


THE "SCIENTIFIC MANAGEMENT" OF THE INSANE AND THE PROBLEM OF "DIFFERENCE" IN THE ASYLUM IN VICTORIA, 1870s-1880s

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he period between 1850 and the late 1880s was a crucial one in the formation of the asylum in Victoria, Australia. During this time, a number of official inquiries, legislative measures and institutional practices were implemented.¹ By the 1880s, the lunatic patients being "produced" had increased in both number and variety. In 1868, the main lunatic asylum in Victoria was Yarra Bend. Although it was established in 1848 as a ward of Tarban Creek Asylum in New South Wales and named "Yarra Bend" in 1851 (when the Port Phillip District separated from the colony of New South Wales), it was not until the Lunacy Statute of 1867 that Yarra Bend was actually pronounced an "asylum." Ararat and Beechworth Asylums also opened in 1867, and others followed a number of years later, including Kew Asylum in 1871. The Asylum Inspectors' Report of 1868 shows that on 1 January 1868 the total asylum population of Victoria was 1280. Over one third of these were women (a total of 478). The asylum population was rapidly increasing and a further 919 patients were admitted to asylums in 1868: 480 men and 439 women.² The same report shows that men were more often admitted to the asylum in all age groups except, significantly, those between twenty and thirty—the age when women were most likely to find their way into the asylum.³ By the mid 1880s, anxiety about overcrowding in the asylums led to the recommendations for strict classification of patients; "unsuitable" inmates were to be removed and placed in other kinds of care.

In this article, I will argue that by investigating the official representations of lunacy and the asylum during the 1880s (a decade which emerged as a period of anxiety about the institution), some insight may be gained into the way in which the struggles taking place over unwanted "others," who were secured within the space of the asylum, served both to sharpen the distinction between social groups within that space and to re-focus attention on the aims of the asylum. The Zox Commission on Asylums for the Insane and Inebriate, held between 1884 and 1887, was the culmination of a series of investigations in Victoria throughout the nineteenth century. The Commission marked a shift in discourses about insanity. The direct appeal it made to "science" came at a

¹ These include the Inquiry into Yarra Bend Lunatic Asylum in 1852; a report in 1862; the Lunacy Statute of 1867; the Kew Inquiry of 1876; the Zox Commission of 1884-87; and the Annual Reports of the Asylum Inspectors.

² Asylum Inspectors Report. Appendix A Table 1. "Admissions, Re-admissions, Discharges, and Deaths, during the year 1868, in all the Asylums."

³ Asylum Inspectors Report. Appendix A, Table 1. "Ages of Admissions, Discharges and Deaths." In 1868, 129 women and 92 men between the ages of 20 and 30 were admitted to asylums in Victoria.

time when anxieties about Chinese migration and bodily deformity (associated with the rise of the science of eugenics) were also emerging as significant social issues. The asylum's classification of its inmates mirrored these "outside" distinctions and anxieties. Sexual difference, once the primary patient classification, was now complicated by racially different inmates and growing numbers of inmates whose bodies were sufficiently different to threaten the smooth running of the asylum as a place of cure and recovery.

Narratives of "Managing" Insanity in Australian histories

A number of issues arise from the Australian historical narrative of insanity in the nineteenth century. These include the questions of physical restraint and moral therapy, the reading of lunacy legislation, the place of the asylum in the community, and the rise of the psychiatric profession. Historians have explored the idea that asylums were custodial in character⁴ and a central assertion they have put forward is that "vestiges of a penal approach to care of the insane could be identified long after the convict system had ended" (Lewis 1). While this is linked to the convict histories of the various colonies in a number of historical narratives, I would suggest that the confinement of the insane has been bound up with the discourses of punishment in the West since the late eighteenth century. The desire for reform, and for movement away from gaol-like institutions, paralleled the reform of the prison system and the inception of a network of institutions designed to house a range of socially difficult people. These "reforms" were, as Michel Foucault and studies influenced by his work have demonstrated, still infused by notions of restraining, controlling and examining bodily behaviour linked to developments in punishment. The Zox Commission, however, attempted to make a distinction between the prison and the asylum by insisting on the importance of medicine and by asserting that while some inmates were appropriate "patients," others did not qualify for the "patient" role.

