

Convicts and the Free: Nineteenth-century lunatic asylums in South Australia and Tasmania (1830–1883)

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While most of us are familiar with the idea of the lunatic asylum, few people realise that lunatic asylums were intended to be curative places where the insane were returned to sanity. In the early nineteenth century a new treatment regime that emphasised the moral management of the insane person in the appropriate environment became popular. This environment was to be provided in the new lunatic asylums being built.

This article looks at what this moral environment was and then considers it in the context of the provisions made for the insane in two colonies: South Australia and Tasmania. These colonies had totally different backgrounds, one as a colony of free settlers and the other as a convict colony.

The continuing use of nineteenth-century lunatic asylums as modern mental hospitals means that alternative approaches to the traditional approaches of archaeology have to be considered, and this article discusses documentary archaeology as one possibility.

INTRODUCTION

While lunacy and the lunatic asylum are often the subject of academic research, little attention has been focused on the asylums themselves, as built environments in which the insane were to be brought back to sanity and returned to society. Studies often consider the asylum purely through its patient records or as an adjunct to a history to be mentioned in passing or as unmentioned upon illustrations (Skultans 1975, Hunter & MacAlpine 1974, Andrews et al. 1997, Digby 1985 and Bostock 1968 for example). Yet the lunatic-asylum environment was to be a fundamental part of the treatment of the insane in the nineteenth century. The lunatic asylum was intended to be a curative institution.

Many lunatic asylums built during the nineteenth century are still in use today as mental hospitals. Consequently they are not available for the traditional approaches of archaeology, that of excavation and survey with research designs driven by questions deriving from the excavation itself or the visible remains. As Mary Beaudry has argued in her article 'Reinventing Historical Archaeology' (1991), in the last decade attention has moved away from the 'positivist empiricist notion of archaeological data as fundamental and perhaps the sole "reliable" primary source for our inquiry' (Beaudry 1991: 475). New studies offer a holistic approach where data includes archival material and oral histories (Beaudry 1991: 475). This study is based on a range of data that include: the visible remains of nineteenth-century lunatic asylums, which in the case of two of the three asylums discussed in this paper are still functioning hospitals for the mentally ill; plans from the nineteenth century; photographs; and historical documents.

As Beaudry notes in her article the cry 'that's not archaeology' or 'that's not archaeological enough' is often heard (Beaudry 1991: 479). The same might be said of this article. Nonetheless, the fundamental point is that archaeology is an approach or range of techniques that allow us to access ideas, beliefs, practices and ideologies through material culture. Here the lunatic asylum is treated as material culture and the questions would be little different if the author had excavated a lunatic asylum. These questions include: was there a common design for lunatic asylums? What factors affected how the rooms and spaces were allotted and used?

These questions formed the basis of a larger research project that looks at the ideas that informed the design of the lunatic asylum in the nineteenth century and whether these ideas were realised in the asylums actually built in England

and Australia. In this paper a part of this study is highlighted, that being the provision of lunatic asylums in two colonies of Australia: South Australia and Tasmania. The first a colony that prided itself on the lack of convicts within its society, and the second a colony which received convicts through the process of transportation from England and New South Wales. In particular this paper will address the question: did the ideas about the new moral environment which required specific rooms and spaces in the lunatic asylum find their realisation in the asylums built in these two colonies? The different compositions of the colonial societies allowed the question: did the composition of a colony's population affect the types and quality of the built environments provided for the insane?

As Anderson and Moore (1988: 402) have argued the built environment is a form of 'explicit, conscious expression of communication in the "visual mode"'. The provision of lunatic asylums reflected both prevailing attitudes towards the insane and judgements about the people to be housed within the buildings, as initially designed and subsequently modified.

The colonies of South Australia and Tasmania offered blank slates on which the colonists could choose to build the type of institutions they believed were required. There were no legislative requirements to build particular institutions. Without the familiar support networks that might have been provided in their home countries, and without private establishments such as madhouses, the colonists found themselves required to care for the insane who might otherwise be wandering the streets or residing in public gaols. If they were forced to accommodate the insane, the colonists did have a choice in what sort of buildings they provided for the insane. They could choose to follow traditional ideas about the treatment of the insane or they could adopt the new ideas of treatment that required the lunatic asylum to have specific rooms and a particular internal organisation. Without pre-existing buildings to copy from the colonists could only draw on personal knowledge and experience of those involved in the process of designing and running the lunatic asylums, and it is here that the question of the influence of books and articles can be addressed.

THE TREATMENT OF THE INSANE AND THE MORAL ENVIRONMENT

The rise of the lunatic asylum in the nineteenth century had its origins in the changing perception of insanity. Prior to the mid-eighteenth century the insane had been seen as irrational and animal-like as they had lost the ability to reason. The ability to reason was the sole province of humans (see Porter

1987 for an overview). If the insane were like animals they would be treated as such; consequently they were physically restrained through the use of chains, cuffs, locks and leg irons, they were kept in the most basic of accommodation, often ill-lit and unheated cells (Scull et al. 1996: 93). With the rise of scientific empiricism came new studies that sought to identify the various kinds of insanity and prescribe specific treatments for each type (Arnold 1806). Insanity could have an organic cause or it could arise from the emotions, experiences and associations of the individual. If it arose from the latter it was probably curable and best treated in a suitable environment away from the causes of the insanity (Porter 1987: 207). This suitable environment was the lunatic asylum where the insane person could be guided towards the correct thinking and thus returned to sanity.

There was a growing belief in society that individuals had the capacity to learn and improve themselves through training and education (Porter 1981: 15, 16). This found its expression in the new moral treatment of the insane. The seminal work of the period which outlined this new regime was Philippe Pinel's *Treatise on Insanity* (English translation 1806).

For Pinel, moral treatment encompassed ideas about the treatment of the insane, which should be characterised by humanity, kindness and reason, and the use of the individual's finer feelings to bring them back to sanity, by focusing on the will and powers of self-restraint. For Pinel, insanity was caused by emotions and passions gone beyond their normal limit rather than an organic defect (Pinel 1806: 19).

The new regime prescribed by Pinel included: the classification of patients based on their illness and stage of recovery; and treatment regimes which should be specifically suited to the patient. Patients should be given some kind of work to occupy their mind during their convalescence and allowed freedoms such as walking in the gardens. Classification allowed the violent and furious to be separated from the convalescent who needed quiet. Similarly the distressing sights of dementia, idiotism and epilepsy should be kept from other lunatics with separate areas in the hospital for each (Pinel 1806: 176, 204).

Pinel's ideas about the treatment of the insane were to be taken up by other doctors and in 1838 Robert Gardiner Hill described the essential requisites of the new system of management in his monograph *Total Abolition of Personal Restraint in the Treatment of the Insane*:

A suitable building must be provided, in an airy and open situation, with ground sufficient for several court-yards, gardens, and pleasure-grounds, commanding (if possible) a pleasing and extensive prospect; there must be proper classification of the patients, more especially by night... (Hill 1976 [1838]: 38-39)

Further to this, the attendants must be of good character and active, and: 'the House-Surgeon must exercise an unremitting control and inspection' to maintain the management plan (Hill 1976 [1838]: 38-39). Patients were to be classified into three ranks: the disorderly, the moderate and the convalescent and orderly; each of whom had their own set of dormitories, galleries and sitting or day rooms (Hill 1976 [1838]: 39-40). This form of classification was fluid and could change from day to day, leading to patients being moved through various wards assigned to each class. The importance of the asylum as a curative environment was further supported by the belief that: 'so long as the patient remains at home, the exciting causes are continually present and active' (Hill 1976 [1838]: 6). At home, the uncontrollable lunatic was restrained and treated more harshly than they would be within the asylum and they

could not be exposed to the moral treatment that could bring about a cure.

