost importance and this inheritance occurred commonly through ‘direct transmission, that is, along the female side.’<sup>972</sup> But Savage was also open to other causes occurring prior to delivery, such as ‘a drink craving yielded to, and this has predisposed to an attack of insanity.’<sup>973</sup> Savage’s belief in multiple causes of the condition thus allowed room for both heredity and vice in medical discourses about PI. Savage’s discussion of this condition also referred to illegitimacy, explaining that fewer women seem to become insane after the birth of illegitimate children.<sup>974</sup> But any reference to vice was fairly rare, certainly in contrast to ideas about heredity. MacLeod described the theory that ‘insanity of a parent or ancestor tends to produce in an individual a strong

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unmarried mother to develop PI more to the ‘New England social ostracism’ of unwed mothers, than to any inherent weakness in the women themselves. Barker describes the effect of this ‘social ostracism’ as a moral cause of puerperal insanity. See Barker, p. 176. Yet Barker also shared his contemporaries’ concern with the role of heredity in puerperal insanity, citing ‘a hereditary tendency, especially traceable to the female side of the family, much more frequently than to the male’, as the most prominent of predisposing causes, based on the work of a number of European asylum doctors. See Barker, p. 175.

<sup>968</sup> MacLeod, p. 240.

<sup>969</sup> George H Savage, *Insanity and Allied Neuroses: Practical and Clinical* (Philadelphia: Henry C. Lea’s Son and Co, 1884), p. 360.

<sup>970</sup> Savage, p. 363.

<sup>971</sup> Savage, p. 363.

<sup>972</sup> Savage, p. 372.

<sup>973</sup> Savage, p. 372.

<sup>974</sup> Savage, p. 372.

susceptibility to insanity - a pathological sensitiveness – a proneness to break down under exciting causes, which would not affect a person with a healthier pedigree,’ as an ‘established rule.’<sup>975</sup> The attention given to heredity was justified in this article by MacLeod’s statistic that ‘heredity predisposition to insanity was traced in 208 cases out of the 814’, that is, 26 per cent.<sup>976</sup>

Feminine propriety was discussed again in the *JMS* in 1886, as part of comments about the Lunacy Bill. These remarks remarked that magistrates should not visit the “alleged lunatic”, citing the example of ‘a delicately-nurtured lady’, with PI, in which ‘the feeling of her relatives (and her own on recovery) would be outraged, by the exposure of her possible obscenity and filthy conduct to a stranger, or, even worse, to a neighbour.’<sup>977</sup> This comment suggests that anxieties about appropriate female behaviour referred particularly to a certain class of patient, that is, patients of a similar social class to doctors or magistrates. Class and gender were mentioned by other doctors in discussion about PI. A. Campbell Clark, an Edinburgh University graduate, like many doctors working in New Zealand mental hospitals, claimed that ‘in the lower ranks of life alcohol is a favourite prescription with the patient and her friends.’<sup>978</sup> Campbell Clark also discussed heredity in PI cases at length, demonstrating how both ‘the history of progenitors and collaterals’ and ‘the health of the progeny’ provided evidence of hereditary factors.<sup>979</sup> He argued that ‘nervous disease and intemperance’ and ‘uterine and allied affections’ all brought about ‘a nervous impression in the mother which finds expression in the nervous formation of the offspring.’<sup>980</sup> Campbell Clark then explored instances where heredity could not be directly traced, arguing that ‘heredity became almost a certainty by reason of the collateral evidence of insanity in other members of the same family.’<sup>981</sup> Of further interest in this article, Campbell Clark asserted that a ‘suspicion’ of heredity could be introduced by the ‘size, form and symmetry of the cranium, the facial development and expression, the physique generally, the degree of intelligence

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<sup>975</sup> MacLeod, p. 240.

<sup>976</sup> MacLeod, p. 241.

<sup>977</sup> ‘Occasional Notes of the Quarter the Lunacy Bill’, *JMS*, July 1886.

<sup>978</sup> A. Campbell Clark, ‘Aetiology, Pathology, and Treatment of Puerperal Insanity’, *JMS*, July 1887, p. 174.

<sup>979</sup> Campbell Clark, p. 181.

<sup>980</sup> Campbell Clark, p. 181.

<sup>981</sup> Campbell Clark, p. 181.

and mental vigour evinced on recovery.’<sup>982</sup> In this way, heredity in PI cases was made visible through phrenology.

Discordant views about the aetiology of PI existed even at the same meeting of medical professionals. For example, at the annual meeting of the British Medical Association’s section on psychology in 1888, a contributor attested to the considerable influence of sepsis in PI cases,<sup>983</sup> while another persisted in citing a hereditary tendency.<sup>984</sup> The contestation of aetiologies continued into the 1890s and articles about PI were more common in British medical journals by the 1890s, than in previous decades. Medical journal articles from early in the 1890s highlighted the relationship between PI and sexual vice, both as a symptom,<sup>985</sup> and as a classification.<sup>986</sup> In the latter of these examples, PI was classified as a type of ‘lymphatic (sexual) insanity’, along with ‘masturbatic insanity’ and ‘ovarian insanity.’<sup>987</sup> In October 1895 the *JMS* published an extract of the ‘Examination for the Certificate of Proficiency’, which asked candidates to ‘Discuss sepsis in its relation to the production of morbid mental symptoms. Note especially its relations to insanity occurring during the puerperal period.’<sup>988</sup> This suggests that sepsis was firmly cemented as a recognised cause of PI in medical discourses by this time.

Savage suggested a year later that the predisposing causes were similar for all forms of insanity falling under the ‘puerperal’ umbrella diagnosis. Savage cited ‘heredity’ as the most important factor, particularly ‘direct’ heredity, that is, where a mother and her daughters suffered from puerperal insanity.<sup>989</sup> Sir James Crichton-Browne supported Savage’s dismissal of the significance of illegitimate births in PI cases, describing women who became pregnant illegitimately were ‘usually persons of strong passions with a corresponding physique, and were

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<sup>982</sup> Campbell Clark, pp. 181-2.

<sup>983</sup> Dr Wiglesworth, ‘Annual Meeting of the British Medical Association Psychology Section’, *JMS*, October 1888, p. 467.

<sup>984</sup> C. T. Dent, ‘Annual Meeting of the British Medical Association Psychological Section’, *JMS*, October 1888, p. 467.

<sup>985</sup> Dr Ringrose Atkins, ‘Irish Meeting’, *JMS*, October 1890, p. 594.

<sup>986</sup> ‘Review of Lectures on Mental Diseases designed especially for Medical Students and General Practitioners’, by Henry Putnam Stearns, Physician of the Hartford Retreat, Connecticut, *JMS*, April 1893, p. 242.

<sup>987</sup> ‘Review of Lectures’, p. 242.

<sup>988</sup> ‘Examination for the Certificate of Proficiency’, *JMS*, October 1895, p. 761.

<sup>989</sup> ‘Prevention and Treatment of Insanity of Pregnancy and The Puerperal Period’, contributed by Dr G. H. Savage, Sir James Crichton-Browne on the Chair, *BMJ*, 18 January 1896, p. 150.

therefore less likely to succumb to the mental strain', which would lead to PI.<sup>990</sup> Crichton-Browne's assertion was sustained by case notes of puerperally insane patients presented at the 1897 Section of Psychology. These case notes were for five women with PI, all of whom were married, but, interestingly, none of whom had any hereditary tendency to mental illness, as published in these patient case notes.<sup>991</sup> However, the prevailing medical view of the aetiology of PI is summarised by W Farquharson's contribution to the *JMS* in 1898, in which the Edinburgh graduate argued that 'hereditary insanity' 'proportionately more frequent in the hereditarily disposed' than for those lacking such a 'predisposition.'<sup>992</sup> Medicalised concerns about the causes of PI were dominated by heredity theory, which became more recognisable through the introduction of phrenology techniques and consideration of the patients' broader family tree. These medical theories were punctuated by occasional ideas about vice, and, more predominantly towards the end of the nineteenth century, sepsis and germ theory. This was reflected to some extent in popular discourses about PI, which supported the well-being and care of deserving women, particularly mothers, who met standards of feminine respectability.

### **'Women's first and highest mission': Popular Ideas about Puerperal Insanity** 993

In November 1878, the *Southland Times* published an article, originally from the 'Ladies Column' of the *Weekly Times*, which proclaimed that 'wifehood and motherhood is woman's first and highest mission.'<sup>994</sup> Similarly, colonial webs of meaning about female insanity continued to reflect imperial discursive frameworks. Popular discourses about PI in nineteenth-century New Zealand focused on instances of infanticide carried out by mothers diagnosed with this condition. But popular views of motherhood, the declining birth rate, and the perceived moral decline of women and potential mothers of the next generation of white New Zealanders are more useful to this thesis, because they provide considerable insight into popular fears about national fitness and racial decline.

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<sup>990</sup> Sir James Crichton-Browne, 'Prevention and Treatment of Pregnancy and The Puerperal Period', *BMJ*, 18 January 1896, p. 151.

<sup>991</sup> 'Section of Psychology', *BMJ*, 25 September 1897, pp. 768-769.

<sup>992</sup> W. Farquharson, 'Heredity in Relation to Mental Disease', *JMS*, July 1898, p. 553.

<sup>993</sup> 'Women's Work', from the 'Ladies Column' of the *Weekly Times*, published in the *Southland Times*, 25 November 1878, p. 2.

<sup>994</sup> 'Women's Work', p. 2.

‘Proper’ motherhood was an obsession of sorts among European New Zealand’s ruling elite, in the late nineteenth century. An indication of this is given in the *Report on the Results of a New Zealand Census 1891*. In the ‘Conjugal Condition of the People’ section, there is a lengthy paragraph titled ‘Married Women at Reproductive Ages.’<sup>995</sup> This paragraph details how many women aged between 15 and 45 ‘(excluding Chinese and Maoris)’ were married, and how frequently, on average, these women were giving birth. This figure was compared to that of the 1881 and 1886 censuses and also to that of the other ‘Australasian Colonies’.<sup>996</sup> There was no data given for illegitimate births. Furthermore, there was no data provided on married men, in terms of their reproductive behaviour, in any of the census reports or year-books throughout the period. This places parenthood firmly within the feminine realm, highlighting the significance of motherhood, and ensuring that being female and being a mother were almost considered to be one and the same, and that a deviation from this was abhorrent. This impetus to ‘breed’ as part of the colonial project was been investigated by, among others, gender historian Catherine Hall. Hall suggests that British colonial officials of the mid nineteenth-century linked gender and this imperialist mission, by presenting the duty of ‘an imperial people’, as, for men, ‘to discover, to explore, to conquer, and dispossess others’, and for women, ‘to reproduce the race, to bear children, maintain their men, and make families and households.’<sup>997</sup> In an Australasian context, Philippa Mein Smith refers to the inference of ‘duty to the nation and the empire’, in late nineteenth and early twentieth century ideas about maternalism.<sup>998</sup>

Concerns about the moral decline in the white New Zealand population were rampant in the nineteenth-century, as the numerous newspaper articles about

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<sup>995</sup> E. J. Von Dadelszen, Registrar-General, *Report on the Results of A New Zealand Census 1891*, Registrar-General (Wellington: George Didsbury, Government Printer, 1893), pp. 41-42.