The diversity among asylum inmates is an issue not often taken up by institutional histories. Australian histories of psychiatry during this period rarely problematise the bodies of those being restrained: the question of how women's bodies differed from men's, for example, is not usually investigated. The work of Stephen Garton in *Medicine and Madness* is an exception. Garton examines the different ideas surrounding male and female "madness" in New South Wales from 1880 to 1940 and offers the category "gender" as a significant and useful tool to examine the patient. He suggests that the identity of the patient was shifting at the turn of the century and that by 1940 "the typical patient was a woman" (1). I will take this concept further to make the link between gendered bodies and "other" bodies, both under particular kinds of scrutiny in Victorian asylums in the 1870s and 1880s.

By 1888, Victoria had earned a reputation as the "maddest colony" in Australia and its asylums faced seemingly impossible problems of overcrowding. This led to an increased emphasis on patient classification and medical surveillance. During the Royal

⁴ S.G. Foster asserts that "asylums were more obviously custodial than curative institutions" (106). A.S. Ellis, writing about the development of the mental health service in Western Australia, suggests that these were "born from the convict establishment" (25).

Commission, the imperatives of the asylum were re-negotiated within the framework of "science." Out of these re-negotiations, three kinds of inmates emerged as symbols of the chaos threatening the asylum: females, Chinese, and a broad selection of inmates classed as "deficient." These three categories of "patient" warranted examination because of their "difference" to a preconceived "norm" based on evident bodily difference. The problem of *difference* and the ways in which it might be "scientifically managed" provide the focus of my discussion.

Mark Finnane has argued that families and communities played an important role in the construction of the asylum (134-38). The asylum's popularity, or perceived efficacy for the community, meant that more and more kinds of disordered bodies were confined within its walls. The rise in the status of doctors and their significance in the matter of lunacy contributed to the rise in the status of the asylum on a societal level (Finnane 144). Thus medical interventions into the "problem" of lunacy, which had their focus within the increasingly medicalised space of the asylum, played a role in widening the conception of the nature of insanity. This led to growing numbers of committals which resulted in over-crowded institutions with increasingly diverse populations. And yet, paradoxically, the role of medicine as a solution to the problems *caused* by overcrowding became a focus of the Zox Commission.

Andrew Scull, describing the asylum in nineteenth-century England, suggests that "asylums were largely receptacles for the confinement of the impossible, the inconvenient, and the inept. . . . From the moment most asylums opened, they functioned as museums for the collection of the unwanted" (370); while Gerald Grob, in a study which focuses on nineteenth-century American psychiatric institutions, ascribes the centrality of patient classification to the emerging science of psychiatry within asylums. Grob asserts that there was a widespread belief that asylums were "receptacles for large numbers of undesirable elements." He claims that black patients received poor treatment in American asylums, and that a perception arose that the "growing heterogeneity of patients . . . contributed to the decline in the therapeutic institution" (222, 216). Thus the doctor's role in classifying patients—both by race and by degree or types of illness—became an important aspect of asylum practice.

Patient classification was emphasised in the Zox Royal Commission. In nineteenth-century Australia, as in Britain, anxiety about the function of the asylum and its overcrowding shaped the investigations into its management.⁵ Earlier reports and inquiries had identified and emphasised the problems of overcrowding, sexual impropriety, violence, drunkenness and poor management as endemic in Victorian asylums. These included the Inquiries into Yarra Bend in 1852 and 1862, the Kew Inquiry of 1876 and several Annual Asylum Inspectors' Reports; all of which led into the Zox Commission whose findings touched on problems associated with the range of "classes" of inmates, including idiots, imbeciles, epileptics, children, and Chinese. The final report of the Commission represented the culmination of the various reports and inquiries into asylums and led to a general call for increased surveillance and

⁵ D.H. Borchart's research into Commissions of Inquiry in Australia suggests that "the establishment of colonial self-government in the eastern states between 1856 and 1859 led in the second half of the nineteenth century to a good deal of soul searching under the guise of tribunals of inquiry" (n.p.).

classification of asylum inmates, together with a demand for medical training in "psychological medicine."