Thus the key to the cure of the insane was moral treatment in the environment of an asylum. This moral treatment was to be based on four main principles: direct supervision and discipline which replaced restraint; classification; activities and employments; and exercise. Within the asylum environment patients would be classified on the basis of their level and type of insanity: the mind would be disciplined and trained along appropriate lines by work and activities that did not allow the patient time to think along morbid lines; and exercise would improve the health and again distract the mind through observations of the surroundings of the asylum. The doctor and the attendant through conversation would further guide the mind of the insane person to rational thinking.

The asylum had to provide the necessary rooms, spaces and physical arrangement of these rooms and spaces to support this treatment. Consequently there had to be a number of wards and day rooms to support classification, workshops and workrooms for work tasks, a large room for recreational activities and possibly a chapel, along with exercise grounds. These had to be arranged so as to allow the easy access to them by the inmates without the sexes coming into contact. Lunacy reformers such as John Connolly in his *The Construction and Government of Lunatic Asylums and Hospitals for the Insane* (published in 1847) were to outline the precise details of the asylum environment. This environment would support the new treatment regimes of moral treatment and non-restraint. These precise details included floor surfaces, building material, window height, furnishings and the physical arrangement of the wards, day rooms, workrooms and so forth. In Connolly's ideal asylum which had opened in 1844, the administrative offices, recreation hall and chapel were in the centre of the building. On either side were the various wards for men and women supporting classification on the basis of their stage of illness and, following gender lines, the laundry was placed on the women's side of the asylum and the workshops on the men's side. For Connolly, Derby County Lunatic Asylum embodied the ideal lunatic asylum (Connolly 1968 [1847]: 181). But were other lunatic asylums being built reflective of these ideas? Did they provide the various wards to support classification, work and leisure areas, and a chapel? A consideration of the South Australian and Tasmanian lunatic asylums offered an opportunity to answer these questions.

A FREE COLONY: SOUTH AUSTRALIA

The colony of South Australia was established in 1836 and was planned to be a colony free of the taint of convict transportation. The planners of the colony sought to populate South Australia through a system of colonisation which was intended to balance land sales with the importation of labour and the growth of the population. This system had been proposed by Edward Gibbon Wakefield and developed into a plan by Major Anthony Bacon and Robert Gouger under the auspices of the National Colonisation Society (Pike 1967: 52; Main 1986: 96). Colonists were to fall into two groups those who came as free settlers and those whose passage was paid from sale of land. These latter colonists were intended to fit into a very specific category that was meant to ensure that they would be young, capable of working and of providing for themselves. These colonists were expected to stay in South Australia and buy land themselves maintaining the cycle (Allen 1963 [1847]: 21-22). What the planners of the new colony of South Australia had not anticipated was less than rigorous selection of potential colonists in England which saw a small but significant number of elderly or chronically ill people, cripples and idiots arrive in the colony each year to the anger of

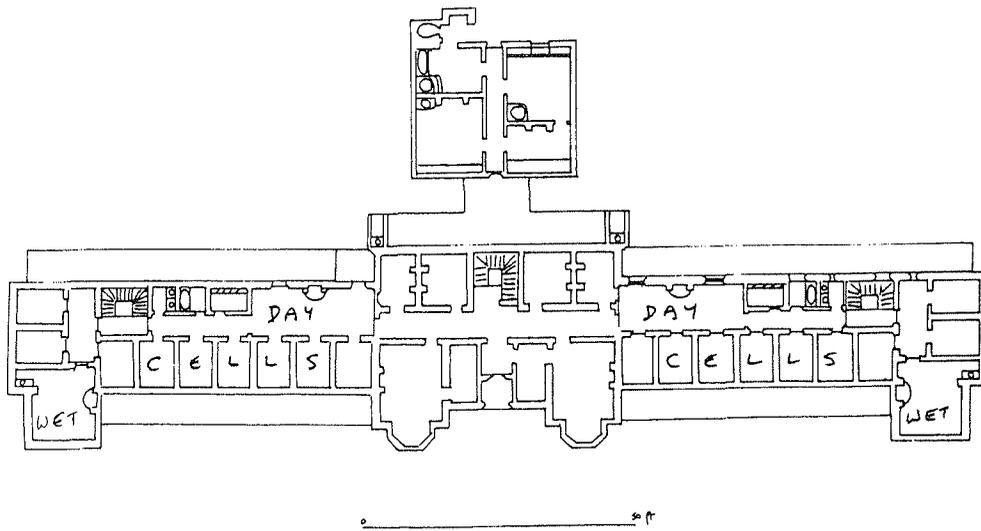


Figure 2. Ground Floor of the Adelaide Lunatic Asylum. Tracing by Author of a plan held by the State Records of South Australia GRG 38/52/1-13

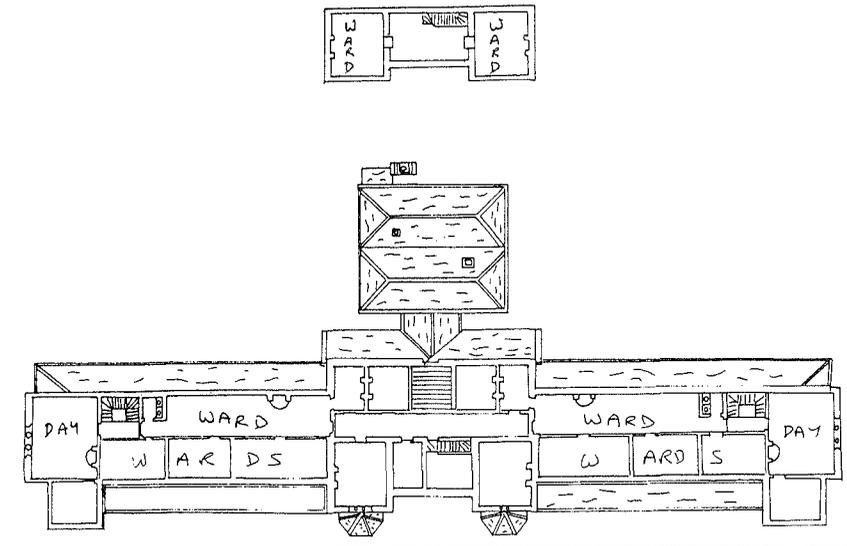


Figure 3. First and Second Floors of the Adelaide Lunatic Asylum. Tracing by Author of a plan held by the State Records of South Australia GRG 38/52/1-13

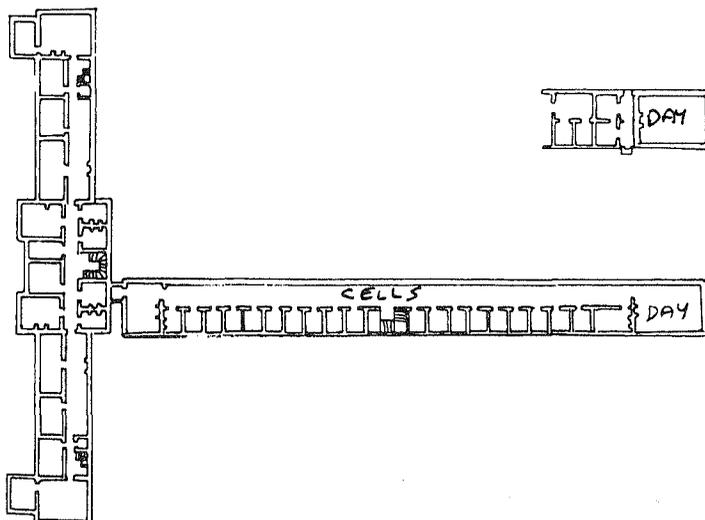


Figure 4. First and Second Male Dormitory Additions. Tracing by Author of a plan held by the State Records of South Australia GRG 38/52/1-13

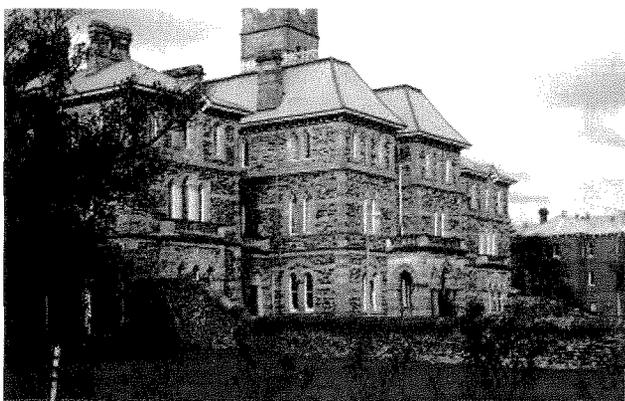


Figure 5. Parkside Asylum (Glenside Hospital), South Australia. Photograph: S. Pidcock 1999.