<sup>996</sup> Von Dadelszen, pp. 41-43. Australian Neville Hicks’s research into the ‘Royal Commission on the Decline of the Birth Rate in New South Wales’, of 1903, shows that this concern with a decreasing birth rate and changing marital patterns, despite a growing number of women of childbearing age, was part of a Tasman-world concern about population health and decline. (Neville Hicks, *This Sin and Scandal*, *Australia’s Population Debate 1891-1911* (Canberra: Australian National University Press, 1978).

<sup>997</sup> Catherine Hall, ‘Of Gender and Empire: Reflections on the Nineteenth Century’, in *Gender and Empire*, ed. by Philippa Levine (Oxford; New York: Oxford University Press, 2007), p. 47.

<sup>998</sup> Philippa Mein Smith, ‘Blood, Birth, Babies, Bodies’, *Australian Feminist Studies*, 17, 39 (2002), p. 306.

the depravity of the female immigration barracks in 1860s Dunedin attest.<sup>999</sup> New Zealand and Canadian gender historian Andrée Lévèsque suggests that social reformers from the nineteenth century honed in on ‘women’s most popular function, reproduction, and their unmentioned one, sexuality.’<sup>1000</sup> This makes discourses about Puerperal Insanity, as a by-product, of sorts, of that reproductive function, and one which often manifested in a threatened breaching of expectations of women’s sexuality, central to understanding the subjectivity of women in nineteenth-century psychiatric medicine. The popular press capitalised on women’s sexuality, as unmarried mothers were not treated at all with the same generosity of spirit in the press, as married women with PI, and equated sexual immorality with illegitimate births.<sup>1001</sup> Lévèsque has explored illegitimate birth in nineteenth century European New Zealand, and states that reproduction in this context was only respectable ‘within the bounds of matrimony’, as extra-marital childbirth was ‘seldom acknowledged, and harshly condemned by the authorities.’<sup>1002</sup> By the late 1890s public concern with the illegitimate birth rate was growing, and the belief in illegitimacy as a product of urbanisation was being questioned. While political elites held that ‘juvenile depravity only exists in the great towns of the Colony’, others felt that ‘juvenile immorality is as bad in our villages and country districts’, apparently signified by the increase in the illegitimate birth rate, and the ‘depravation of mere boys and girls.’<sup>1003</sup> This ties into broader concerns about the evils of urbanisation, which were widespread in nineteenth-century New Zealand, and the greater British World.<sup>1004</sup> Anxiety about juveniles partly

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<sup>999</sup> ‘Mr Harris and Female Immigration’, *Otago Daily Times (ODT)*, 25 March 1863, p. 5. Also see Charlotte Macdonald, *Woman of Good Character: Single Women as Immigrant Settlers in Nineteenth-Century New Zealand* (Wellington: Allen and Unwin, 1990).

<sup>1000</sup> Andrée Lévèsque, ‘Prescribers and Rebels Attitudes to European Women’s Sexuality in New Zealand, 1866-1916’, in *Women in History Essays on European Women in New Zealand*, ed. by Barbara Brookes, Charlotte Macdonald and Margaret Tennant (Wellington: Allen and Unwin, 1986), p.2.

<sup>1001</sup> An article in the *Nelson Evening Mail* described New Zealand as the ‘most moral of all the Australasian Colonies’, based on the statistic that ‘for six years the average of illegitimate birth was: Victoria, 3.38; NSW, 4.14; Queensland, 3.11; New Zealand 1.67.’ See *Nelson Evening Mail*, 12 April 1880, p. 2. As Helen Woolcock writes in her contribution to *Disease, Medicine and Empire*, ‘vital statistics – births, marriages, deaths, causes of death – served as the index of a nation and its “progress... in the march of civilisation”.’ See Helen R. Woolcock, ‘Our salubrious climate’: Attitudes to Health in Colonial Queensland’, citing *QVP*, 1861, p. 871, in *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion*, ed. by Roy MacLeod and Milton Lewis (London and New York: Routledge, 1988), p. 181.

<sup>1002</sup> Lévèsque, p. 4.

<sup>1003</sup> ‘Briefly Told’, *Colonist*, 5 October 1897, p. 4.

<sup>1004</sup> Erik Olssen, ‘Towards a New Society’, in *The Oxford History of New Zealand*, ed. by Geoffrey Rice 2<sup>nd</sup> edition (Auckland: Oxford University Press, 1992), p. 268.

culminated in the establishment of institutional reformatories for ‘wayward young women’, such as Te Oranga Reformatory for Delinquent Young Women, in Christchurch, in 1900.<sup>1005</sup>

Newspaper articles from the time suggest that there was considerable sympathy for women with PI who met social expectations of decency, and of appropriate female behaviour. The earliest of these was from 1866, and while initially published in the *Otago Witness*, the news spread to other newspapers across the country. This article, titled ‘Horrible Tragedy at North Taieri Murder of Two Children by Their Mother Suicide of the Mother’, sympathetically described a ‘poor (as in unfortunate) woman’ with puerperal insanity, and who had killed two of her three children.<sup>1006</sup> The mother, Mrs Orr, was 26 years old, a ‘stout and good looking woman, noted as a careful housewife’, who had a happy marriage and family life, living in a ‘snug and well provided’ cottage.<sup>1007</sup> The article goes into considerable medical detail of the women’s illness, describing the contrast between her ‘usual cheerful manner’ and her ‘constantly somewhat dull or low spirit.’<sup>1008</sup> The article also describes the manner of the woman’s murder and suicide with ‘the poor demented fond mother and cheerful but strict housewife, had resolved to destroy her children and herself – but not to dirty the floor of her cottage’, so had put a cover over the floor.<sup>1009</sup> This description, of a good mother and housewife, discounted any suggestion of the involvement of vice in the woman’s insanity, and it was simply attributed to ‘a trying confinement’, although the article reports that the woman’s husband’s testimony stated that her father had committed suicide, but he had ‘never heard of any other member of the family showing signs of insanity,’ highlighting existing ideas about the role of heredity in puerperal insanity cases.<sup>1010</sup>

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<sup>1005</sup> Bronwyn Dalley, ‘From Demi-mondes to slaveys: Aspects of the Management of the Te Oranga Reformatory for Delinquent Young Women, 1900-1918’, in *Women in History 2*, ed. by Barbara Brookes, Charlotte Macdonald and Margaret Tennant (Wellington: Bridget Williams Books, 1992), p. 150.

<sup>1006</sup> ‘Horrible Tragedy at North Taieri Murder of Two Children by Their Mother Suicide of the Mother’, *Wellington Independent* (from *Otago Witness*), 14 July 1866, p. 2.

<sup>1007</sup> ‘Horrible Tragedy’, p. 2.

<sup>1008</sup> ‘Horrible Tragedy’, p. 2.

<sup>1009</sup> ‘Horrible Tragedy’, p. 2.

<sup>1010</sup> ‘Horrible Tragedy’, p. 2. The inclusion of such phrases in these press reports confirms New Zealand welfare and gender historian Margaret Tennant’s assertion that in both New Zealand and Australia during the nineteenth century there was a distinction between ‘good’ and ‘bad’ women. See Margaret Tennant, ‘Magdalens and Moral Imbeciles’: Women’s Homes in

Women committed to mental hospitals under these conditions were a subject of medical, as well as popular, discourses. Dr Savage, reading a short paper in January 1887, in his capacity as President of the Medico-Psychological Association, voiced pity that young women should be incarcerated in ‘criminal asylums’ in consequence of infanticide committed while suffering from PI. Savage argued that although these women were undoubtedly of ‘unstable stocks’, they did not deserve to be committed for the rest of their lives.<sup>1011</sup>

### **Puerperal Insanity at the Auckland Mental Hospital**

As an exclusively female diagnosis, an exploration of PI cases at an institution provides an opportunity to examine how certain women were depicted in case notes and popular sources, and to draw comparisons between these women. Just as the diagnosis of general paralysis allows for a more detailed reading of male insanity, and the gendered diagnoses of the period under examination, this analysis suggests that PI is one way of imagining how women were inserted into discourses about vice, heredity and racial decline. There were a total of 83 women admitted to the AMH under the diagnosis of PI between 1868 and 1899, although cases related to infanticide were very much the exception. In the great majority of PI cases in this institution, there was no identified aetiology. An analysis of the patient case notes from the AMH reveals that the very state of pregnancy and the act of childbirth were, in themselves, cited causes of patients’ mental illness. This section also presents case notes and popular discourses about non-puerperal insanity women, to provide a context for the analysis of sources about women diagnosed with PI.

One of the first patients admitted to the AMH with PI during this period was Elizabeth W, admitted in 1872 in a ‘feeble’ bodily condition, under a possible diagnosis of puerperal mania.<sup>1012</sup> She was a ‘young and respectable’ 25 year old settler’s wife, who lived in Auckland, but had been born in England.<sup>1013</sup>

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Nineteenth Century New Zealand’, in *Women in History* 2, p. 54. Also see Lynette Finch *The Classing Gaze* (St Leonards, New South Wales: Allen and Unwin, 1993), pp. 86-105.

<sup>1011</sup> Dr Savage, ‘Notes and News’, *JMS*, January 1887, p. 613.

<sup>1012</sup> YCAA 1048/2, folio 91. Early in the case note Elizabeth is described in terms of the recentness of the birth of her son, while the notes from the day of her death refer to ‘fever appeared of the typhoid type.’