By the time the Zox Commission had drawn to a close, it had made a direct appeal to "science." Dr Springthorpe, a witness at the Commission, emphasised the lack of science in the asylum at the time: "I simply say it wants the scientific spirit, and it wants an onward motion" (Zox Commission xxx). "Science" was described as the "artillery" in the battle against the problems of the asylum. One of the key recommendations of the Commission was the call for the office of the Asylum Medical Superintendent to be "paramount" in the system of managing lunacy; a recommendation that was to be combined with an increased emphasis on the training of medical practitioners. The role of the medical man in the asylum had been discussed much earlier by Dr Forbes Winslow who, on taking up his position as President of the Association of Medical Officers of Asylums and Hospitals for the Insane in England in 1858, had claimed that "psychologists take a more exalted flight into the regions of science" than ordinary physicians (282). Yet the Zox Commission emphasised the role of medicine in the management of lunacy; thus the "science" of managing the insane was to be a knowledge controlled by the medical man inside the lunatic asylum.

In *The Birth of the Clinic*, Foucault argues that the space of the clinic (or hospital, or asylum) in the nineteenth century became infused by a new way of talking about, and looking at, the bodies of patients. His exploration of ideas about "cases," "classes," "seeing" and "opening up" informs my reading of the emergence of the discourse of "science" in the context of asylums in Victoria during the same period. Foucault asserts that his book is not only about the "construction" of the patient, the hospital and medical knowledge but also about the relationship between this knowledge and the public world of "assistance" (which I read as meaning the "State") to the poor and sick (196). In speaking of reform, reports and commissions of inquiry such as the Zox Commission were also engaged in the surveillance of bodies inside institutions, and were scientific in their interventions since they nominated "science" as the correct name for the "management" of the insane. Asylum Inspectors' Reports in the years prior to the Zox Commission introduced the problem of the inappropriate asylum inmate and in doing so opened up the social wound of lunacy and identified it as needing medical attention.

Asylum Inspectors' Reports

In the Annual Asylum Inspectors' Report of 1888, Beattie Smith, the Medical Superintendent of Ararat Asylum, indicated that practices inside the asylum were shifting from a visible means of control of patients to a more "invisible" one based on a notion of "law": "Control in some shape all men must be under. If it is not self-control, it must be that of law of some sort" (61). As the growing numbers and types of inmates in the asylum proved to be a nuisance, control had emerged as increasingly important to authorities who were keen to assert their particular version of an asylum. The emerging discourse of psychiatric medicine was beginning to define the "appropriate" lunatic "patient." However, a disparate group of other kinds of patients disrupted the smooth running of the asylum.

Although women and men had been segregated in asylums from early times, new categories of patients were evolving. The "others" in Victorian asylums during the nineteenth century were those who caused authorities a certain amount of trouble. The Asylum Inspectors' Reports reveal that "incurable imbecile patients" (1868), "chronic and permanent cases" (1870), the "burden of Chinese" (1870), "idiot children" (1875), and the "old broken-down cases and useless folk" (1888) were taking up valuable space and were often unable to be held up as exemplars of the asylum's aim to cure through moral discipline. As Beattie Smith complained of Ararat Asylum in 1888: "Although the class of patients in this asylum consists largely of old broken-down cases, and transfers of useless folk from Melbourne asylums, I am not satisfied with the percentage of those at work" (60).

Some of these cases confounded classification, others challenged the official story about the asylum as a place of cure. In the many inquiries and reports into asylums, a variety of "experts" offered a number of competing versions about the kind of places they were, and should be. In the Inspectors' Report of 1868, the need for different provisions for the "incurable imbecile" patients was explained:

During the past year many patients have been received in the several lunatic asylums from hospitals, benevolent asylums, and gaols, in various parts of the colony, who, wholly unoffending in their habits, weak in mind, and feeble in body, need shelter and support indeed, but not the costly care of an asylum, wherefore (being incurable) they cannot receive help towards recovery, and wherein they occupy space which should always be open for those who may derive benefit from treatment, or whose dangerous propensities render vigilant watching necessary for the safety of themselves or others. (6)