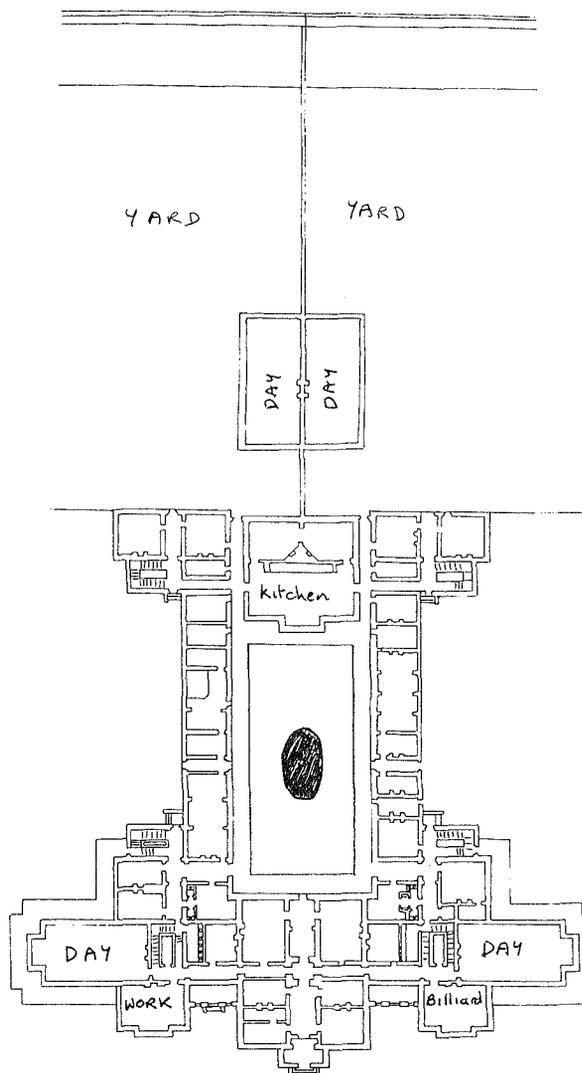


Figure 6. Ground Floor of Parkside Lunatic Asylum. Tracing by Author of a plan held by the State Records of South Australia GRG 34/138

was in turn shelved after a select committee into the treatment of lunatics at the Gaol and Lunatic Asylum reported on the appalling conditions at the Gaol and far-from-ideal conditions within the Adelaide Asylum which was overcrowded, with few activities for the male patients (the women were employed in the laundry). The Committee recommended the addition of extra ward accommodation at the Asylum and the use of the old Adelaide Hospital as an overflow institution (Select Committee Report 1856).

In 1856 work began on an extension to the Adelaide Asylum which was completed in March 1857. This extension took the form of a two-storey building extending at right angles from the main building (Fig. 4). It consisted of ten single rooms in each of the two wards. This placement required a new kitchen and laundry to be built. The laundry was placed at the end of the women's exercise yard. Assuming the keepers occupied one room in each ward, this extension only allowed accommodation for 18 more inmates at a cost of £3 500 (PPSA 1859, No. 31). To ease the lack of day spaces wooden shelter sheds in the exercise yards were enclosed to become dining rooms. Overcrowding continued to be a problem and between 1861 and 1863 another male dormitory was constructed abutting the first addition, providing 18 single rooms, two dormitories and two small and one medium-sized day rooms over two floors and a partial lower floor.

A Commission was held in 1864 to inquire into the management of the Lunatic Asylum. The Commission was to consider two options: one, building a new asylum, located away from the growing bustle of town; or two, adding various wings to the existing Asylum (see Pidcock forthcoming). Limitations on the possible means of expanding the present asylum had arisen due to the granting of land immediately adjoining the women's division and yard for the purposes of a Botanic Garden in 1854 (Votes and Proceedings 18/10/1854).¹ The Commissioners considered the best option to be the erection of a new lunatic asylum which would be expandable and ultimately cater for 700 patients.

In response, the South Australian Government decided to proceed with a new asylum. The selected site was to be at Parkside, just beyond the Parklands that surrounded the centre of Adelaide. The land was purchased in 1866 and the foundations of the new building laid in December of the same year. Meanwhile, two dormitories had been added to the Adelaide Lunatic Asylum—unfortunately no plans survive of these buildings.

The new Parkside Lunatic Asylum was opened in May 1870 (Fig. 5). A description of the emerging asylum in the *South Australian Register* (23/5/1868) indicates that it was originally intended to be composed of three pavilion blocks. In 1870 only one block had been completed: the administration block, which provided some accommodation for patients.

The building was T-shaped in plan with the centre space being a courtyard. Of its three storeys, the ground floor was devoted mainly to administrative rooms with the addition of two large day rooms. The centre space was taken up by the Medical Officer's rooms and consulting room, and the porter's room. On either side of these were the day rooms. On the male side an adjoining room was given over to a billiards room, but on the female side the corresponding space was occupied by a workroom. On the male and female sides respectively were the Matron's and Medical Officer's offices and dining rooms. On either side of the courtyard were the dispensary, service, store and food storage rooms (Figs 6–8). The rear of the quadrangle was given over to the kitchen and distribution room, female attendant's room and visitors' room. The first floor was composed of a range of sleeping accommodation. Along the quadrangle sides were single rooms, with a four-bedroom block at the rear. The corridor in front of these rooms was narrow and not intended to be a gallery as in English asylums where this space became additional living room. Over the day rooms in the front of the building were dormitories with an adjoining annex of four bedrooms. In the centre were the Matron and Officer's rooms, the water closet and lavatories, and four further dormitories. While there were no clear-cut wards, it appears that there could have been three separate patient areas. The second floor had the same