<sup>1013</sup> ‘Death at the Lunatic Asylum’, *Daily Southern Cross*, (*DSC*) 19 February, 1872, p. 3. Also see YCAA 1021/1 [Archives New Zealand / Te Rua o te Kawanatanga, Auckland Regional Office]



Elizabeth's case notes described how her 'symptoms of insanity commenced on the fourth day after confinement', upon being 'confined of a male child a fortnight ago.'<sup>1014</sup> Five days after her admission, Elizabeth died. Newspapers described her as 'suffering from mental derangement brought on by puerperal fever.'<sup>1015</sup> According to the *DSC*, after Elizabeth's death, the AMH matron drew the medical attendant's attention to a self-inflicted wound on Elizabeth's left arm and 'two severe injuries inflicted on the lower abdomen.'<sup>1016</sup> A coroner's inquest ruled that Elizabeth had died from 'natural causes,' which, it could be speculated, may have been a septic infection.<sup>1017</sup> On the same day as the *DSC* article was published, four days after Elizabeth's death, the *AS* published a damning article about the tragedy. While the *AS* piece described a lunatic asylum as 'the saddest institution among civilised people', the author suggested that readers must, in this instance, 'feel compelled to waive ceremony and call attention to abuse.'<sup>1018</sup> The *AS* continued, declaring that

Then only (upon Elizabeth's death, five days after her admission) it was discovered she had inflicted previous to her admission a severe wound on her arm and two others on another portion of her person. These wounds had not previously been known to the keepers, nurses and attendants. How was this? And had she been allowed to die as a dog dies? The wound in her arm was such as must have obtruded itself on attention, had the least attention been shown to the unhappy woman. Has there been scandalous neglect here? We ask it in the name of outraged humanity.<sup>1019</sup>

This condemnation begs the question of whether Elizabeth's 'respectability' influenced the vitriolic newspaper article, and whether this 'neglect' would have been so scandalous if the patient had pursued a different lifestyle. Furthermore, the 'reality' of Elizabeth's case, according to her case notes from the AMH, was that a 'jagged wound on her left arm' had been recorded in her case notes at her admission, five days before she died, and therefore five days before the *AS*

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<sup>1014</sup> YCAA 1048/2, folio 90.

<sup>1015</sup> 'Death at the Lunatic Asylum', p. 3.

<sup>1016</sup> 'Death at the Lunatic Asylum', p. 3.

<sup>1017</sup> 'Death at the Lunatic Asylum', p. 3.

<sup>1018</sup> *Auckland Star*, (*AS*), 19 February 1872.

<sup>1019</sup> *AS*, 19 February 1872. The 'two other' wounds were variously described as being on Elizabeth's 'lower abdomen' ('Death at the Lunatic Asylum', *DSC*, 19 February 1872, p.3) and as 'in her womb.' See 'Latest Telegrams', *Wellington Independent*, 26 February 1872, p. 2.

claimed her wound had been noticed.<sup>1020</sup> In fact, the list of her symptoms includes ‘insomnia, delusions, violent conduct, refusal to take food, antipathy to her infant and an attempt to injure herself’ in the left arm, using scissors.<sup>1021</sup>

Another PI patient admitted early in the period was Rhoda S, a 36 year old married domestic servant admitted in January 1877. According to press reports, Rhoda was admitted through the Thames magistrate’s court, as her mind had been ‘aberrated’ since her last confinement, in mid-1876.<sup>1022</sup> There are no asylum case notes in the archive for Rhoda, but her admission certificate specifically notes certain behaviours as ‘facts indicating insanity’ observed by the admitting doctor, such as ‘carelessness as to personal appearance, want of intelligence, an absent manner, unwillingness to answer questions.’<sup>1023</sup> Further facts ‘communicated to me’, that is, to the admitting doctor, were that Rhoda ‘becomes violently irritated against her children and husband without supposed cause. Neglects her household and herself.’<sup>1024</sup> These statements personify many expectations of women in nineteenth-century New Zealand, particularly the expectations of mothers, to take care of themselves, their homes, their children, and their husbands.<sup>1025</sup> They also contrast with the respectability emphasised in the *DSC* article about Elizabeth W.

Although heredity and vice were rarely mentioned in PI patient case notes, the case of Emma F, admitted to the AMH in 1885, provides one example of how both of these factors were revealed in patient case notes.<sup>1026</sup> Emma’s case note describes a ‘history of hereditary mental instability.’<sup>1027</sup> Her husband stated that her father was insane and her brothers thriftless and lazy. One brother appears to have suffered from phthisis.<sup>1028</sup> Vice is then added to her case note, as ‘her husband confesses that their married life has been unhappy owing to drink and ill temper on his own part.’<sup>1029</sup> Emma’s husband also described her behaviour since her last confinement as ‘queer, having got the impression that she was labouring

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<sup>1020</sup> YCAA 1048/2, folio 91.

<sup>1021</sup> YCAA 1048/2, folio 91.

<sup>1022</sup> ‘Resident Magistrate’s Court’, *Thames Star*, 11 January 1877, p. 2.

<sup>1023</sup> YCAA 1026/11, number 585. Case file for patient Rhoda S.

<sup>1024</sup> YCAA 1026/11, number 585. ‘Form of Medical Certificate to Accompany Order for Reception into an Asylum’, completed by Dr Francis O’Flaherty.

<sup>1025</sup> Bronwyn Labrum, ‘Gender and Lunacy: A Study of Women Patients at the Auckland Lunatic Asylum, 1870-1910’ (unpublished MA thesis, Massey University, 1990), p. 243.

<sup>1026</sup> YCAA 1048/5, folio 234.

<sup>1027</sup> YCAA 1048/5, folio 234.

<sup>1028</sup> YCAA 1048/5, folio 234.

<sup>1029</sup> YCAA 1048/5, folio 234.

under a syphilitic complaint given her by her husband – in consequence she consulted a lawyer with a view to divorce.’<sup>1030</sup> There is no information in the case notes about the truth to Emma’s suspicions, but it is significant that this act of rebellion against an unhappy marriage is part of the medical construction of Emma’s puerperal insanity.

Alicia B, admitted to the AMH in 1889, was a woman whose ‘present attack has been coming on for several months, supposed cause too frequent child bearing.’<sup>1031</sup> This is notable, given the social pressure exerted on women to have more children, in order to counter the declining birth rate.<sup>1032</sup> Alicia’s case note also mentioned that her grandmother had been subject to fits of depression but that the ‘exciting cause appears to have been due to exhaustion caused by lactation and over work as regards domestic duties.’<sup>1033</sup> These behaviours conform to expectations of women, and yet they are also cited as the cause of Alicia’s condition, which has rendered her completely unable to fulfil the obligations of being a housewife and mother, as she is now removed from her home and her children. Alicia’s cast notes match New Zealand mental health historian Jacqueline Leckie’s argument about institutionalised women in Fiji in this period that ‘women’s madness’, particularly PI, was ‘especially articulated with respect to gender roles, sexuality and their domestic lives.’<sup>1034</sup> A violation of expected ‘motherly’ behaviour characterised the case notes for several puerperally insane patients admitted to the asylum in the 1890s. For example, Dora C, a 23 year old married housewife, ‘cusses and uses bad language which she has never been known to do before,’ conforming to a strong trend in medical discourses about PI in the *BMJ*.<sup>1035</sup>

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<sup>1030</sup> YCAA 1048/5, folio 234.

<sup>1031</sup> YCAA 1048/5, folio 432.

<sup>1032</sup> In the late 1890s, His Honor Judge Conolly sentenced a female abortionist to ten years hard labour. In passing the sentence, Conolly told the accused that ‘she had been convicted of a most abominable crime, which was accounted by the law only second to murder.’ He added that ‘the prisoner and persons like her saw by the newspapers and the Registrar-General’s reports that there was a serious decrease in the birth-rate of the colony. The cause lay with the prisoner and those like her practicing abortion.’ See ‘Alleged Procuring Abortion. Sentence of Ten Years. Strong Remarks by Judge Conolly’, *AS*, 2 September 1899, p. 5.

<sup>1033</sup> YCAA 1048/5, folio 432.

<sup>1034</sup> Leckie, p. 332.

<sup>1035</sup> YCAA 1048/5, folio 448. For example, see John Webster, ‘Remarks on the Statistics, Pathology, and Treatment of Puerperal Insanity’, *London Journal of Medicine*, 3 October 1849, p. 972. In this, a patient is described as ‘frequently very wild, violent, exceedingly mischievous, used bad language.’ Also see Elaine Showalter, *The Female Malady, Women Madness, and English Culture, 1830-1980* (New York: Pantheon Books, 1985). Showalter quotes Drs J. C. Bucknill and

In contrast to Margaret, Alicia and Dora, Mary W was a 20 year old unmarried domestic servant. She had come to the asylum from the Auckland Hospital maternity ward, eighteen days after giving birth to a ‘living female child’, since when she has been ‘continuously raving.’<sup>1036</sup> The case note then deviates from the strictly medical, identifying the child’s father, and his occupation, and also Mary’s previous employer, who, according to her case note, ‘is taking care of the child in the hope that the mother may recover in which case he will take her back again.’<sup>1037</sup> There is no explanation offered for the inclusion of this additional, and somewhat irrelevant information in the case note, and in very few other PI cases is anywhere near as much information provided about who is caring for the patient’s child or children. These details may have been included to assuage prevailing concern about the cost of supporting illegitimate children and their mothers, to the state.<sup>1038</sup> Another interpretation is that doctors at the AMH simply wished to record Mary’s employer’s apparent generosity.

Concerns about heredity and vice were both evident in the case note of Elizabeth P, admitted to the AMH in 1894. Elizabeth was the 27 year old wife of a bushman.<sup>1039</sup> Covering a gambit of unacceptable behaviour for mothers in the nineteenth century, Elizabeth’s case note divulges that she ‘talks incessantly, shouts, swears, is abusive, will not have the child near her.’<sup>1040</sup> Elizabeth’s husband reported that her father was ‘asthmatical and addicted to excessive drinking’.<sup>1041</sup> Like many PI patient case notes, Elizabeth’s detailed her pre-illness mental condition, which was ‘good tempered, affectionate, very industrious’, or in other words, everything a working class married woman in the mid-1890s should be.<sup>1042</sup> Newspapers throughout New Zealand in the early 1890s also reported on

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Daniel Hack Tuke’s *A Manual of Psychological Medicine* in her discussion of the symptoms of puerperal insanity, which include ‘even in a patient who may have been remarkable previously for her correct, modest demeanour, and attention to her religious duties, most awful oaths and imprecations are now uttered and language used which astonishes her friends.’ See Showalter, pp. 57-58, quoting J. C. Bucknill and Daniel Hack Tuke, *A Manual of Psychological Medicine* (London: J and A Churchill, 1879), pp. 228-229.

<sup>1036</sup> YCAA 1048/5, folio 497.

<sup>1037</sup> YCAA 1048/5, folio 497.

<sup>1038</sup> For example, in Ethel L’s case, see YCAB A493 15245 Box 2a, ‘Register for Applications for Relief.’ [Archives New Zealand / Te Rua o te Kawanatanga, Auckland Regional Office]

<sup>1039</sup> YCAA 1048/7, folio 207.

<sup>1040</sup> YCAA 1048/7, folio 207.

<sup>1041</sup> YCAA 1048/7, folio 207.