Reports referred to England and the fact that in 1867 one fifth of the "insane" were in the workhouse system. These were "harmless imbeciles and partially demented and paralysed persons" (6). The Inspectors' Reports of 1870 reveal a heightened sense of panic about the issue, and the perceived "increase in madness" in Victoria had to be explained. The situation appeared gloomy to Dr Paley who suggested that a large percentage of the inmates at Yarra Bend would never be able to leave because their conditions were "chronic and permanent":

Hopeless and lamentable as are the prospects of these men and women, they cannot all be eliminated from lunatic asylums; many of them demand a larger share of medical supervision or attendance and of vigilant watching, to alleviate their sufferings and keep them in safety, than do the curable patients; many of the are suicidal, homicidal, destructive, or afflicted with bodily disease. (3-4)

The 1870 Report is more concerned with listing the many differences between categories of patient than previous reports. In this report, "dipsomania" and "kleptomania" are recorded as diseases and it is speculated that the "criminal lunatics" who displace them alter the space of the asylum by making it more gaol-like; the suicidal

and the Chinese are described as burdensome members of the asylum population; while the mentally deficient are divided into a number of classes: idiotic children, semi-idiotic adults, paralysed/infirm, aged epileptics, vagrants, the worn out and imbeciles. In addition, the causes of insanity have become a focus of attention and it is suggested that there are commonly imbeciles and insane among the convicts—strengthening the view that there was a strong link between prison and asylum.

"Difference" in the Asylum

It is not difficult to find evidence to show that differences between inmates caused tensions in the asylum. In the Kew Inquiry of 1876, a patient named Elizabeth Scott charged some of the attendants with cruelty to a number of female inmates including "a deaf and dumb girl inmate," young girls and "cripples," and "paralytics" (45). A range of "different" female and male inmates appear in this inquiry in a rather shadowy manner. I have mentioned how Asylum Inspector's Reports expressed anxiety about "incurable" inmates such as "idiots" and "imbeciles"; fourteen-year-old Clara Ellen Barnes falls into this category. Clara, who was recorded according to the narrative and medical conventions of the patient case-book as "idiot" and epileptic, was placed in the asylum at times when her family was not able to cope with her. Brought to Yarra Bend by her father, she was, as in similar cases, described as an "idiot" and an "imbecile" and characterised as dirty and "filthy in her habits."⁶ Another example, a young boy named John Brinsley in Sunbury Asylum, warranted a number of similar entries, all proclaiming his idiocy: "A harmless idiot in fair general health," "destructive, untidy," "addicted to sodomy," "gibbering and slobbery."⁷

Other "different" identities for asylum inmates consistent with attempts to control and categorise patients emerge from the 1876 Kew Inquiry. The alleged ill-treatment of "a little girl," Jane Mosely, attracts attention because it appears she was a small woman, perhaps not a "girl" at all but a dwarf. The bodies of inmates who were not the "norm" (whatever that might be in the context of a lunatic asylum) received particular kinds of scrutiny and/or abuses. The following exchange between a questioner and a witness during the Kew Inquiry is revealing:

Do you remember a paralytic girl with curly hair?

Answer: I remember the woman you refer to, Mary Maloney.

I thought her about eighteen?

Answer: She is a woman more than that.

(Questions 8466, 8467. Kew Report 251)

After being beaten, this woman "was scarcely a human being." Using language which implies unease about their difference, the inquiry examined several of the racially different inmates at Kew. For example, the "little Jewess" who was abused and had her

⁶ Case-book entry 1 July 1878. Public Record Office of Victoria 7400/P1, Unit 5: 275.

⁷ Case-book entry 3 December 1874. Public Record Office of Victoria 7405/P1, Unit 1: 184. I suggest that there were different conventions within the case-book narratives for different kinds of inmates, and that "idiots" or "imbeciles" were spoken of in terms which focussed on their physical difference.

eye cut; the "quadroon" who "appear[ed] to have negro blood in her veins"; "Blackmug Billy" who was a "tallish coon"; the "Chinaman" who caused some disturbance and was implicated in the death of another male patient; and other "deformed" or "crippled" patients.