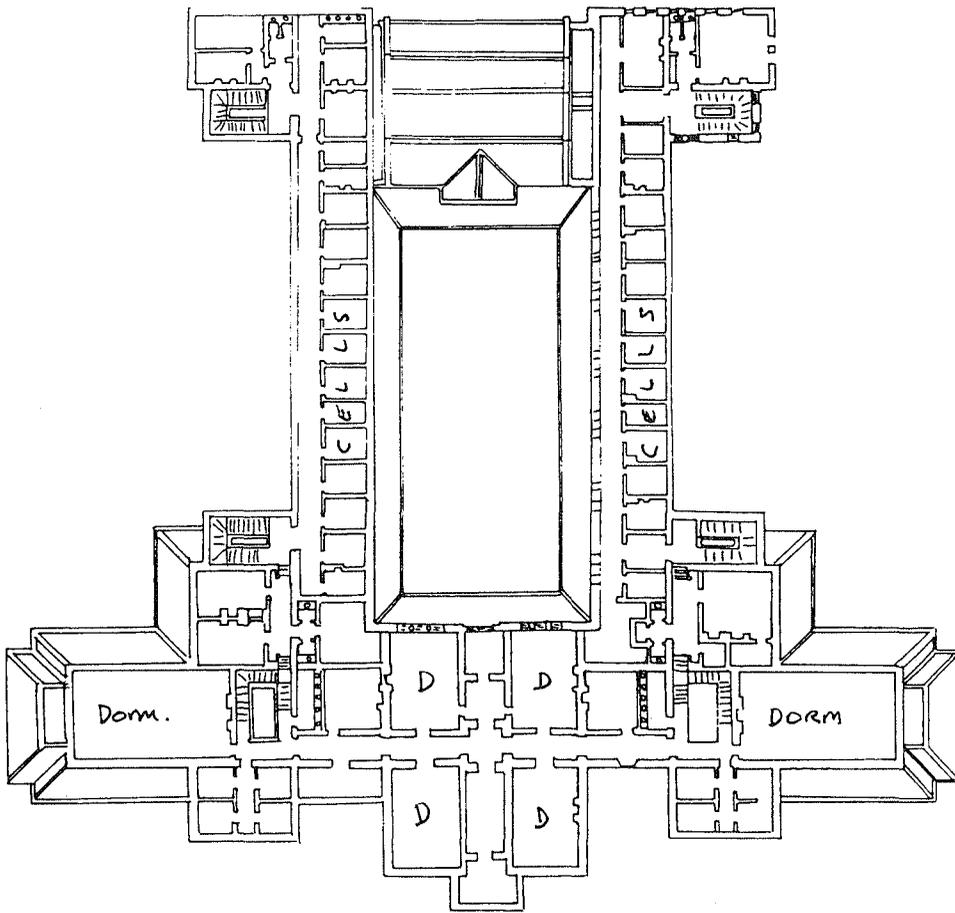


Figure 7. First Floor of Parkside Lunatic Asylum. Tracing by Author of a plan held by the State Records of South Australia GRG 34/138

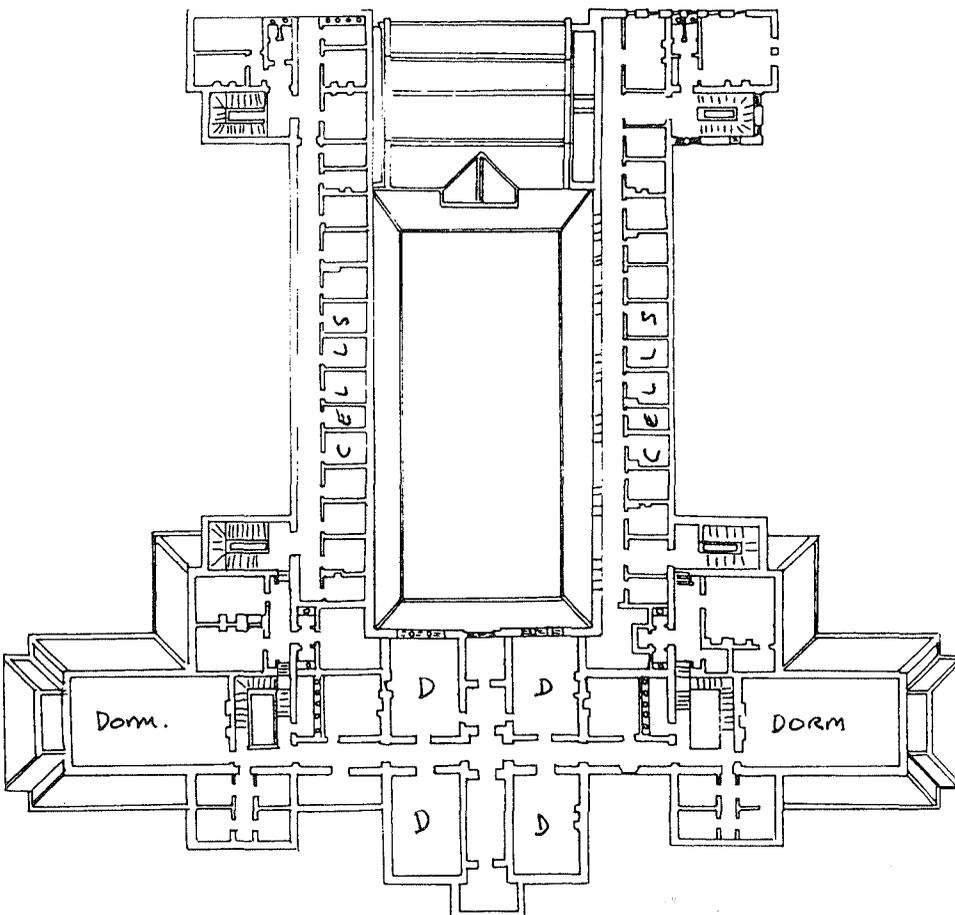


Figure 8. Second Floor of Parkside Lunatic Asylum. Tracing by Author of a plan held by the State Records of South Australia GRG 34/138

Table 1.

Key Features of Moral Management
Classification
Employment
Amusements/activities
Exercise
Observation/discipline

arrangement of dormitories and bedrooms as the first floor, although there were no further rooms over the quadrangle sides. As is clear from the plan, there was no laundry, and one was not added until 1877. There was no recreation hall or chapel, and workshops were not provided.

The Adelaide Lunatic Asylum continued to operate in tandem with the Parkside Asylum, with chronic and incurable cases being sent to Parkside (AR 19/4/1877). When the building was erected, little attention had been given to the airing courts. Initially only men resided at the Parkside Asylum. The women moved into the Asylum in June 1871, but only the rear of the Parkside Asylum was in use as there were no airing courts in front of the Asylum. Thus, the front rooms remained unused for seven years after the Asylum opened (AR 19/4/1877). Work was begun in 1877 on a new building to house acute and criminal cases and on the front airing courts. While a male dining room for 70 was built in the new airing court, a corresponding one was not built in the female court. So the front rooms continued to be unoccupied as there was not sufficient day-time living space for the women (AR 30/1/1879).

Ten years after it had opened Parkside was to experience a building flurry with work beginning on a residence for the Medical Superintendent, a multi-function hall on the women's side that would serve as chapel, dining room and recreational hall, the laundry was expanded, and work began on a hospital cottage and the second pavilion which had been part of the original design and was intended to house 150 women (AR 19/2/1880, 24/2/1881). Unfortunately no plans of these buildings have survived, although it appears that the women's block would have corridor wards as the downstairs corridor was to be wide enough to act as a dining room and those upstairs as dormitories if accommodation was pressed (AR 24/2/1881).

Additions when they were made to the Adelaide Lunatic Asylum were often purely sleeping accommodation with limited recognition of the needs for day space. At Parkside the additions provided basic needs such as exercise yards, and a laundry. Day space was a secondary consideration, as reflected in the long periods when Parkside could not be fully utilised due to a lack of day rooms and airing courts.

The history of the Parkside Lunatic Asylum reflects an interesting division between the intention to build good asylums embodying the best of English designs (CSO 24/6/2506) and the financial realities of building such asylums in a colony that did not have the resources which the English Counties had to draw upon when they built their County Lunatic Asylums (see Jones 1993 for an overview of the County Lunatic Asylum system). The high cost of building materials and labour at various times meant that a lunatic asylum built in South Australia would cost twice that of the same design in England (CSO 24/6/2506). So a tension was created between the desire to build and the actual realities of completing the design. Hence the history of Parkside Asylum is one of piecemeal building as the incompleteness of the original three-pavilion design (female block, administrative block, male block) led to ongoing problems that prevented the building being effectively used.

ADELAIDE'S PURPOSE-BUILT ASYLUMS AND MORAL MANAGEMENT: A DISCUSSION

The Adelaide Lunatic Asylum was built several decades after the advent of moral management, yet it has few of the qualities that would support this form of management (Table 1). The physical provisions of the Asylum as it was originally designed only allowed for two wards for each sex, effectively limiting classification to acute and convalescent. There was no means of separating the noisy or refractory patients from those suffering other acute conditions beyond placing them in the end cells where the stairs and corridor acted as a partial sound buffer.² The provision of a sleeping ward of the day room on the first floor again offered a limited separation but the use of the corridor as a ward meant there was little space to physically separate patients. The almost constant overcrowding of the Adelaide Asylum, which led to two beds being placed in the downstairs cells and extra beds in the wards above, meant that often the most basic classification of the convalescent and acute patients could not be maintained (SC 1856: q. 1048). Within the original building, there was no possibility of achieving the level of classification required by moral management, which saw movement through the wards as a reward. The convalescent were seen as being more rational and aware of their surroundings, so that the indiscriminate mixing with those in an acute state of mania was a distressing experience. Classification also allowed the specification of treatment regimes for particular classes of patients.