<sup>1042</sup> YCAA 1048/7, folio 207. Also see Catherine Hall, *White, Male, Middle Class: Explorations in Feminism and History* (Cambridge: Polity Press, 1992), p. 145, Hall refers to ‘working-class blueprints for the good wife and mother.’

an Australian woman who poisoned herself and her three children.<sup>1043</sup> The woman was described as ‘the unfortunate mother’ and as ‘highly respected’, with a happy marriage and a home which was ‘comfortable, with rather more than the necessities of life and is tidily kept.’<sup>1044</sup> The ‘unfortunate mother’ conformed to nineteenth-century feminine ideals, by her marital status and her housekeeping ability, although her material possessions beyond the ‘necessities of life’ may be a reference to contemporary concerns about luxury and decadence, as contributing to mental breakdown.<sup>1045</sup> The only hint at the women’s mental disorder, in the newspaper article, was that ‘some other troubles caused a hereditary taint of insanity to exhibit’, although her husband had not considered these serious.<sup>1046</sup>

Amy S was a ‘lactational insanity’ patient at the AMH and subject of several newspaper articles, which clearly cited ‘trouble and poverty’ as responsible for ‘completely unhinging the mother’s mind.’<sup>1047</sup> Amy S was a 24 year old, married ‘domestic’, who lived on the Rakauwahi gum fields, near Kaikohe, in Northland. She was admitted to the Auckland Mental Hospital in September 1898 from the Auckland prison, where she was sent following her arrest for murdering her daughter.<sup>1048</sup> Amy’s case note describes her as a ‘thin depressed looking woman of medium height. She looks of rather below average intelligence.’<sup>1049</sup> The case note says that Amy killed her daughter because ‘her husband was away and she felt miserable and did not want her children to go away from her.’<sup>1050</sup> While Amy was clearly suffering from some mental illness, the misery and loneliness perhaps due to her circumstances evokes a response of compassion towards her tragic crime, and this compassion is evident in the press articles. The AS attribution of her condition to ‘trouble and poverty’ is backed up

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<sup>1043</sup> ‘Terrible Tragedy in Victoria’, *Wanganui Herald*, 31 October 1891, p. 2.

<sup>1044</sup> ‘Terrible Tragedy in Victoria’, p. 2. The description of the ‘unfortunate mother’, with her sound housekeeping skills, is a personification of an Inspector’s report quoted by New Zealand gender and welfare historian Margaret Tennant, in which the Inspector states that ‘all the elements of deservedness are here: above all, Mary L was honest and clean.’ See Margaret Tennant, ‘‘Brazen-faced Beggars of the Female Sex’ Women and the Charitable Aid System, 1880-1920’, in *Women in History, Essays on European Women in New Zealand*, p. 39.

<sup>1045</sup> The role of decadence and plenty in episodes of mental illness in the vulnerable is discussed in Harriet Deacon, ‘Insanity, Institutions and Society: the Case of the Robben Island Lunatic Asylum, 1846-1910’, in *The Confinement of the Insane*, ed. by Roy Porter and David Wright (New York: Cambridge University Press, 2003), p. 34.

<sup>1046</sup> ‘Terrible Tragedy in Victoria’, p. 2.

<sup>1047</sup> ‘A Child Murdered. Shockingly Mutilated. Its Mother Arrested,’ AS, 27 June 1898, p.

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<sup>1048</sup> ‘The Auckland Child Murder Case’, *ODT*, 29 June 1898, p. 2.

<sup>1049</sup> YCAA 1048/8, folio 49.

<sup>1050</sup> YCAA 1048/8, folio 49.

by a statement in Amy's case note that she 'denies that she was reduced to eating fern root.'<sup>1051</sup> It appears from her case note that Amy's husband was unwell, and she was afraid that if he did not recover, she would be separated from her children, perhaps explaining her fears that they would 'go away from her,' although she is also quoted in her case note as saying that she 'was not told that her children would be separated from her, and she does not know what gave her that idea.'<sup>1052</sup> Unfortunately the rest of Amy's case note is missing from the archive, nor is there any evidence of what happened to her husband and son, the latter who Amy was looking for after she had '“done for” the girl', with the aim of killing the boy, when the police arrested her.<sup>1053</sup>

Although many of the women admitted to the AMH with PI had a large number of children, in some cases as many as ten, there was never any concern expressed in the patient case notes, or indeed in the *AJHR* reports, about the spectre of racial degeneration, and the potential contribution to this which these women may have presented. While this was not a concern expressed in the case notes of non-puerperal insanity patients either, the fact that the PI women were all in the asylum because of child birth, that is, because they were mothers, would make some comment about the risks of inherited mental disease not out of place, in the nineteenth century. Nor was there any censure expressed about those women who had suffered from PI at a previous confinement, yet became pregnant again. This may have been due to the prevailing concern about the declining birth rate, suggesting that giving birth was more important than maintaining one's own personal mental and physical health.

This analysis also demonstrates the generally 'socially appropriate' lifestyles and habits of PI patients admitted to the AMH. In contrast to this group, the case notes and popular discourses about women admitted to the AMH with a non-puerperal diagnosis are examined, for evidence of heredity and vice, in aetiology. The first of these women is Eliza L, admitted to the AMH in April 1891, who was described in the press and in her asylum case notes as a 'single, vagrant prostitute, admitted under the diagnosis of 'intemperance.'<sup>1054</sup> Eliza first appeared before the courts in 1866, when her mother, Bridget, was charged with

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<sup>1051</sup> YCAA 1048/8, folio 49.

<sup>1052</sup> YCAA 1048/8, folio 49.

<sup>1053</sup> YCAA 1048/8, folio 49.

<sup>1054</sup> YCAA 1048/5, folio 571.

‘committing a grievous assault upon her daughter’, Eliza, conduct described by His Worship T. Beckham Esq., R. M., as ‘unnatural’.<sup>1055</sup> However, despite Eliza’s later notoriety, this incident was never mentioned in the press again, although such abuse may have gone some way to explaining Eliza’s behaviour and would have been in line with contemporary concerns about heredity and racial degeneracy.<sup>1056</sup> Just three months later, Eliza herself also appeared in court, charged with ‘using obscene language.’<sup>1057</sup> Eliza continued to face charges of drunkenness throughout 1870 and 1871, but in September 1871, despite being described in the press as ‘an old offender’ at the age of twenty, due to her already multiple court appearances, Eliza was discharged as there ‘appeared to be some prospect of future good conduct.’<sup>1058</sup> The newspaper-reading public were acquainted with Eliza the mother in a police court report from 1877. This article, titled ‘Mother of Little Japhet’, began with the sentence ‘Eliza L, who had just closed her last three months in the shadow of Mount Eden, known as the mother of little Japhet who could not find his father, was again brought up on a charge of drunkenness.’<sup>1059</sup> Although there is no explicit, written concern in this source about a woman of Eliza’s ‘class’ reproducing, and the potential racial decline threatened by this, it may be surmised that articles such as the aforementioned about the mother of ‘Little Japhet’ built up in the public mind, creating a discursive context of such anxieties.

Already infamous by 1872, at the age of just 21, in mid-1872 Eliza went into the care of Mary Colclough, a well-known writer of letters to newspaper editors and public figure.<sup>1060</sup> Following yet another of Eliza’s court appearances or habitual drunkenness, Mary wrote a letter to the *AS*, in which she described Eliza as a ‘poor soul’ who needed to be kept from ‘the evil influences to which these women succumb only too readily.’<sup>1061</sup> Eliza appeared in the court pages in

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<sup>1055</sup> ‘Police Court – Monday’, *DSC*, 26 June 1866, p. 4.

<sup>1056</sup> Anna MacKenzie discusses ‘cacogenic studies’, and the belief that certain women would produce ‘bad’ children, in her chapter ‘“Saving our unfortunate sisters”? Establishing the First Separate Prison for Women in New Zealand’, in *Crime and Empire 1840-1940: Criminal Justice in Local and Global Context*, ed. by Barry Godfrey and Graeme Dunstall (Devon, Devonshire: Willan Publishing, 2005), p. 160.

<sup>1057</sup> ‘Colonel Haultain’, *DSC*, 28 November 1866, p. 4.

<sup>1058</sup> ‘Police Court – Thursday’, *AS*, 14 September 1871, p. 2.

<sup>1059</sup> ‘The Mother of Little Japhet’, *AS*, 13 January, 1877, p. 2.

<sup>1060</sup> Mary Colclough was better known as ‘Poly Plum’. For more on Colclough see *Vote, the Pill and the Demon Drink: A History of Feminist Writing in New Zealand, 1869-1993* ed. by Charlotte Macdonald (Wellington: Bridget Williams Books, 1993), pp. 26-31.

<sup>1061</sup> ‘Eliza L’, *AS*, 24 August 1872, p. 3.

March 1873, this time charging Thomas D. Bullen with ‘refusing to assist in supporting his illegitimate child, now 14 months old.’<sup>1062</sup> There were no concerns expressed in this article about the consequences of a habitual drunkard and vagrant reproducing, as may have been expected. In fact, soon after this, the *AS* printed an apology to the effect that Eliza’s lawyer had not described her, his client, as “‘a woman of bad character’”, as they had previously printed.<sup>1063</sup> But an article published in March 1873 described Eliza as an ‘unfortunate creature’, and an ‘incorrigible mother of one helpless offspring.’<sup>1064</sup> By this time Eliza had appeared before the Court 33 times, mostly for ‘drunkenness’, and had, ‘over the years paid or had paid by others fines and costs amounting to a sum sufficient to keep her and her child in moderate comfort for six months.’<sup>1065</sup> In this way, concerns about vice and heredity were expressed in the press and linked to a threat to the public – albeit financial – good. But Eliza’s fragility and vulnerability as a nineteenth-century female was then reintroduced in a police court report, entitled ‘An Abandoned Woman.’<sup>1066</sup> Eliza described herself as ‘but a frail creature,’ thus attempting to manipulate popular views of women as needing sympathy and protection, to her own advantage.<sup>1067</sup> Given that Eliza was continually given only short prison sentences, it appears that she was successful in this. Far less sympathy and protection was offered by the *AS*, in an article from June 1875. This article, referring to Eliza, described ‘a scene illustrative of the depths to which a woman who gives loose rein to an inclination to drink is capable of descending.’<sup>1068</sup> This somewhat mocking report seems to be written more in a vein of resignation and amusement, than in outrage at female indulgence in vice, describing Eliza, after a fight with a barman, as ‘making rushes at him (just waiting to arrange her back hair each time)’ and as ‘one mass of mud from head to foot, and her at first somewhat showy dress of green and black stripes had altogether lost its original hue.’<sup>1069</sup> This article highlights the inherent frivolities and vanity of Eliza’s behaviour as a woman, despite her reputation as a fallen woman, as the barman’s attire is at no stage of the article discussed. Here, Eliza is presented as demonstrating feminine norms, but less than three months later was

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<sup>1062</sup> ‘Bastardy’, *AS*, 17 March 1873, p. 2.