Perhaps racial differences caused the most unease. The "Chinaman" referred to in the Kew Inquiry is described in terms which reflect his difference from other inmates. At the point at which he is mentioned in the Minutes of Evidence, Kew Asylum is described as a place where "all classes" of patients are sent. This Chinese man was a prisoner sent to gaol for "stealing gold from some claim up country" who was for some reason placed in the asylum. At the time of the Inquiry he had been at Kew for twelve months. His body attracted interest: he is described as "a powerful man, very muscular" and a "violent man" (when interfered with) who wore "heavy boots." When asked if the "Chinaman" spoke, the witness replied in terms which rendered the man's speech nonsensical. Thus Chinese inmates, usually designated as "incoherent," or as making gestures of resistance by "refusing to speak," were perceived to be recalcitrant and exasperating in much the same way as violent women or "deformed" and idiotic inmates were regarded as being particularly difficult to handle. They were "incurable" and thus disruptive to the category of "patient" being developed by asylum inspectors.

Many other Chinese inmates were recorded as similarly "incoherent." From the designation of their religion as "Pagan," to the inscription "China," "Canton" or "Pekin" (sic) as their places of origin, they became curiosities. For instance, Ah Lang, admitted to Kew in April 1874, was recorded as "occasionally violent and quarrelsome" and "rather dangerous." His body posed a threat as he was "well-developed," but this did not prevent him from being examined.⁸ Ah Shung was "not to be trusted" and "laugh[ed] and talk[ed] incoherently."⁹ Ah Sin was potentially dangerous, excited, mischievous and sleepless, exhibiting behaviour which was "said to have been brought on by too much opium smoking."¹⁰ Ah Him was described as "dangerous"—despite being "feeble and emaciated"—and once again his inability to speak English signified his difference; he was of "immoral habits" and "[spoke] no English."¹¹

The perceived "problem" of the "Chinese patient" began in response to anxieties about Chinese migration. By the 1860s, the issue of miscegenation had already begun to raise fears in Victoria. A report in the *Age* in 1869 about Chinese migration suggested that Chinese men should not "form connections" with European women since "a mongrel race is never distinguished for either virtue, energy or honesty; and half-castes generally have all the vices, and few of the good qualities of the races from which they spring" (16 December 1869). The "half-caste" female caused particular anxiety for the *Age* reporter. This kind of anxiety is reflected in the asylum case-books, where

⁸ Case-book entry 22 April 1874. Public Record Office of Victoria VA2840 Kew Asylum; 7397/P1 Unit 2: 130.

⁹ Case-book entry 6 March 1875. Public Record Office of Victoria VA2840 Kew Asylum, VPRS 7397/P1 Unit 2: 89.

¹⁰ Case- book entry 26 March 1875. Public Record Office of Victoria VA2840 Kew Asylum, VPRS 7397/P1 Unit 2: 104.

¹¹ Case-book entry 28 June 1878. Public Record Office of Victoria VA2840 Kew Asylum, VPRS 7397/P1 Unit 2: 149.

"half caste" women were often designated the most difficult; their differences being signalled through the use of particular language. For instance, Margaret Ah Lee, who was brought to Kew by police in March 1887 aged seventeen, was described as Wesleyan and the cause of her "mania" set down as "sunstroke when 3 years old." She was also described as a "Chinese half-caste girl" in "fair bodily health" who was suicidal and destructive. On her arrival, Margaret was labelled as "very noisy and excited"; by April she was employed in the laundry and improving, and by August she had been discharged. In August of the following year, again in the charge of police, Margaret was returned to the asylum. Initially she remained quiet and worked well but by September she would "not work or speak to us." In November she was working, but while sometimes noisy she did "not converse." Margaret was transferred to Ararat at the end of November.¹²

The Zox Commission

In the view of asylum inspectors, by the outset of the Zox Commission in 1884 the asylum had become an ineffective institution. My reading of the Commission Report suggests that the confusion surrounding the state of the asylum at that particular time—its function or purpose, its successes and failures—led to an increased emphasis on medical surveillance as the key term of a discourse relating to insanity.

