

A HISTORY OF THE LUNATIC RECEPTION HOUSE, DARLINGHURST

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The Lunatic Reception House at Darlinghurst operated between 1868 and 1961. Established to remove the stigma of criminality from the care of the insane, it operated as an observation ward and was for most of its time the sole portal of entry into metropolitan psychiatric hospitals in Sydney. An account of its inception and notable aspects of its history, with particular reference to lunacy legislation, is presented.

Australian and New Zealand Journal of Psychiatry 1992; 26:307-315

In 1961 the Reception House at Darlinghurst closed. Since its inception in 1868, it had served the whole of metropolitan Sydney as an "observation ward". Its statutory function was the assessment of persons suspected of being mentally ill, rather than the treatment of confirmed cases. Actual treatment of any consequence for "insane" patients was the preserve of the large asylums of the kind then standard throughout the Western world. Because of its statutory role in the Lunacy Act, which required at least one Reception House, but did not insist on any more, the Reception House at Darlinghurst became virtually the sole portal of entry into the metropolitan mental hospital system. Except at Broughton Hall - now part of the Rozelle complex, but then not formally part of the mental hospital system at all - voluntary admission to mental hospitals was not thought of as the norm, and was seldom either sought or made available.

The stigma of committal to a mental hospital, the growing numbers of voluntary patients treated at the Broughton Hall Clinic, and the growth and acceptance of out-patient psychiatric clinics at major metropolitan teaching hospitals all contributed to calls for patients to be allowed to seek voluntary admission directly to mental hospitals [1].

As a result of this debate, a three man committee chaired by Professor W. H. Trethowan of Sydney University was set up by the then Minister for Health, Mr W. F. Sheehan, to advise him on all matters pertaining to the treatment of the mentally ill in New South Wales. This resulted in the Mental Health Act of 1958 [2], a major reorganisation of psychiatric services and the closure of the Reception House.

Under the new Act, while voluntary patients were encouraged to seek admission to any convenient part of the system, non-voluntary admission still required prior assessment in an Admission Centre. For some time there was still only one, the Wallace Wurth Clinic at North Ryde, which, virtually on a single "moving day" in 1961, took over the patients, the staff, and the functions of the Darlinghurst institution.

The Reception House itself was renovated, extended, and a new ward block added, eventually being re-opened in 1962 as St Vincent's Hospital's Psychiatric Unit, Caritas Centre. (Its early history is documented by Woodforde [3].)

In examining the history of treatment of the mentally ill in Australia, the Lunatic Reception House at Darlinghurst has frequently been overlooked, or given very little attention, e.g. Dax [4,5], Bostock [6]. Compared to the grand scale of architecture and the vast amount of capital expenditure employed in the asylum system as a whole [7], it is often seen as merely a footnote or an appendage.

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This article sets out to establish its place in the history of psychiatry in Australia by describing the vital role it played in the mental hospital system (nearly every patient in the state for almost one hundred years spent some time there); by demonstrating how its establishment was a significant step towards taking psychiatric committal out of the criminal justice system; by documenting the part it played in establishing voluntary treatment facilities - the first step in New South Wales towards overcoming the stigma of committal to a mental hospital; and finally by mentioning its little known association with the introduction of Alcoholics Anonymous to this country.

Before the Reception House

Psychiatric services in NSW

In New South Wales and all other colonies, "lunatics" were confined in gaols before the establishment of asylums. Parramatta town gaol was used for this purpose until Governor Macquarie opened the first lunatic asylum in the colony at Castle Hill in 1811. Set up in an old barn, it was intended to accommodate 20 patients, but by 1825 was grossly overcrowded. It was subject to a Grand Jury investigation which condemned the standard of care, the poor state of the buildings and the overcrowding. It was duly closed [8].

The patients were transferred to the Old Courthouse at Liverpool that same year, and remained there until the opening of the Tarban Creek Asylum in 1838. Its erection was approved by Governor Burke in 1835, and it was intended that the Asylum accommodate 60 patients, even though by then there were about 100 patients in temporary accommodation at Liverpool.