The Adelaide Asylum similarly had very limited day-room space. The ground floor had a small day room that was also the main access passage to the other wards and cells. A much larger day room was allowed for on the first floor as it was to be used by patients sleeping on the third floor as well, but again there was no way of separating the patients during the day so that any classification achieved at night was not maintained through the day. The limitations of this living space were indicated by the conversion of the wooden shelter sheds in the airing courts into dining rooms by the addition of front walls in 1858. The addition of the four male dormitories did allow some further classification to occur but again the day rooms were small in size. It seems likely that the additional female dormitory would probably have followed the plan of the main asylum or the male ward additions.

If day space was limited there were similar problems with the provision of exercise areas. The Asylum originally had one airing court that was used alternately by the men and women. It was, after a few years, subdivided into three yards: two for the men, which allowed a separation of the acute and convalescent men; but the women were provided with only one yard. This was later decreased in size by the relocation of the laundry into the women's yard when the male ward addition was built between 1856 and 1857, and the creation of a drying yard. From the documentary evidence it is clear that the men had daily access to what was to become the front gardens once the boundary walls were erected. For women access to the gardens was a Sunday treat (SC 1864: q. 458-459).

Another key aspect of moral management was the engagement of the patient's mind in employment and leisure activities. For the women this involved employment in the laundry and in needlework which could be done in a day room. No provisions were made for the employment of the men; there were no workshops or workrooms. Gardening appears to have been the only available activity for the men, and the evidence of the Select Committees and Commissioners into the treatment and management of the Adelaide Asylum indicate that the men were rarely employed even in gardening (SC 1864: q. 17). Activities again were extremely limited at the Adelaide Asylum for several decades.

Without a central hall there was no place to gather the patients together for dances, such as occurred in English asylums. However, the documentary evidence does indicate that a dormitory was used occasionally for theatrical entertainments, and again an unspecified room was used for divine service irregularly (SC 1869: q. 43, 60, 201). Other activities available to the patients included cards, draughts and dominoes, although there is some evidence that these games were available only to the men (SC 1864: q. 305, 349).

Adelaide Asylum then had few of the characteristics of a building that would support moral management. Interestingly, neither the Medical Superintendent nor the official visitors to the Asylum requested the provision of further day rooms, workshop rooms or a hall for recreational use by the patients which would have supported moral management or an improved quality of life for the inmates. Concern was focused more on the provision of sleeping accommodation and overcrowding (Comm. 1883 q. 513–517). The question of the possible time lag between the development of ideas and their transference from England to the colonies has to be considered. At the time Adelaide Asylum was built there were few English County Asylums to provide models for it, even though there were a few works on lunacy available outlining the new theories on moral management. By the time that Parkside Asylum was built, there was a number of texts available that provided detailed outlines of the design of lunatic asylums that supported moral management and non-restraint—including John Conolly's *The Construction and Government of Lunatic Asylums and Hospitals for the Insane* (1847)—and the Select Committees and Commissions had highlighted the problems with classification, employment of the men and the lack of activities. Despite these efforts and resources, Parkside Asylum failed to meet all the requirements for moral management.

Its mixture of single rooms and dormitories allowed some separation of the patients into classes with one ward being created by the rooms along the sides of the quadrangle on the first floor and a second by the large dormitories with adjoining bedrooms. The centre four dormitories are particularly interesting as Victorian asylums were clearly defined into male and female divisions with as little contact as possible; divine service and entertainments being the main exception. This raises the question of how were they used: were men and women in close contact in the asylum separated only by a passage? The second floor has the same arrangement of dormitories but lacked the single rooms. Thus at Parkside night-time classification was possible, but day-time space was severely limited. There was one day-room for the whole male division and one for the female division. The men were provided with a billiard room adjoining the day room, while the women were provided with a workroom, reflecting the different experiences of women in asylums (Piddock 1999). The design of the upstairs corridors was such that they were not sufficiently wide enough to provide additional living space. It appears that the size of the stores and offices dictated the width of the upstairs wards rather, than consideration being given to ward and day space. While the original plan does indicate additional dining rooms in the back airing courts, these courts and rooms were never built and it was only later, as indicated above, that dining rooms were built.

There was no central hall, chapel or workshops included in the original plan beyond the one workroom. No consideration appears to have been given to those aspects of the treatment that sought to re-train the mind through activities, religious worship and employment. While a laundry was later built, there were no requests for workshops or rooms for the men who appear to have been restricted to the manual labour of gardening. To a large degree the problems of the Adelaide Asylum were repeated at Parkside when it was opened and it

was not until ten years later that some effort was made to provide the required spaces in a single multi-functional room that was to be a female dining room, chapel and recreation hall.

In terms of observation and superintendence, the limited day-time living space at the Adelaide and Parkside Asylums made observation easier for the attendants. However, full-time observation at the Adelaide Asylum, with its additions around the grounds—including single cells for incontinent female patients at the end of the women's airing court—must have been more difficult. The placement of the buildings, which were not linked, often meant circuitous routes around the main building were required. For example, for the Matron to access the two women's wards—one at the west end of the main building and the other in the eastern grounds of the Asylum—she had to go outside of the main building and through the grounds. The same would have applied to the Superintendent when doing his rounds.

If South Australia with its convict and free population and purpose-built asylums failed to provide the necessary design and rooms/spaces for creating a curative environment for moral management to occur in, what was to occur in Tasmania, a colony with a large proportion of convicts and their descendants? Did the presence of convicts make a difference?

A CONVICT COLONY: TASMANIA

It was to forestall continuing French interest in southern Australia that the English decided to establish a settlement on the island to the south of the mainland of Australia, later called Van Diemen's Land. On 4 January 1803, David Collins was commissioned the first Lieutenant Governor of a colony to consist of convicts, marines and free settlers (Townesley 1991: 3). The town of Hobart was established in 1804 on Sullivan Cove, on the island's southern coast. Initially the transportation of convicts was slow with 500 being sent to the colony between 1810 and 1817, but this was to steadily increase. The social turbulence in England arising from the French Wars and growing industrialisation led tradesmen, small merchants and yeomen farmers to seek a new life in the colonies, including Van Diemen's Land (Townesley 1991: 7). Consequently the population of the colony grew quickly from 4 300 in 1820 to 7 185 in 1821, of which 4 380 were convicts (Townesley 1991: 7).

From 1820 to 1840 the colony continued to thrive, while the British Commissariat continued to run the institutions that dealt with convicts. The percentage of convicts in the general population was to gradually drop as the number of free settlers continued to increase. In 1820 they represented 54 percent of the population; by 1851 this had dropped to 29 percent—the number of convicts at this time being 20 000 (Townesley 1991: 18). Social stratification was to appear in the colony. At the top were the Lieutenant Governor, the various colonial officials and landowners, then came a merchant class, followed by free working people, then the emancipists who bore the stigma of their convict past, and lastly the convicts (Townesley 1991: 18–19). In 1853 transportation ceased and in 1856 Van Diemen's Land was given its own Constitution and changed its name to Tasmania.