<sup>1063</sup> *AS*, 20 March 1873, p. 2.

<sup>1064</sup> *AS*, 31 March 1873, p. 2.

<sup>1065</sup> *AS*, 31 March 1873, p. 2.

<sup>1066</sup> ‘Police Court – This Day’, *AS*, 11 April 1874, p. 2.

<sup>1067</sup> ‘Police Court – This Day’, p. 2.

<sup>1068</sup> ‘A Scene in Queen Street’, *AS*, 12 June 1875, p. 3.

<sup>1069</sup> ‘A Scene in Queen Street’, p. 3.



charged with using ‘shocking unwomanly language when in a state of drunkenness,’ under the Vagrancy Act.<sup>1070</sup>

While the at times ‘frail’ nature of Eliza’s being contradicts her violent and criminal tendencies, it does match a prevalent medical discourse of the 1870s, which dictated the weakness and physical vulnerability of women with puerperal insanity. In a ‘Report on the Lunatic Asylums in New Zealand for 1877’, Inspector of Lunatic Asylums, Frederick Skae expressed concern about the distance between existing New Zealand asylums and the more far-flung areas of settlement. In his report Skae conjured up a scenario of a ‘delicate woman labouring under puerperal mania and hardly fit to be kept out of bed.’ Skae declared that

it is evident that such patients cannot be removed, even to the present district asylums, without risk and suffering; if it took a policeman eight days to remove a sturdy prisoner on horseback from Roxburgh to Dunedin, how long would it take a man with the assistance of a nurse to remove his wife, exhausted by puerperal mania, to a central Asylum; what would be the cost of the journey, and what reasons are there for supposing that he and the family doctor would not think it more humane to let the poor creature die peaceably at home than to remove her so great a distance?<sup>1071</sup>

This extract suggests that women with puerperal insanity personified fragility and vulnerability, to the New Zealand medical profession in the 1870s, and that the picture painted by Dr Skae of a weak and feeble mother left at home to die, as a kinder alternative to taking her to a distant asylum, was deliberately chosen to appeal to the entirely male Members of Parliament’s sense of chivalry and masculinity, as a juxtaposition to the PI patient.

Another AMH patient admitted with a different diagnosis to PI, who also appeared frequently in the Auckland newspapers in the 1880s, was Lucy A. Lucy was mentioned in a police court report published in the *AS* in September 1880,

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<sup>1070</sup> ‘Police Court – This Day’, *AS*, 30 August 1875.

<sup>1071</sup> ‘Report on the Lunatic Asylums in New Zealand’, by F.W.A. Skae, *Appendix to the Journal of the House of Representatives (AJHR)*, 1877, H-8, p. 7. Roy MacLeod also mentions the challenges to ‘European medicine’ presented by the colonial context of ‘small European populations living at great distances over large areas.’ See MacLeod, ‘Introduction’, p. 9.

‘charged with having no visible lawful means.’<sup>1072</sup> A policeman, Sub-Inspector Pardy, described Lucy’s ‘associates’ as ‘of bad character’, although she herself was ‘a mere child, drawn into an infamous line of conduct, to the intense grief of her mother, who was a decent hard working woman.’<sup>1073</sup> In another newspaper report, dating from February 1881, Lucy reappeared in court, under the Vagrant Act. In this instance, Mr Pardy described Lucy as ‘bent upon a disreputable life, persisting in pursuance of her evil habits.’<sup>1074</sup> Lucy next came to press attention in October 1881, as a prostitute named in a police court report, on the charging of a man ‘charged with being the occupier of a house frequented by thieves and prostitutes.’<sup>1075</sup> According to the press, this man had been ‘keeping a brothel, and decoying young girls there and leading them to a life of infamy.’<sup>1076</sup> In the mid-1880s, the British public became increasingly concerned about vice, particularly sexual vice, and the impact of this on the future of the British female population. This is exemplified by the *Maiden Tribute of the Modern Babylon*, an exposé into youth prostitution, published in the *Pall Mall Gazette* in an attempt to pressure the British government into raising the age of consent for females from 13 to 16. This series of articles shows the significance attached to female ‘virtue’ in Victorian Britain, and the stigma attached to a rejection of this significance, that is to the ‘unvirtuous’.<sup>1077</sup> Much of the basis for these articles was interviews with police, brothel keepers, prostitutes, and midwives who treated the young girls for any physical misadventure encountered in their new lives. These articles show the importance attached to a women’s virginity in Victorian England, a condition described as that which ‘women ought to value more than life,’ while a former Scotland Yard detective added that ‘a woman who has lost her chastity is always a discredited witness.’<sup>1078</sup> These articles also touched on that other popular tune of the late-nineteenth century – heredity. A section in the third article, titled ‘The Ruin of the Very Young’, reported that in these brothels were 5 year old children of prostitutes, who ‘although they have not technically fallen, are little better than

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<sup>1072</sup> AS, 13 September 1880, p. 2.

<sup>1073</sup> AS, 13 September 1880, p. 2.

<sup>1074</sup> ‘Police Court – This Day’, AS, 19 February 1881, p. 2.

<sup>1075</sup> ‘Police Court – This Day’, AS, 13 October 1881, p. 3.

<sup>1076</sup> ‘Police Court – This Day’, AS, 13 October 1881, p. 3.

<sup>1077</sup> An ex-Scotland Yard detective was quoted in the first of these articles, stating that ‘when is she (the rape victim) to prosecute? She does not know her assailant’s name or even be able to recognise him. Even if she did, who would believe her? A woman who has lost her chastity is always a discredited witness.’ See W. T. Stead, ‘Maiden Tribute of the Modern Babylon 1: The Report of Our Secret Commission’, *Pall Mall Gazette*, 6 July, 1885.

<sup>1078</sup> Stead, ‘Maiden Tribute’, 6 July, 1885.

animals possessed by an unclean spirit, for the law of heredity is as terribly true in the brothel as elsewhere.’<sup>1079</sup>

In 1885 Lucy A was brought before ‘His Worship the Mayor, on a charge of drunkenness.’<sup>1080</sup> Lucy was admitted to the AMH in March 1885, and provides a contrast to the puerperal insanity patients of the 1880s. Armstrong was a colonial-born Catholic, diagnosed with epilepsy, who came to the asylum from the ‘prison gate brigade house.’<sup>1081</sup> Lucy’s case note portrays a woman who was ‘apparently quite rational’, but whose mind was ‘very imperfectly developed, wayward, and deficient in intelligence.’<sup>1082</sup> Two months later Lucy was described in her case notes as having ‘very little power of self control’, and two years later, as ‘quarrelsome, uses obscene language and so violent that it is necessary to seclude her for a day or two. In the intervals she is weak minded, with exalted ideas of herself and powers and works in the laundry.’<sup>1083</sup> These case notes reveal a tone of distaste at some aspects of Lucy’s behaviour, specifically those not befitting a woman. But that distaste is mixed with some sympathy and genuine concern at Lucy’s lack of mental development and ‘deficient intelligence.’<sup>1084</sup>

The popular press coverage of Lucy’s early adulthood also reveals the sense of protection the public felt towards a ‘mere child of a decent hardworking woman’, and the lack of either sympathy or strong condemnation at Lucy’s lifestyle, as a drunken prostitute, as she is simply described as an ‘unfortunate young girl’, and an ‘immoral young girl.’<sup>1085</sup> But in some instances by this time,

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<sup>1079</sup> W. T. Stead, ‘Maiden Tribute of the Modern Babylon 3: The Report of Our Secret Commission,’ *Pall Mall Gazette*, 8 July, 1885.

<sup>1080</sup> ‘Sir Henry Parkes’s Protest’, *AS*, 25 February 1885, p. 2.

<sup>1081</sup> *AS*, 13 September 1880, p. 2.

<sup>1082</sup> YCAA 1048/4, folio 29.

<sup>1083</sup> YCAA 1048/4, folio 29.

<sup>1084</sup> YCAA 1048/4, folio 29.

<sup>1085</sup> The welfare of children living in houses of ill-repute was not uncommon in the popular press in the late-nineteenth century. In 1899 a ‘sorry spectacle was witnessed at the Police Court’, when six children were brought before the Magistrate, found in ‘a house in Chapel Street with reputed prostitutes.’ The children were admitted to the Ponsonby Industrial School, where they would be ‘brought up in the Roman Catholic faith.’ One of these women was Mrs Ellen Lynch, a patient in the Auckland Mental Hospital who also had a police record. Ellen pled guilty to a charge of larceny in December 1869, and appeared again in 1890, as reported in an article titled ‘Compulsory Education.’ See ‘Meetings, Entertainments, Etc.,’ *AS*, 3 December 1897, p. 5. The varied public responses to Eliza’s behaviour over several decades illustrates Heidi Whiteside’s argument about the ‘fallacy of the apparently clear division between the categories of respectable and unrespectable’ in the public mind. See Heidi Whiteside, ‘We Shall Be Respectable: Women and Representations of Respectability in Lyttleton 1851-1893’, (unpublished MA thesis, University of Canterbury, 2007), p. 12.

the popular press was expressing greater outrage than before, at the ‘fallen’ female sector of the New Zealand population. The *AS* depicted a ‘scene of demoralization, and saddening in its details, of a fearful and lamentable state of things excited in our midst’, consisting of ‘eight abandoned females, charged under the Vagrant Act, with no lawful visible means of support’, including one Eliza L, who ‘appeared with a satisfied air.’<sup>1086</sup> But a study of Eliza’s case notes from the Auckland Mental Hospital present a woman who, as well as being in a state of ‘moral delirium with a monomania of persecution and unjust treatment’, whose habits ‘are excessively gross and filthy, has lost all sense of shame.’<sup>1087</sup> In the case of Eliza, the late nineteenth century exemplar of vagrancy and immorality, her own daughter, Ethel, appears in the archives, in a *Register of Applications for Relief*, in which she is described as ‘aged 23, single, servant, born in the district.’<sup>1088</sup> This application is dated 19 November 1897, and the ‘Cause of the Application’ is ‘pregnancy and has another child to keep.’<sup>1089</sup> The section titled ‘Names of relatives liable to contribute towards support of applicant’ consists solely of ‘Mother: Eliza L, low, drunkard prostitute and thief, at present in Mt Eden.’<sup>1090</sup> While some court judges had been willing to give Eliza another chance, and the press at times seemed to treat her with a degree of amusement, there was no ambivalence shown in the *Register of Applications for Relief* as to the true nature of Eliza, her occupation, and her lifestyle. Eliza and Lucy’s asylum case notes reveal an attempt at ‘medicalising’ their behaviour, as Eliza’s criminal behaviour was presented, or even justified to some extent, in her case note as ‘moral delerium’<sup>1091</sup>, and Lucy’s ‘pursuiance of evil habits’ and willingness to be ‘drawn into an infamous line of conduct’<sup>1092</sup> becomes more understandable when her mental state is constructed as ‘imperfectly developed, wayward and deficient in intelligence.’<sup>1093</sup>

Although her AMH case note ends on a more sympathetic note, stating that she ‘has been quiet and well behaved since admission as well as industrious in her habits. Admits recent excessive drinking. Appears to dread being sent back

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<sup>1086</sup> *AS*, 30 March 1882, p. 2.