Gross overcrowding occurred at Tarban Creek, as in all colonial asylums, as increasing patient numbers out-stripped the rate of expansion of accommodation. In 1864 there were 429 patients with provision for 360, and by 1868 there were 664 patients with places for 405 [9]. The other asylum in NSW was at Parramatta. Opened in 1848 on the site of the Old Female Factory, it was used to accommodate those patients considered to be chronic and incurable.

Lunacy law in NSW

In Governor Arthur Phillip's Commission to establish a penal settlement at Botany Bay, he was given the right to exercise the Crown's powers over lunatics and

idiots. He and subsequent early colonial governors employed a system of summary jurisdiction to make orders for the detention of lunatics. This authority was later delegated to magistrates and justices of the peace. Thus, persons suspected of being lunatics were presented by soldiers or convict masters, and an order for detention, in gaol, could be made [8].

Relatives or friends of people with significant assets who were thought to be insane could petition the Governor for a *de lunatico inquirendo* order. This was to provide for the person's estate to be managed by responsible persons, but did not instigate compulsory detention, as they were meant to be cared for by the person's family or trustee.

From 1811 a board of medical practitioners could be called upon to make such an order as an alternative to a judicial inquiry. But in 1823, the new Supreme Court assumed full responsibility for such inquiries, calling on medical evidence when it saw fit [8].

Subsequent to the Hyndman Case of 1843, where an ex-patient of The Tarban Creek Asylum successfully sued the Superintendent, John Digby, for wrongful confinement [8], the New South Wales Colonial Government introduced the Dangerous Lunatics Act of 1843. Considered to be the first major colonial lunacy legislation, it prescribed the two procedures by which persons thought to be lunatics could be apprehended and detained.

The first method was that initiated by relatives of the person thought to be insane. It is here described by Dr. Francis Campbell, Superintendent of The Tarban Creek Asylum from 1848 to 1867. "An application is made by petition to the Governor, on a certificate signed by two medical men. They certify that the person is of unsound mind. The petition is then sent to the Government, and through the Colonial Secretary it is, I think, forwarded to one of the Judges to get his written approval. It is then sent back, and a Warrant of Admission, signed by the Governor is forwarded to me, and upon that authority I admit the patient" [10].

Secondly, Police were empowered to arrest and charge with lunacy, those persons "discovered and apprehended under circumstances denoting a derangement of mind, and a purpose of committing (a criminal act, or suicide)" [11]. After their apprehension, the person was then certified by two medical practitioners as being insane [12], and brought before two Justices of the Peace. The person could then be sent to either an asylum, gaol, or public hospital.

In practice however, "lunatics" could often stay in gaol for unspecified periods of time before being sent to either Tarban Creek Asylum or Parramatta Asylum. It was this undesirable association of lunatics and criminals, through committal proceedings and incarceration, which eventually led to the establishment of the Reception House.

The stigma of criminality

In July 1854, Dr. Campbell took six months leave of absence from his post as Superintendent at The Tarban Creek Asylum. His recommended replacement as medical officer was Dr. George Walker. He and the Acting Superintendent, Mr. James Robert Firth, soon became embroiled in a dispute with the government, after Dr. Walker complained to the then Leader of the Opposition, Henry Parkes, about government neglect of Tarban Creek Asylum, the violent maltreatment of lunatics whilst detained in prison, and the unnecessarily lengthy for periods which patients were detained whilst awaiting their discharge.

Public controversy ensued, during which Walker and Firth both threatened to resign rather than accept the rebuke of the Colonial Secretary. The government promptly accepted their resignations, saying that they had been "virtually tendered" [9].

The next chapter of the debate began in November 1854 when Parkes raised in Parliament the matter of the detention first in Darlinghurst Gaol and then in Tarban Creek Asylum of one Charles Gaunt [13]. Soon afterwards, a letter from Gaunt was published in "The Empire", of which Parkes was the proprietor, which described his experiences in horrific detail. [14] Parkes pressed the attack, and on the 18th December, 1854 the Legislative Council set up a Commission of Inquiry on the Lunatic Asylums of New South Wales.