FROM CONVICT ESTABLISHMENT TO A HOSPITAL FOR THE INSANE

The South Australian lunatic asylums had been purpose-built institutions. The same was not true for the Hospital for the Insane at New Norfolk, which had begun its existence as a barracks for incurable convicts and was subsequently modified to meet the increasing need to provide for the insane. Located at New Norfolk, 22 miles from Hobart, the Convict Invalid Hospital opened between 1830 and 1831 and initially

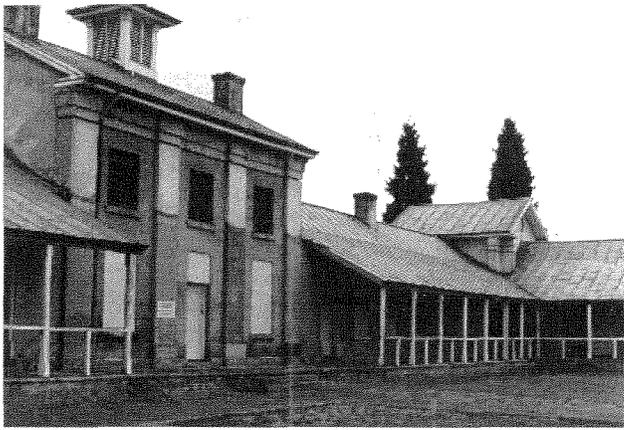


Figure 9. Willow Court, New Norfolk Hospital for the Insane.
Photograph: S. Pidcock 2000.

accommodated both invalids and lunatics, the latter in their own ward. The original building appears to have been U-shaped with the Superintendent's rooms in the centre and the wards, kitchen and washhouse placed around these rooms (Fig. 9). In 1831 attention was given to expanding the Invalid Hospital to include a lunatic hospital where, through restraint and moral discipline, the lunatic could be cured (CSO 7/11/1832). Work began in 1832 to build the new extensions to the Hospital, which included the creation of another U-shaped building, behind the original building, forming an enclosed quadrangle. The rear quadrangle was divided into two, and the Matron and Superintendent could observe the lunatic patients in the yards from their respective rooms. Altogether the site encompassed 11 acres. As the New Norfolk Hospital was funded by the Imperial Government, it was intended to be used for convicts only, although people in extreme poverty could gain admission via the Colonial Secretary (Gowlland 1981: 25). In 1836 the number of lunatics being housed in the Hospital had risen to 136 and the number of invalids to 300. It was decided to expand the Hospital as the buildings were overcrowded and the lunatics required better care and the provision of some employment (Gowlland 1981: 27). In 1839, £1 303 was voted for a new wing which was completed in 1841 (Gowlland 1981: 31).

The earliest existing plan of the Hospital, which dates to 1836, shows the proposed changes. Roger Kelsall's plan and

elevation (Fig. 10) shows a modified H-plan with extensions to the right and left of the back building line. Some rooms are identifiable; on others the legend is not clear. On the left-hand side of the front quadrangle, the first room was the overseer's room (this is a tentative identification). From this an addition with two wards in a two-storey building extends out to the left. Moving up the left-hand side from the overseer's room, there was a store room, office, dead room, wash room, two wards, a store, two wards in the dividing section with the kitchen in the centre then another two wards with a store in the corner again. Down the right-hand side were three wards, an unidentifiable room, the surgery and dispensary, an overseer's room (again tentative) and the two wards extending out to the right forming a matching addition. The back quadrangle formed the lunatic asylum. The interior space was divided into male and female divisions with a chapel marked near the kitchen. The left side of the back quadrangle had two rooms, then 12 cells in pairs, a ward and a store in the corner. Along the back was a washhouse, kitchen, Superintendent's Quarters, a second kitchen and a store in the corner. The right side was composed of a ward, 14 cells and another ward. Forming a continuation of the back wall were two extensions. These were separated from the main building by two small yards containing privies. The buildings (identically arranged) were composed of two rooms, marked 'overseers', a passage containing a staircase, a large lunatic ward which appears to have had some form of open partitions dividing the space, a second staircase passage, two large wards, another staircase passage and two wards. Along the outside of the main buildings were six yards of different sizes equipped with privies.

The accommodation was basic with no provision of day space. From available documentation it appears that the chapel was never built. The centre wall opposite the Superintendent's quarters divided the space into the right-hand, male division, and the left-hand, female division. The provision of two kitchens took this separation to the extreme, and interestingly from a gender perspective the washhouse was on the male side not the female side. There were no bathrooms. The separation of the invalids and lunatics was maintained because the dividing building between the two quadrangles only opened onto the front quadrangle.

The Hospital continued in its dual role of Invalid Hospital and Lunatic Hospital through to the 1850s, with separate doctors controlling the two halves of the Hospital (Gowlland

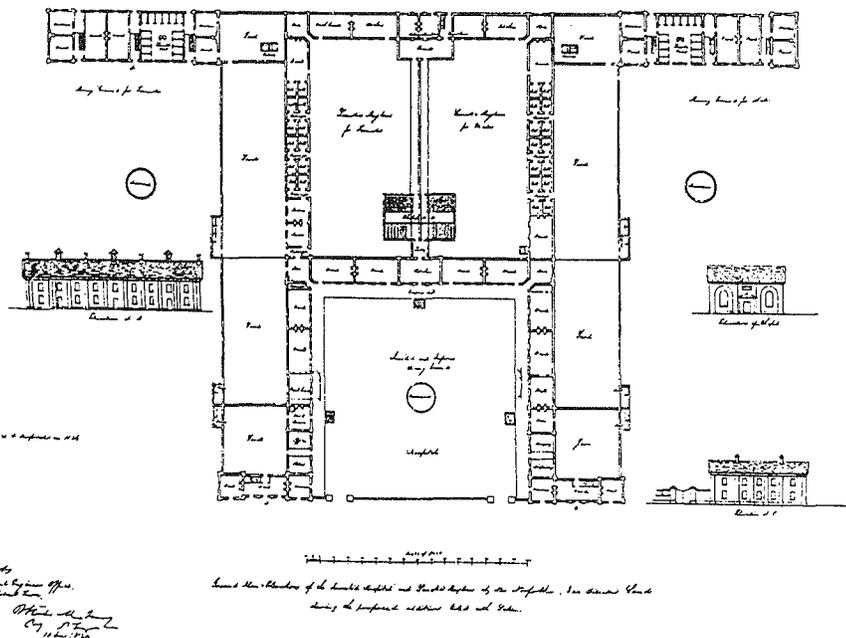


Figure 10. Roger Kelsall's plan of the New Norfolk Hospital for the Insane, 1836. Source State Archives of Tasmania PWD 266/1432/2. Used courtesy of the State Archives of Tasmania.

1981: 35). Gradually, the Hospital became entirely dedicated to the insane. Concerns were raised in the newspapers about conditions within the Hospital with patients of both types being mixed and the view was offered that the place was a Bastille rather than a curative hospital. It was believed by the editor of *The Hobart Town Courier* (7/6/1855) that the poor conditions at the Hospital arose because the funding for it came from England and the Tasmanians themselves lacked any control over the institution. In this he may have been reflecting the beliefs of Tasmanians in general.

In October 1855, the New Norfolk Hospital was handed over to the Colonial Government. A Board of Commissioners were appointed to oversee the Hospital and its management and they found much wrong:

The internal accommodation of the several buildings were small, badly constructed, ill ventilated, dark dismal, while the day rooms, so called, afforded very inadequate convenience for the purpose intended. The yards and grounds were subdivided by high walls, and the spaces allotted for exercise and outdoor recreation were of the most limited character. (Quoted in Gowlland 1981: 50).

The 100 women had the use of two small yards of less than a quarter acre each. The adjoining three-acre paddock was forbidden to them. The Male Division had a walled garden of a quarter acre. Two small, enclosed yards of a quarter acre each were used for unquiet inmates, and a small area in front of the hospital was used by quiet and convalescent inmates.