<sup>1087</sup> YCAA 1048/5, folio 571.

<sup>1088</sup> YCAB A493 15245 Box 2a ‘Register of Applications for Relief.’ [Archives New Zealand / Te Rua o te Kawanatanga, Auckland Regional Office].

<sup>1089</sup> YCAB A493 15245 Box 2a ‘Register of Applications for Relief.’

<sup>1090</sup> YCAB A493 15245 Box 2a ‘Register of Applications for Relief.’

<sup>1091</sup> YCAA 1048/5, folio 571.

<sup>1092</sup> ‘Police Court – This Day’, *AS*, 19 February 1881, p. 2.

<sup>1093</sup> YCAA 1048/4, folio 29.

to gaol', her time in the asylum was not some kind of sea change, as Eliza continued to regularly appear in Auckland newspapers in the 1890s, after her time in the asylum, usually charged with theft or drunkenness.<sup>1094</sup> In December 1897 she was mentioned as the mother of an illegitimate child, with the father appearing in court, ordered to pay a weekly sum towards the child's maintenance. It is of note that another man appeared at that same court session, and was also ordered to pay a weekly sum towards his children's maintenance, but, in this second instance, the children's mother was not named.<sup>1095</sup> This suggests that there was an unspoken intent by the author of this article to highlight the fact that Eliza, a known criminal, was reproducing, although this is not actually articulated. By the end of the nineteenth century, Eliza continued to appear in court on a regular basis, and was even a matter of discussion in a women's political league meeting, reported on in the *AS*. According to the paper, the Women's Political League 'respectfully draws the attention of the Minister of Justice to the present degrading and useless methods of dealing with drunkenness, and begs to draw his attention to the case of Eliza L.'<sup>1096</sup> Her final newspaper appearance from the period of this thesis is characteristic of the sense of apathy expressed by the popular press by this stage of Eliza's 'career', which simply stated 'Eliza L, a very old offender, was sentenced to three months hard labour for drunkenness.'<sup>1097</sup>

Another patient from this control group is Mary M. The cases of Mary and her daughter, Wilhelmina, who was diagnosed with PI, show how doctors at the AMH ensured that ideas about heredity were made evident in patient case notes, and could be easily traced. Articles about Mary touched on concerns about heredity and vice, as Mary first came to public attention in November 1891, on charges of being drunk in Symonds Street, Auckland.<sup>1098</sup> In her court appearance, according to the same report, the police sergeant testified that Mary had been 'found up to her neck in the harbour yesterday and taken to the hospital.'<sup>1099</sup> The Resident Magistrate, R. M. Giles, stated that Mary was unfit to plead, and that he had received information that morning that the 'woman's daughter was also

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<sup>1094</sup> YCAA 1048/5, folio 571.

<sup>1095</sup> 'Police Court', *AS*, 3 December 1897, p. 5.

<sup>1096</sup> 'Meetings, Entertainments, Etc.', *AS*, 5 September 1900, p. 2.

<sup>1097</sup> 'Police Court', *AS*, 22 November 1900, p. 2.

<sup>1098</sup> 'Police Court – This Day', *AS*, 7 November 1891, p. 5.

<sup>1099</sup> 'Police Court – This Day', *AS*, 7 November 1891, p. 5.

supposed to be of unsound mind.’<sup>1100</sup> No further details of Mary’s daughter were provided, nor was she mentioned in any other press reports about Mary. Six months later, Mary again appeared in the *AS*, described as an ‘ex-patient of the asylum’, who was brought to the Auckland Hospital from Riverhead, suffering from wounds inflicted in the throat, in a clear suicide attempt.’<sup>1101</sup> According to the rest of the article, Mary was married to a gum digger, and lived just north-west of Auckland.<sup>1102</sup> At her Court appearance, the Bench asked Mary why she had attempted to cut her own throat, to which Mary replied that ‘she was troubled in her mind and would not do it again if let off, and that she wanted to have her boy.’<sup>1103</sup> While there is no mention of Mary’s ‘boy’ in her patient case note, there are several references to her ‘daughter of an unsound mind,’ including a statement in her admission notes that ‘her daughter Wilhelmina M was admitted on the 9<sup>th</sup> inst and Dr Cooper in his certificate (of Wilhelmina) said he was aware there was a hereditary taint of insanity tending towards melancholia.’<sup>1104</sup> To ensure that the connection between the mother and daughter mental patients is noted, Mary’s case note for November 24, 1891, ends with the sentence ‘Takes her food well, sleeps well and employs herself well (she is the mother of Mrs M see p. 663).’<sup>1105</sup>

Mary’s own mental state is attributed to childhood ‘fits’, and there is no reference to any of Mary’s predecessors suffering from mental or physical illness, or to any sort of vice. Mary herself, according to her case note, ‘has written to her husband urging him to come and take her home and speaks of her feeling of misery but does not assign any cause.’<sup>1106</sup> Wilhelmina’s illness, Puerperal Insanity, on the other hand, was firmly attributed to heredity, although Wilhelmina had been in the asylum twice before her 1891 committal.<sup>1107</sup> Doctors Hooper and Davy admitted Wilhelmina, and they described some of the symptoms of her condition as ‘she neglects her house work and has taken a dislike to her children’ - classic medical descriptions of PI from the nineteenth century.<sup>1108</sup> Wilhelmina’s case note also refers to the conditions around all of Mary M’s

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<sup>1100</sup> ‘Police Court – This Day’, *AS*, 7 November 1891, p. 5.

<sup>1101</sup> ‘Attempted Suicide’, *AS*, 25 March 1892, p. 4.

<sup>1102</sup> ‘Attempted Suicide’, p. 4.

<sup>1103</sup> ‘Attempted Suicide’, *AS*, 7 April 1892, p. 5.

<sup>1104</sup> YCAA 1048/5, folio 667.

<sup>1105</sup> YCAA 1048/5, folio 667.

<sup>1106</sup> YCAA 1048/5, folio 667.

<sup>1107</sup> YCAA 1048/5, folio 667.

<sup>1108</sup> YCAA 1048/5, folio 663.

admissions to the AMH, and even instructs the reader of Mary's case note to 'see p. 667', for more information about her mother.<sup>1109</sup>

While the emphasis placed on heredity in Wilhelmina's case note, certainly in comparison to Eliza L's, supports Hilary Marland's contention that heredity was pre-eminent in medical discourses about PI in the nineteenth century, the rarity of references to heredity in the case notes of PI patients prevents Marland's argument from being wholly applicable to nineteenth-century New Zealand. There was no mention in the press of Eliza L's admission to the AMH in April 1891. Eliza was taken to the asylum from prison, under the diagnosis 'intemperance', and the sub-matron of the gaol is quoted in Eliza's medical case note, depicting Eliza as 'a "terrible woman" who won't work and who smashes everything "just for wickedness".'<sup>1110</sup> Her admission notes mention that Eliza's mother had died in the AMH in 1890, that her sister had been an 'inmate' since 1863, and that her brother 'is described as a "drunkard and vagabond".'<sup>1111</sup> The links between these cases are much less explicit than in Mary M's and Wilhelmina M's case notes, as Eliza's mother and sister are not even identified for the observer or other doctors, by name, nor are details of where to find their case notes provided.

A survey of the note of PI cases admitted to the AMH between 1868 and 1899 highlights the significance of appropriate female behaviour to this source, as well as in popular press sources. Although there were few PI cases in which aetiology was stated, there were discussions about heredity and vice in the patient case notes from this cohort. Research into the various names of other non-PI patients provide an example of how vice, in particular, was presented in popular discourses, and how patient case notes presented medical theories of vice. The patient case notes of PI patients also demonstrate that ideas about the influence of heredity in this condition were of some significance.

## **Conclusion**

This chapter has presented published medical texts and popular press reports about PI as a diagnosis, and about specific women diagnosed with this condition.

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<sup>1109</sup> YCAA 1048/5, folio 663.

<sup>1110</sup> YCAA 1048/5, folio 571.

<sup>1111</sup> YCAA 1048/5, folio 571.

These published medical texts consist almost entirely of medical journal articles, a source which depicts PI in the nineteenth century as closely related to heredity, while vice was a far less, although still present, aetiological factor. Also exploring patient case notes of women admitted under the diagnosis of PI and a selection of women admitted with other diagnoses, this chapter examined and contrasted popular discourses about the women to show how heredity and vice were emphasised or minimised in certain instances. Although a cause was identified in very few cases, heredity and vice were, at times, identified as reasons why these women, when under the physical and mental stress of pregnancy, childbirth, and lactation, became mentally and in the case of infection physically unwell. Arguably, wider ideas circulating in the public mind about such concerns meant that it was not impossible for readers to draw connections between publicised cases of female insanity and the spectre of mental and racial degeneration. While women with a hereditary predisposition were perhaps considered more likely to develop PI, it was not exclusively their domain, but rather captured the attention of the public and of doctors because of the risk that these mentally unwell mothers presented to the next generation. This risk emerged as women even from otherwise respectable backgrounds threatened to violate social norms, in a similar manner to the way that other, more 'naturally wayward' women such as Eliza A threatened an ideal version of New Zealand society.



## Conclusion

The physical, social and intellectual environment of later nineteenth-century New Zealand - the context for the construction of the Auckland Mental Hospital - was ripe for the development of anxieties about declining national fitness and efficiency. Heredity, vice and racial decline were all identified as aetiological factors in medical and popular discourses about mental illness and deficiency. The relationship between these factors and anxieties about national fitness and efficiency is also evident in published medical texts, such as medical journals, unpublished medical sources, in the form of patient case notes, and popular discourses, for example, those found in newspaper articles. Existing scholarship has hinted at these relationships, but has not explicitly synthesised British and New Zealand medical discourses, and New Zealand popular sources, to establish what the prevailing ideas were about mental illness and deficiency, or indeed about specific psychiatric diagnoses. These were concerns shared, to some extent, with Britain, and predated the well documented twentieth-century versions of eugenics and racial purity movements.