As one kind of "examination" suggested by Foucault in *Discipline and Punish*, the Official Inquiry of the nineteenth century produced the asylum together with authoritative identities within it and without. The Zox Commission reveals itself as internally confused and contradictory about the inmates and the attendant staff in the asylum, but stern and certain about those who should retain control over them, thus producing a particular meaning for the place of medicine in the asylum. Before discussing the Commission's preliminary recommendations and their implications, I will explore the Commission's "reading" of the asylum in its initial report.

The administration of the asylum and the office of the Master-in-Lunacy itself is referred to throughout the report as "sick": "We can see no way to cure its disorders." The Commission writes itself as curative but is aware that "spasmodic investigations" do not effect change in the patient/asylum: "Any cure effected by extraneous and irregular supervision must, of necessity, be of an evanescent character. . . . It is very certain that any remedy, to be effectual, must be potent and continuous in its action." The Commission mixes its cure/medicine metaphor with this assertion: "Some vigilant eye must always be awake and in the prison-house itself." How did the asylum become a "prison-house"? The slippage from asylum to prison house, in fact, happens throughout the Commission's report and is indicative of the anxiety (mentioned earlier) about the relationship between gaol and asylum during this period. Two longer quotations from the report carry the same connotations of anxiety and "panic":

¹² Case-book entry 19 March 1887. Public Record Office of Victoria VA2840 Kew Asylum, VPRS 7397/P1 Unit 8: 88, 272.

We saw at a glance that we had to inquire into an establishment that is, to all extents and purposes, a sealed book to the outside world. The asylums are prisons, and the patients are, practically, dumb creatures, for when once men enter the portals of a mad-house their assertions are treated as the mere babbling of lunatics. (10)

A most casual inspection of the best regulated mad-house in the world would convince any one that asylum life must be abnormal, and, therefore, very injurious . . . as soon as patients can be removed from prison walls with safety to themselves and the public . . . they should be placed under conditions where the surroundings are natural, placid, and free. (12)

The "glance" and the "casual inspection" mentioned here are disguises for the official gaze which the Commission employed. The asylum emerges as a "sealed book" to be read against the "outer world," always constructed in relation to it and therefore contiguous to its practices and effects. The Commission's anxiety that the asylum resembled a prison pervades its first report which seeks to assert that "insanity is a calamity, and not a crime." And yet the asylum, as I have suggested, was fixed and controlled by laws and practices similar to those installed in the prison system. The Commission also uses the word "prison" to prompt its readers to feel appalled by what follows in the investigation, and to stimulate demand for reforms. The patients become "prisoners," then animals; suddenly the language used in the report becomes reminiscent of eighteenth-century discourse about the asylum: the "mad-house" of abuses is back in view and the animals become babbling children. These overlapping discourses are indicative of the transitions in medical practice during this period. The "confusion" they point to might be understood as producing new meanings for the asylum at the time of the Zox Commission, preparing the way for medicine to emerge as the dominating influence.

Much of the confusion manifested in the report appears to be about lunacy, and about who should qualify for asylum care: who, among the "incurables," the "semi-convalescent" and the "harmless" inmates, qualified as legitimate asylum patients? The Commission suggested that a Boarding-Out system, designed for the semi-convalescent, might lessen the pressures of overcrowding and ensure that "legitimate" inmates received proper care. The idea that the asylum itself could be responsible for creating problems for inappropriate inmates was used to justify this notion. The Commission suggested three categories of "patient" who were appropriate for the asylum: "all acute and demonstrative and dangerous cases," "all women during youth or the child-bearing period," and "all cases inclined to wander from home." In this way "dangerousness" and uncontrollability were paralleled with the dangerous and uncontrollable sexuality of women: females became "ideal" asylum patients.¹³

¹³ It has been suggested to me that there was possibly some sense of the asylum offering "protection" to women who might suffer abuses when "boarded out." Hence, the Commission's willingness to view the female patient as belonging to the asylum. However, I think it is more likely that females were the kind of patients who exemplified the aims of the asylum at during a period when female madness became a significant site for scientific and medical exploration.