There was no separate accommodation and treatment for those from the better classes, and in the Male Division those suffering from temporary and/or partial insanity were 'herded with convicts of the most degraded class' (quoted in Gowlland 1981: 50). In the Female Division, virtuous women were associated with those of notorious careers. The Commissioners acknowledged that providing separate accommodation for convicts and the free had first priority along with replacing the dark and dismal cells, particularly the wooden ones, with ventilated and better-lit sleeping apartments. They recommended a separate residence in a secluded part of the grounds to house 12 men and women of the superior rank. The limited accommodation that was requested would suggest that they believed the bulk of the lunatics were coming from the convict or freed-convict class. The Commissioners further recommended that an area be enclosed to allow the separation of the 'worst' females from the quiet ones and that verandahs be built to offer shade and exercise areas in wet weather (quoted in Gowlland 1981: 50–51). They also desired a chapel, a front gate lodge, a new kitchen and a new building for the women (CNC 14/1/1856, 12/5/1856).

Work was begun in 1858 on the Gentlemen's Cottage (for superior patients) which was completed in December 1859, and plans were drawn up for additions to the female division, modifications to the male cells and a new laundry and store in the female ward (CNC 14/9/1858, 1/2/1859, 2/2/1859). Repairs and alterations were undertaken between 1859 and 1861, including the conversion of some of the male cells into apartments, improvements to the female refractory ward and the extension of the central building. A new lodge, wash house, laundry, drying rooms and store rooms were erected and water was laid on to the Matron's Cottage which was located just outside of the Hospital grounds (CYR 1862).

In 1859 a Joint Committee of Parliament was appointed to inquire into the accommodation and site of the New Norfolk Hospital.³ They found the site was healthy, but limited in size. The men were divided into three classes each with their own yard, but there were no day rooms and the verandahs were used as eating places. The male cells were dark, with little ventilation, and required rebuilding. Exercise areas were limited, no activities were provided for the men—despite the

recognised role of activities in the curative process—and a large day room was required. Employment for some men involved work in the woodyard, garden or tailor's and shoemaker's shops. The women's side was considered worse. There were only two classifications possible for the women, refractory and convalescent, with one day-room and little exercise room available to them. The refractory women used their narrow corridor as a day room. The Committee was divided as to whether to build a new asylum or whether to attempt to bring New Norfolk up to the standard of a curative institution (JC 1859: 8–9). To bring New Norfolk up to standard the demolition and rebuilding of some buildings, and the addition of more dormitories, day rooms, baths, a laundry complex and workshops, was required.

The Colonial authorities decided to go with this second option and work began on modifying the main building in the Female Division and was completed in 1863. A day room was built for the refractory ward in 1862. Importantly, the New Norfolk Commissioners sought to remove high walls where necessary to open up the space. Amusements and activities were also introduced at this time (CYR 1860). However, as the Commissioners' Reports over the years indicate, attempts to bring the Hospital up to the desired standard of the curative environment were prolonged, and the Commissioners lacked the authority to even initiate repairs (CYR 1873, 1877). Classification remained problematic. A cottage for ladies was not built until 1869 and there was an ongoing struggle to get authorisation for a new kitchen and the conversion of the old one into a bath house (CYR 1864, 1866). Over time, the Assistant Medical Officer's cottage became the idiot boys' cottage and the Hospital's Medical officers continued to live outside of the hospital walls (CYR 1862, 1872). Between 1879 and 1880 a new female dormitory was built in the refractory division.

In 1882 a Royal Commission was appointed to consider the state of lunatic asylums in Tasmania.⁴ This revealed continuing problems with New Norfolk. The asylum was ill-arranged and most of the original buildings were in a poor state of repair. There were no proper offices, stores or water closets and washrooms were attached to the wards. There were no staff areas and the attendants spent all of their time with the patients. There is evidence that the men's workshops had been extended to include painters', plumbers', glaziers' and carpenters' shops, and in fact, the men's labour around the Hospital and in making things for use within it was of considerable economic benefit (CYR 1870). However in the Female Division, a dormitory was used as a needlework room during the day, while the day room served as dining room, recreation hall and chapel (R. C. 1883: q. 66). The Royal Commissioners recommended the addition of pavilions and cottages to provide the much needed accommodation to allow classification and to provide the necessary administrative spaces along with proper sanitation.

NEW NORFOLK AND MORAL MANAGEMENT: A DISCUSSION

The New Norfolk Hospital for the Insane was not a purpose-built asylum, rather it was a converted Hospital for Invalids. This conversion had resulted from the need to provide for the insane where no other accommodation was available. Like the Adelaide Asylum, the New Norfolk Hospital buildings were in no way sufficient to properly accommodate and classify the patients. The rooms were few in number and the buildings located in the grounds under no particular system of arrangement. Certainly this had to have had an effect on the observation of patients by staff, and of the Medical Officers' observation of the attendants—particularly as both the Medical Superintendent or the Assistant Medical Officer were

resident within the hospital grounds but do not appear to have made efforts to do numerous rounds of the Hospital a day (R. C. 1883 q. 59). There is some evidence that the women were physically separated into convalescent and acute, through the provision of a separate refractory building near the Matron's Quarters. The men appear to have been separated into classes but remained together in the main building. Equally there is evidence that there was classification into separate yards initially, as recommended for moral management. With the opening up of the grounds via the removal of high walls to create large yards in the 1860s, this separation probably did not continue. As the building became overcrowded, classification became more difficult to maintain. There is clear evidence in the documentation that room use as indicated on the early plan was not maintained, as room designation changed to reflect the particular needs of the time. An example of this was the on-and-off presence of day rooms in the Hospital. While not indicated on the plan, there were workshops for the men who were employed in doing repairs, making furniture and other equipment, along with tailoring. Women, however, were employed in needlework and in the laundry, reflecting both the use of work as part of a treatment regime and as an economic benefit to the Hospital.

In 1855 when the control of New Norfolk was passed from the Imperial Government to the Colonial Government as represented by the Board of Commissioners, the Commissioners sought to remodel the buildings to bring the Hospital closer to the curative moral environment. This began with renovation of the original cells into sleeping apartments and the provision of improved exercise areas. As early as 1862, the Commissioners had asked for a large room for the purpose of divine worship, as well as musical and other entertainments for the use of both sexes. They introduced a range of leisure activities inside and outside of the Hospital, had gardens planted and later created a recreation ground for cricket, croquet, tennis or other activities (CYR 1862, 1882-1883).

Clearly the Commissioners were attempting to create a curative environment, even if their requests for buildings and repairs were not always met. The consequence of the latter was that New Norfolk was a mixture of buildings that were often in a bad state of repair and did not provide the rooms required. This is exemplified by the efforts to achieve sanitation, including baths and lavatories and new kitchen large enough for the asylum. The serious consideration of providing a purpose-built asylum comes in quite late in the 1880s, although Bishop Willson had proposed a curative institution along the best English lines as early as 1859 (PPT 1859: No. 10, Bishop Willson Corresp.).

Did the presence of convicts in the population have an effect on the physical buildings being provided for the insane at New Norfolk? It appears partially so. A consideration of the available documentation suggests that it was believed that the insane were drawn from the convict class. It was thought that the 'former circumstances of a large proportion of its population' was creating an abnormally high rate of insanity and that when they died out the number of insane requiring accommodation would fall, a belief that continued as late as 1878 (Visitors Report P.P. 1879). Consequently there was little pressure to provide a new asylum suitable to house a rising number of the insane who were drawn from all strata of society. In 1879 the Commissioners came to recognise that there were new causes of insanity at work and that these new patients required a new type of treatment and the 1882 Royal Commission saw the discussion of rebuilding New Norfolk so that it reflected new thoughts in asylum designs (CYR 1871, 1880; RC 1883). There was also a belief among the Commissioners that the class of people being accommodated in New Norfolk up to the 1880s did not need the same standard of accommodation as the middle classes, who were

provided with their own cottages at New Norfolk, and this must have affected perceptions of the buildings and improvements needed.

The presence of convicts among the insane, the relatively small population of Tasmania and its economy were all likely to have contributed to the decision not to build a purpose-built asylum which would have been a costly outlay. The reform of New Norfolk with the demolition of the original buildings and the provision of all the required spaces comes into consideration only when it is realised that the number of insane persons was not dropping but increasing, and the buildings were becoming unfit for habitation (Visitors Report, PP 1836).