A major concern of this thesis has been to demonstrate that these discourses were dispersed between Britain, particularly England and Scotland, and New Zealand. As noted in the Introduction, this transnational transfer of medical and popular ideas has been addressed by a considerable volume of recent historiography. These ideas have been taken up here in a new context to amplify the transnational dimensions of national efficiency as a theme. Other themes explored in this thesis, informed by critical current historiography, are gender and class. These are interrelated, as deviation from gender norms, particularly for women, were often interpreted as symptoms of mental illness, but gender norms themselves were contingent on social class and associated ideas of respectability.

The ultimate concern about mental illness, vice, and heredity was that these ‘problems’ would manifest in a decline of the white New Zealand race, and the white population of the British world as a whole. Mental illness was supposedly the consequence of racial decline, and thus was evidence of this alarming trend in the ‘British’ peoples. Vice, as a cause of mental illness in current and future generations, was explicitly linked to racial decline in British medical journals and popular New Zealand newspapers, while heredity, as ‘proof’ of the influence of predecessor’s habits, health and idiosyncrasies was, by definition, implicated in concerns about racial decline.

Heredity was identified as a cause of mental illness in different ways for different mental conditions, and at different rates over the last three decades of the nineteenth century. Heredity was more strongly identified as a cause of mental illness and deficiency in medical journals, than in popular discourses or patient case notes. In contrast, vice was strongly identified as a factor in mental illness and deficiency in New Zealand newspapers, which form the majority of popular sources consulted in this thesis. The greater identification of vice over heredity as a cause of psychiatric conditions in popular discourses was due to the more visible nature of vice, particularly intemperance in alcohol. But both heredity and vice were rendered more visible by the collection and publication of statistics about the causes of psychiatric patients’ conditions. Specific mental conditions themselves were made more physically evident through the advent of phrenology, in patient case notes from British institutions published in medical journals, and in patient case notes from the AMH.

Part one of this thesis has described nineteenth-century New Zealand as a place where science competed with religion for the minds of the white New Zealand population. But it also shows that this competition remained unresolved, as ideas about vice, morality and respectability, all concepts grounded in religion, remained significant in the public mind as a threat to individuals’ mental health, and to the nation’s population quality and quantity. Early parts of this section also depicted the AMH as part of a transnational network of psychiatric institutions, staffed by doctors born and trained predominantly in England and Scotland. This transnationalism is also evident in the readership of British medical journals by doctors working in New Zealand, and Dunedin’s role as hosts of the Intercolonial Medical Congress in 1896. By referring to patient case notes produced at the

AMH, it has identified how heredity and vice were evident in these sources in an analysis of the aetiology of mental illness in general between 1868 and 1899.

An exploration of ‘popular’ ideas about mental illness during this period has revealed the differing roles of heredity and vice as aetiological factors in popular texts, and highlights the associations made in these sources between mental illness and deficiency, and racial decline. The publication of statistics was one example of the identification of these connections. By the mid-nineteenth century, ‘scientism’ emerged, as observations and theories from the ‘natural sciences’ were applied to human behaviours, constructions, and institutions. During the nineteenth century scientific ideas and practices were further applied to the physical and mental condition of the mentally ill and deficient population. Against this background, heredity began to be implicated in mental illness, emphasising the connection between ‘biology, medicine and the health of the nation.’<sup>1112</sup> But although Charles Darwin was a popular figure in Britain and in New Zealand in the mid- to late- nineteenth century, Stenhouse maintains that New Zealanders at this time readily adopted the theory of evolution into their understandings of Christianity.<sup>1113</sup>

In the same era as Darwin, prominent religious figure and social reformer and leader of the Salvation Army William Booth gained fame and used this to draw attention to his concerns about an urban British population prone to alcoholism, vice, and physical illness.<sup>1114</sup> Booth featured in the New Zealand press in the 1880s, along with concerns about a ‘residuum’ of ‘destitute, neglected and criminal’ children. There is evidence of the popularity of Booth’s ideas in nineteenth-century New Zealand. Popular representations of ‘vice’, in the form of the town drunk, sex workers and starving fatherless children demonstrate that vice, as a source of anxiety, was highly visible. These moral concerns were linked to scientific theories about heredity and racial decline through fears about degenerating national fitness and efficiency, fears which were bolstered, but not invented, by the poor health of army recruits for the Boer War in 1899. Statistics

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<sup>1112</sup> Marius Turda, *Modernism and Eugenics* (Basingstoke, Hampshire: Palgrave Macmillan, 2010), p.7.

<sup>1113</sup> John Stenhouse, ‘Darwinism in New Zealand, 1859-1900’, in *Disseminating Darwinism The Role of Place, Race, Religion, And Gender*, ed. by Ronald L. Numbers and John Stenhouse (Cambridge: Cambridge University Press, 1999), p. 62.

<sup>1114</sup> William Booth, *In Darkest England and the Way Out* (London: Salvation Army, 1890), p. 15, cited in William Greenslade, *Degeneration, Culture and the Novel, 1880-1940* (Cambridge: Cambridge University Press, 1993).

were one means of popularising concerns about national fitness and efficiency, for example, through the publication of rates of mental illness, and in comparisons to the rates of insanity in other colonies and countries. Such statistical representations were essential to public awareness of the insane and to beliefs about the causes of insanity. These statistics were gleaned from asylum records, which were collected and maintained in accordance with legislation.

But despite this publicity, newspapers in nineteenth-century New Zealand did not refer to heredity in relation to mental illness and deficiency, even though references to insanity were made in the popular press as early as the 1850s. In contrast, vice was publicly referred to in relation to mental illness, in part through the legislation created to halt it, such as the Intemperance Act, the Contagious Diseases Act, and the Vagrancy Act. Parliamentary debates about legislation, particularly the Licensing Act, reveal the clearly established links created between vice and mental illness. Vice was implicated in popular discourses as a threat to family life, the maintenance of which was, historians have posited, the role of white New Zealand women, and deviations from the virtuous ideal were identified and acted on, sometimes manifesting as a medical diagnosis of insanity. Immigrant women were especially vulnerable to allegations of impropriety through vice.

Heredity was a much stronger factor in medical theories about the aetiology of insanity, than in popular texts. A transnational framework demonstrates that these medical theories were shared across the British world, including a strong bond between New Zealand and Britain, particularly England and Scotland. ‘British’ ideas about mental illness came to New Zealand through the importation of medical journals and through the immigration of British-trained psychiatrists to New Zealand, where, for most of the period of this thesis, they were employed as Medical Superintendents at mental hospitals, and in the case of Frederick Skae, George Grabham, and Duncan McGregor, worked as Inspectors-General of Lunatic Asylums. Medical ideas about mental illness are evident in reports published in the *Appendices to the Journal of the House of Representatives*, penned by the Inspector-General of Lunatic Asylums, and various Medical Superintendents. These reports made visible the ‘hereditary

nature of insanity' in New Zealand mental hospitals between 1868 and 1899, although this appears to have been based on very little extant evidence.<sup>1115</sup>

The medical journals essential to the arrival of British ideas about mental illness included the *British Medical Journal (BMJ)* and the *Journal of Mental Science (JMS)*. The visible nature of vice, in comparison to heredity, was a factor in the favouring of vice as a cause of mental illness, over the less visible factor. Qualitative analysis of these medical journals, particularly of patient case notes published in the medical journals, and compared to patient case notes from the AMH, demonstrates that there were similarities in how heredity and vice were represented in patient case notes. These similarities included references to the difficulties of ascertaining a patient history, as in England and Scotland, like New Zealand, patient histories were contested by doctors, even when provided by patients themselves or family members.

The AMH patient case notes also revealed vice and mental conditions associated specifically with vice, such as delirium inebritis and its aetiological connection to alcohol, were not exclusive to men living on the frontier, but were in some instances shared with their demographic opposite – the urban woman. But hints of vice, indeed of any aetiology, appeared less frequently during the 1870s. This may have been due to over-crowding at the AMH and less time for staff to spend on individual patients to fully establish their case histories. Although indulgence in alcohol was the most popular form of vice in AMH patient case notes, vice also appeared through sexual impropriety, for example, as giving birth to an illegitimate child, or masturbation. Masturbation, in particular, as noted by Goldberg, was feared as a cause of degeneracy in an individual male, and, as discussed by Crozier, an entire race.<sup>1116</sup> Heredity in these sources was often based on testimony from family or occasionally friends, and varied from an identification of a mentally or physically unwell ancestor, to an uncertain reference to an unnamed relative in an asylum in another country. Heredity gained favour in medical discourses as an explanation for mental illness, perhaps

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<sup>1115</sup> Emma Spooner, 'Digging for the Families of the "Mad": Locating the Family in the Auckland Asylum Archives, 1870-1911' (unpublished MA thesis, University of Waikato, 2006), p. 35.

<sup>1116</sup> Ann Goldberg, *Sex, Religion, and the Making of Modern Madness the Eberach Asylum and German Society, 1815-1849* (New York: Oxford University Press, 1999), p. 89. Ivan Crozier, 'Nineteenth-Century British Psychiatric Writing about Homosexuality before Havelock Ellis: The Missing Story', *Journal of Medicine and Allied Sciences*, 63, 1 (2008), p. 92.

due to the connotations of inevitability associated with it, which excused doctors from their inability to cure certain patients. Changes in the pro forma of patient case notes at the AMH suggests that heredity was gaining popularity as a cause of mental illness towards the end of the nineteenth century, but statistics of AMH patients show that there was no clear evidential basis for this.

Ancestral vice or the combination of heredity and vice, such as a grandfather who was a drunkard, was fairly common in AMH patient case notes which referred to heredity at all. This has been a relatively neglected aspect of historical studies which draw on patient case notes as sources. Ancestral vice appeared most frequently through a statement denying any family history of mental illness or of indulgence in any form of vice. This statement was often quite long and detailed several forms of vice, forming a checklist of sorts, ruling out many possible causes, at once. The difficulties presented by cases of insanity caused by ancestral vice are acknowledged by the Medico-Psychological Association's creation of 'Intemperance Tables', which detailed the relationship between patient and ancestor of ill-repute, as well as the exact nature of that ancestor's weakness for vice. Evidence of heredity or vice in patient case notes was often from a supposedly unreliable source, and of a vague nature. Furthermore, doctors themselves often expressed doubts about the validity of information provided about patients, particularly if from a family member, who were themselves implicated by having a mental ill or deficient relative.

Part Two of this thesis has focused on three key psychiatric diagnoses, General Paralysis of the Insane (GPI), Congenital Idiocy (CI) and Puerperal Insanity (PI). Examination of these diagnoses demonstrates how ideas about heredity and vice were implicated in texts discussing specific forms of mental illness. These diagnoses were chosen because they dealt primarily with three different 'types' of patient, as GPI patients at the AMH were overwhelmingly adult males, CI patients tended to be children or young adults, and PI patients were exclusively women of child-bearing age. The different patient cohorts affected by these three very different psychiatric diagnoses illustrates the bearing which ideas about gender and class were implicated in medical texts and popular discourses.