In 1870, the percentage of lunatics per head of Victoria's population was creating some anxiety in the Inspectors' Reports. In 1861, one in 771 persons was deemed insane; by 1870 this had increased to one in 397 (1870: 7). The Commission refers to the 1883 Inspectors' Report which indicated that the lunatic population of Victoria was larger than those of England, Scotland, Ireland, and New South Wales. The Commission preferred to see this as evidence of a general propensity to madness in Victoria. The figures were, then, used to support the Commission's claim that in 1884 there were "unsuitable patients" in the asylum.¹⁴

According to the figures offered in the 1870 report, there were more Chinese lunatics per head of Chinese population than any other group, suggesting that the Chinese had also possibly become a burden to the asylum (27). By the time the Zox Commission's final report had been formulated in 1887 (about ten years after the Kew Inquiry) views about the potential disruptive influences of the Chinese inmate had come to a head. The year before, Dr Youl, a Commission witness, had suggested that it might be possible to "isolate" the Chinese. His advice was given euphemistically as "a change that would be conducive to the comfort of other patients, who regard them with great aversion" (Zox 1886 xliii). Chinese inmates were likened to criminal lunatic inmates who were also seen as extremely disruptive to the intentions and intrinsic worth of the asylum. The idea of isolating the Chinese and others represents an example of the classification system at its best: scientific, efficient and economic. The inmates most deserving of "skilful, experienced, humane and gentle treatment" were not the "noisy, excitable, dirty lunatics" or "idiots, dotards and imbeciles." They were not inmates who had "committed serious crimes." And they were not Chinese. Thomas Foley, a warder at Kew, gave the following evidence to the Commission in November 1884:

Is there any other information of that sort you want to give as far as the patients are concerned?

Answer: I think there could be a preciser classification. It goes against the grain to see a man, who may have had a comfortable home outside, sit down to his meal next to a Chinaman who tears his meals with his fingers like a dog. In my ward we classified them into three divisions as far as we could—good, better, best, as far as we could go—but there are men who must feel that kind of association. They may be violent patients themselves, but I had them say to me, "Do not let me sit alongside that Chinaman." (Question 3471. Kew Report 147)

The key recommendation of the 1884 Commission was concerned with increasing powers for the Medical Superintendents of asylums. The role of Medical Superintendent was to be "paramount" and "supreme," invested with "the power to punish, dismiss, and engage warders, attendants, and servants." The Commission emphasised that these recommendations had been made the previous year by the Sunbury Board and earlier in 1861, 1862, and 1876. The 1884 report clarified the

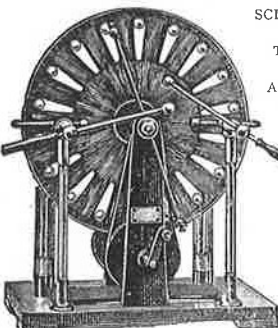
¹⁴ The perceived problem of Victoria's large number of insane persons is explored by Foster 97-116.

varying roles of the key figures in the asylum: the Asylum Superintendent, the Asylum Inspector and the visiting physician (who might conduct post-mortem operations, for instance). Other recommendations included the setting up of the "Receiving House," a concept that had also been discussed earlier in the century but was emphasised again during this later period. The Receiving House would enable greater scrutiny of newly admitted patients in order to formulate more accurate medical diagnoses.

Did the recommendations of the Zox Commission mean that by 1888 medicine had assumed control over the asylum? Clearly, the Superintendent's Report drawn up by Beattie Smith in 1888 indicated that Smith felt the need for more control to be exercised over intransigent patients who did not conform or refused to work. For its part, the Commission clearly signalled that it believed the problems of the asylum to be the direct consequence of links between asylum and prison and that the solution lay in differentiating one from the other by declaring that the asylum was, and should be, a *medical* space within which the tensions caused by the diversity of inmates would be controlled by greater classification and better identification. The controls applied by such a medical framework would, the Commission reasoned, rid the asylum system of its inappropriate inmates. It certainly seems that the Commission's appeal to "science" and "medicine" as potential "cures" for the perceived ills of the asylum point to an increasing medicalisation of the problem of lunacy in Victoria.¹⁵

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¹⁵ Any further research into the matter can be greatly facilitated by continued exploration of the fund of information available in the Inquiries and Reports of nineteenth-century asylums in Victoria, and from within the narrative conventions of asylum patient case-books.

Works Cited

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