DISCUSSION

At the beginning of this paper two questions were posed: firstly, did the ideas about the new moral environment which required specific rooms and spaces in the lunatic asylum find their realisation in the asylums built in South Australia and Tasmania; and secondly, did the composition of each colony's population affect the types and quality of the built environments provided for the insane? For the writers on moral management, the building had been seen as an integral part of the treatment regime. This regime would be practised in a new asylum arranged to allow the classification, observation and the retraining of the patient's mind through employment, activities and exercise, supported by the provision of the appropriate spaces and rooms. South Australia with its purpose-built asylums showed few of the characteristics of this curative environment. Some classification was possible at Adelaide Asylum and there were exercise areas, but as indicated access to them was based on gender. More importantly, there was very little provision of day space or space for recreational activities. When entertainments were held a dormitory was used and similarly, religious services were held in an unspecified room (SC 1864: q. 60; SC 1869: q. 4). There were no workshops where men might be employed and women's employment was restricted to washing and domestic tasks. Interestingly rooms that would make the staging of leisure activities or employment of the inmates more varied, were not requested, and the problems of the Adelaide Lunatic Asylum were carried over to the Parkside Asylum which also lacked day space, recreation areas or workshops for many years after its opening. In Tasmania, with its converted Convict Invalid Hospital and poor buildings, far more attempts were made by those involved with the Hospital to achieve a moral environment for its inmates. Rooms and spaces were requested almost continually after the Hospital transferred from the Imperial Government to the Tasmanian Colonial Government to improve the lives of the inmates—although the provision of them was often slow. It seems likely that more than the presence of convicts was affecting the built provisions provided in each colony.

South Australia was to undergo passive and active periods of building work at the Adelaide and Parkside Asylums that seemed to be linked to the economic state of the colony. Requests for additional rooms, modifications to the existing asylums or calls for a new asylum were dependant on the individual interests at the time of the Colonial Surgeons, Resident Medical Officers, and the official visitors to the asylums. Such interests may have reflected knowledge of the treatment of the insane and patterns of reform in England (see Piddock forthcoming). There were proposals to build lunatic asylums along the best English lines, indicating some awareness of what could be achieved in an asylum, but these proposals never reached fruition: the Woodforde asylum was never built and the original plan for the Parkside Asylum was only partially built, then followed by ad hoc additions.

However, there are no clear and definitive answers to the question of why South Australia did not achieve a suitable environment for moral management to operate within. A preliminary review of a range of documents including newspapers has revealed little about public concern for the insane which may explain the failure to provide an appropriate environment. Further research needs to be undertaken respecting patterns of economic growth and recession in South Australia and to see whether this matches the cycles of active and passive building at the asylums. A further question that needs to be asked is: what pools of knowledge were available to those involved with the construction and management of the asylums? Possibilities include familiarity with journals such as *The Builder* which regularly published plans of new lunatic asylums and editorials on lunatic asylums; familiarity with lunacy reform and the extensive literature associated with it; and of course personal experience of English lunatic asylums. This question equally applies to Tasmania as much as South Australia.

The lunatic hospital parts of New Norfolk had been erected in 1836 at a time when attention was initially being focused on the provision of an environment supportive of moral management, and so they reflect some of the older ideas about provisions for the insane. The subsequent rebuilding of the Hospital and requests for new buildings reflected attempts to bring New Norfolk closer to the curative environment, one that would support moral management and provide a comfortable home for its inmates. This desire to improve New Norfolk appears to transcend the nature or perceived nature of the inmates as being convicts or of convict stock. In effect efforts to improve the Hospital environment and to make life more interesting for the inmates appears to have rested again in the personal knowledge or interest of those directly involved with New Norfolk. The Board of Commissioners at New Norfolk were to call for improvements repeatedly over the years and the appalling conditions experienced in the original Imperial Government Hospital may have acted as a continuing spur to action along with a desire to achieve a more curative environment. The slowness to provide a purpose-built asylum in Tasmania in place of a cycle of additions to the poorly arranged and constructed buildings of New Norfolk may, like South Australia, have rested with economic factors and the belief that insanity was associated with convicts and would die out with them. Again this area needs further exploration.

CONCLUSION

By asking questions of the buildings of the Adelaide and Parkside Asylums, and the New Norfolk Hospital for the Insane and treating them as material culture, an interesting picture has been revealed. One that suggests that the relationship between provisions for the care of the insane and the perceived nature of the inmates of lunatic asylums is more complex than first appears. The South Australian lunatic asylums were purpose-built for free colonists, yet they lacked many features that would have allowed the practice of moral management and would have made life more bearable. In Tasmania, New Norfolk had begun as a convict establishment operated by the Imperial Government, and on being passed on to the Tasmanian Government was the subject of sustained efforts to make it a curative institution and to improve the quality of life for its inmates even though this was often a slow process. It is the buildings themselves that are most communicative of the ideas, beliefs and attitudes towards the insane, for in their failure to provide an environment that would support the cure of the insane inmate or provide a better quality of life they are most expressive. For the request for and provision or non-provision of rooms reflect a whole range of influencing factors that include economics and social attitudes.

By asking questions of the buildings themselves, not taking for granted what they are like today or how they appear on plans, allows further exploration of the role of the built environment within society and cultural life. By asking what can these buildings and their history tell us about beliefs, attitudes and intentions towards the insane, it is possible to go beyond the rhetoric represented by the provision of a lunatic asylum or a hospital for the insane and the reality of life within these buildings. For these places are far more than a façade and a set of rooms, they were intended to bring about a cure in the insane through the provision of a specific environment.

In this article the buildings, plans and photographs of the asylums and hospital have been used as a data set against which questions have been asked in much the same way that questions are asked of artefacts or remains within the ground. In this it reflects Mary Beaudry's view of historical archaeology and seeks to create a holistic study. A study which considers these buildings not in isolation, but in the context of what they could be, as represented by the idea of a curative environment under moral management and the reality of what they were in two colonies of Australia.

ABBREVIATIONS

<i>AR</i>	Annual Reports of the Medical Superintendent of the Adelaide and Parkside Lunatic Asylums, in <i>GG</i>
<i>CNNC</i>	Correspondence of the New Norfolk Commissioners
<i>CSO</i>	Correspondence of the Colonial Secretary's Office
<i>CYR</i>	Yearly reports of the New Norfolk Commissioners, in <i>PPLCT</i>
<i>GG</i>	Government Gazette of South Australia
<i>JC</i>	Report of the Joint Committee, 1859, in <i>PPT</i>
<i>PPLCT</i>	Parliamentary Papers of the Legislative Council of Tasmania
<i>PPSA</i>	Parliamentary Papers of South Australia
<i>PPT</i>	Parliamentary Papers of Tasmania
<i>RC</i>	Royal Commission on the State of the Lunatic Asylums in Tasmania, in <i>PPT</i>
<i>SC</i>	Select Committee, 1856 and 1864, in <i>PPSA</i>

NOTES

1. The Botanic Garden opened to the public in 1857. In discussions of the siting of the possible lunatic asylum, the gardens were always given priority as Parliamentarians were resistant to taking up any of the Botanic Gardens (SC 1864: q. 914-919).
2. Acute refers to cases in the first stages or onset of insanity.
3. Its full title was the Joint Committee of the Tasmanian Parliament to *take into consideration the Correspondence which has passed between the Government and Certain Individuals regarding the Accommodation and Site of the Hospital for the Insane at New Norfolk* (PPT 1859 No 91).
4. The other lunatic asylum in Tasmania was the Cascades Asylum which was formed by a few buildings of the original Female Factory and a few cells at the General Hospital in Hobart and a lunatic asylum was included at the penal settlement of Port Arthur. On Port Arthur's closure in 1878, the criminal inmates were removed to the Cascades Asylum.

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