General Paralysis of the Insane was scientifically proven to be the tertiary stage of syphilis in 1905. Prior to this, and during the period which this thesis is concerned with, the theory of a syphilitic aetiology was problematic for British doctors, as many GPI patients had wives and children, so did not fit the stereotype for a syphilis patient in Victorian Britain. Syphilis was linked to prostitution in medicine and in legislation, most notably the Contagious Diseases Act, which would make a connection of some sort between prostitution and GPI a reasonable assumption. The lack of any discursive link between the vice and the mental condition is notable for its absence from medical or popular discourse, or in patient case notes. There was also a hereditary aspect to GPI, as women with syphilis were able to pass this illness on to their children during pregnancy, so that a child could be born with the necessary precursor to GPI. This may have muddied the water for the determination of the aetiology of GPI.

Ideas about the aetiology of GPI published in medical journals in the 1870s acknowledged class divisions in society, as the causes of GPI varied whether a patient belonged to the 'opulent classes' or not.<sup>1117</sup> Later theories about causes of the condition invoked gender stereotypes, that men were more vulnerable to GPI because they were more likely to be subjected to 'moral shocks' and to 'indulge in excesses', particularly indulgence in alcohol.<sup>1118</sup> Although analysis of medical journals shows that the role of syphilis as a cause of insanity was often noted in these sources by the 1890s, other aetiological factors of GPI were still considered by doctors at the end of the nineteenth century. Doctors' reluctance to acknowledge this relationship was perhaps grounded in the gravity which accusations of sexual impropriety carried in the nineteenth century.<sup>1119</sup>

Popular discourses in New Zealand also revealed uncertainty about the cause of GPI. In some instances, heredity was discussed.<sup>1120</sup> These sources, which were based on medical theories, referred to gender differences, as well as

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<sup>1117</sup> John Hitchman, 'Clinical Observations on the Diagnosis of the General Paralysis of the Insane', *British Medical Journal (BMJ)*, 28 October 1871, p. 494.

<sup>1118</sup> W. J. Mickle, *General Paralysis of the Insane* (London: H. K. Lewis, 1886), p. 247.

<sup>1119</sup> Margaret Thompson, 'The Wages of Sin: the Problem of Alcoholism and General Paralysis in Nineteenth-Century Edinburgh', in *The Anatomy of Madness, Essays in the History of Psychiatry Volume III The Asylum and its Psychiatry*, ed. by W. F. Bynum, Roy Porter, and Michael Shepherd (London and New York: Routledge, 1988), p. 60.

<sup>1120</sup> 'Intemperance and Idiocy', *Nelson Evening Mail*, 13 January 1873, p. 4.

urbanisation, over work, and stress.<sup>1121</sup> Patient case notes from the AMH show that patients admitted to this institution under the diagnosis of GPI were mostly male, and often employed in occupations which involved travelling some distance from home and family. Very few cases were blamed on heredity, but vice became a more popular aetiology towards the end of the nineteenth century. GPI itself was recognised by doctors both in Britain and at the AMH through certain patient behaviours, such as a ‘vacant’ facial expression, and distinctive handwriting.

This part of the thesis also analysed medical and popular discourses about patients diagnosed as congenital idiots. Ancestral vice dominated aetiological theories about this condition, on those occasions that a cause was identified. The sources demonstrate that there was a clear link between heredity and cases of CI, and that this connection was noted as early as the middle of the 1880s. Medical journal articles about this condition were even contributed by a future Inspector-General of Lunatic Asylums of New Zealand, George Grabham, supporting the application of transnationalism to the nineteenth century medicine in New Zealand.<sup>1122</sup> Grabham also related different causes of CI with variation in social classes. Phrenology was particularly significant in medical texts about CI, and has been associated with concerns about ‘progressive degeneration’ in histories of insanity, and links between phrenology and racial degeneracy were explicitly established in a *BMJ* article published in 1896.<sup>1123</sup>

But medical journals also discussed the role of patients’ parents’ health in CI cases. While mothers and fathers were blamed in fairly equal numbers, the finer points of these aetiological theories were closely related to popular, contemporary theories about congenital idiocy. Ideas about class were also evident in discussions about the role of ancestral indulgence in alcohol in CI cases. Consanguineous marriage was also invoked, although statistics from the late nineteenth century refuted any significant link.

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<sup>1121</sup> Havelock Ellis, ‘The Increase of Insanity Among Women’, quoted in *Nelson Evening Mail*, 6 September 1892, p. 4.

<sup>1122</sup> George Grabham, ‘Remarks on the Origin, Varieties, and Termination of Idiocy’, *BMJ*, 16 January 1875, p.75

<sup>1123</sup> Janet Saunders, ‘Quarantining the weak-minded: Psychiatric definitions of degeneracy and the late-Victorian asylum’, in *The Anatomy of Madness: Essays in the History of Psychiatry III*, ed. by W. F. Bynum, R. Porter and M. Shepherd (London: Routledge, 1988), p. 277. Also see J. A. Campbell, ‘Lunacy in Cumberland and Westmorland, with Remarks’, *BMJ*, 1 August 1896, pp. 270-276.



Popular theories about the aetiology of congenital idiocy were dominated by indulgence in alcohol, although multiple causes were invoked. These theories, published in New Zealand newspapers, were often contributed to the press by well-known psychiatrists. This is evidence that medical discourses strongly influenced popular texts, and medical and popular ideas about the causes of CI were very similar, with the exception of consanguineous marriage, which was depicted in newspapers as a cause of this condition. Patient case notes from the AMH for patients diagnosed as congenital idiots also referred to a number of different causes, although, in most cases, there was no identified cause. However, by the early 1880s, causes of CI patients' conditions were becoming more frequently identified in the case notes, and by the last decade of the nineteenth century, there was growing evidence of a aetiological link between heredity and congenital idiocy, and ideas about phrenology appeared more frequently in CI patient case notes. In contrast, vice was only mentioned in reference to CI patients' parents' behaviour, and consanguineous marriage was noted very rarely. Indeed, heredity was favoured over other causes at the AMH for CI patients to the extent that this aetiological factor was promoted over other, more visibly evident causes.

Puerperal Insanity was also linked to heredity and racial decline, as it generally appeared in women who had recently given birth to the next generation of New Zealanders. Hilary Marland has argued strongly women with a hereditary predisposition were more likely to develop PI, according to nineteenth-century medical theories.<sup>1124</sup> But published medical discourses from between 1868 and 1899 also suggested that giving birth to illegitimate children prompted the occurrence of PI, although doctors varied in their reasons for citing illegitimacy as a cause. One doctor argued that women who gave birth to illegitimate children were susceptible to the condition because they tended to be malnourished, and exposed to 'unsanitary surroundings, exposure and imprudence during the convalescence.'<sup>1125</sup> Puerperal Insanity was also explicitly linked to deviations from ideals of feminine behaviour, ideals which were contingent on a patient's social class. Like CI, phrenology appeared in medical discourses about PI,

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<sup>1124</sup> Hilary Marland, *Dangerous Motherhood Insanity and Childbirth in Victorian Britain* (Basingstoke, Hampshire: Palgrave Macmillan, 2004), p. 207.

<sup>1125</sup> MacLeod, p. 240.

hinting at heredity, although there were multiple medical theories about the cause of PI, including vice, and infection.<sup>1126</sup>

Popular texts discussed PI predominantly through cases of women who had committed infanticide, while ill with the condition. Infanticide was obviously the most extreme form of a ‘failed’ mother, in a culture obsessed with ‘proper motherhood’, and with a numerical decline of the white population. In line with this, press articles suggested some sympathy for women diagnosed with PI who conformed to ideals of feminine decency and respectability.

The analysis of case notes for patients admitted with PI demonstrates that most women admitted to the asylum with this condition lived in a ‘socially appropriate’ way. This is supported by research into how these same women were constructed in popular texts. This contrasted with patient case notes and popular discourses about other women admitted to the AMH, with different, non-puerperal diagnoses, when these texts were examined for evidence of heredity or vice as a cause of their mental condition. These sources demonstrated that although aetiology was only infrequently provided for PI cases, there were references made to heredity and vice. Other texts, such as reports in the *Appendices to the Journal of the House of Representatives* suggested that, in the eyes of the doctors responsible for New Zealand asylums, women with PI were vulnerable and fragile, a view which matches popular Victorian British World ideas about women.<sup>1127</sup>

This thesis has not sought to compare like with like, that is, it does not pretend to compare patient case notes from a New Zealand institution to those from Britain. Rather, the case notes published in British medical journals served to anchor analysis of patient case notes from the AMH, providing a benchmark of sorts. The transnational nature of medical experts in the nineteenth century, particularly the immigration of English and Scottish psychiatrists to New Zealand, presents an opportunity for further research which may rectify the lack of direct comparison possible in this thesis. Such research would directly compare patient case notes from a British institution, authored by a doctor who later emigrated to

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<sup>1126</sup> A. Campbell Clark, ‘Aetiology, Pathology, and Treatment of Puerperal Insanity’, *JMS* July 1887, pp. 181-2.

<sup>1127</sup> F. W. A. Skae, ‘Report on the Lunatic Asylums in New Zealand’, *Appendix to the Journal of the House of Representatives*, 1877, H-08, p. 7; W. T. Stead, ‘Maiden Tribute of the Modern Babylon 1: The Report of Our Secret Commission’, *Pall Mall Gazette*, 6 July 1885.

work in a New Zealand mental hospital, where he again produced patient records. This study could further open lines of enquiry into a colonial 'type' of psychiatric medicine, and help to trace how physical and social environment affected medical diagnosis and discourse.

Heredity and vice were reflected in medical and popular theories about the causes of mental illness in an inconsistent manner across time and diagnoses. Generally, heredity became more popular towards the end of the nineteenth century, although it was occasionally identified in medical and popular sources, much earlier than this. The 'invisible' nature of heredity meant that it was a more dominant idea in medical discourses than popular, particularly in comparison to the highly recognisable nature of some forms of vice. Phrenology and known patient histories served to make heredity more visible, although the latter was at times assumed to be present, even when a patient's family denied a hereditary taint. It was in a combined form, of 'ancestral vice', that heredity was most evident in medical and popular sources, particularly in patient case notes. Similarly, it is the combination of sources which this thesis has consulted which has brought to light the connections between mental illness and deficiency, heredity and vice, and anxieties about national fitness and efficiency, in nineteenth-century New Zealand.

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