The report, tabled in the Legislative Council on the 6th June 1855, alleged that the standards of treatment fell short of those seen in British Asylums and criticised the system of incarceration which treated lunatics like criminals. In evidence, magistrates were obliged to admit that ordinary criminal proceedings were often resorted to instead of more appropriate action under the lunacy provisions. In some instances, it appeared that this was owing to their ignorance of the proper procedures for the latter; but in addition, magistrates complained of difficulty in obtaining the required services of medical practitioners. [8]

Evidence was also received about the extended delays which occurred before patients were transferred from gaol to an asylum (in Gaunt's case this was thirteen days.) Medical opinion of the day held that such delays adversely affected the prospects for successful treatment of mental illness [9,15].

The report's recommendations included the establishment of a new asylum, as Tarban Creek was thought to be too isolated, and the removal of criminal lunatics from Tarban Creek to Parramatta, where proper facilities were said to be present. On the whole, it was felt to show "evidence of government neglect and indifference towards the lot of the lunatic" [9].

But the major recommendations of the enquiry were not acted upon and the laws pertaining to the incarceration of lunatics were not amended. As a result of this lack of action, public debate over the welfare of lunatics continued. In 1863, Dr. R. W. Wilson, Catholic Bishop of Hobart, visited the Lunatic Asylums of New South Wales. In a letter to the Governor of New South Wales, he was strongly critical of their inadequate buildings, poor administration, lack of work and recreation facilities, and the absence of a chapel at Tarban Creek [16]. Just three weeks later, the Legislative Assembly set up a Select Committee on Lunatic Asylums.

Sitting from 1863 to 1864, the committee heard evidence from various experts about the existing conditions in lunatic asylums, and the incarceration of lunatics in gaol. Dr. Francis Campbell strongly condemned the practice of admitting lunatics to gaol prior to transfer to an asylum.

"I think it is the most degrading thing that could occur to afflicted humanity to send lunatics to gaol I do not see why innocent people, or persons untainted with crime, but whom God, in His Wisdom, has visited with this terrible calamity, should be associated with criminals" [16].

In evidence, Dr. George West, the visiting Surgeon at Darlinghurst gaol, admitted that there was no special accommodation for lunatics there, merely two cells put aside in "one of the common wings" [16] where they were looked after by prisoner warders.

Dr. West disagreed with Dr. Campbell's belief that imprisonment might adversely affect lunatics, saying: "I hardly think it has any effect upon the minds of the class of persons who come there generally" [16]. He did however concur with Dr. Campbell's suggestion for a "Lunatic Receiving House", where lunatics could

be taken for treatment, instead of to gaol, before being transferred to an asylum.

Reception houses

Dr. Campbell elaborated on his proposal thus: "I would recommend that there should be a moderate sized house, as a house of reception, with a man and woman able to take care of those who might be entrusted to them for a day or two, until two medical men or two Justices of the Peace, could certify to the insanity of those who were placed there A small house, with two or three apartments, to suit the demonstrative character of the disease the sex of the patient. A violent patient might be put into a strong wooden room for the night, the room having nothing of the prison about it. A great thing is to avoid all association with prisoners" [16].

The Select Committee on Lunatic Asylums 1863 - 1864 eventually recommended changes to the law to avoid the incarceration of lunatics in gaol and to enable the setting up of a reception house. But progress towards enacting these recommendations was too slow for some. Public debate continued, as illustrated by a letter to the editor of *The Sydney Morning Herald* by Dr. Edward Bedford, a prominent Sydney doctor and former Commissioner in Lunacy in Hobart Town [17], who wrote: "There is a monstrous evil that requires instant remedy; some better plan than making the cells of Darlinghurst Gaol the primary receiving house of many insane patients, should be at once adopted.

"Many instances have occurred when persons have been detained for a week before the necessary legal forms could be got through, and the patient removed out of the gaol, and during this time no effective treatment can be carried out But all necessary delays should be put an end to, and the exhibition of insane persons in police offices should not take place, and their detention in gaol should cease" [18].

But it was not until June 1866 that plans for the Lunatic Reception House at Darlinghurst were approved by the Colonial Secretary, Henry Parkes [19]. He was obviously aware of considerable public pressure on the issue, as he wrote: "It is the wish of the Government that this work should be proceeded with immediately and completed as early as possible" [19].

His desire to achieve favourable public opinion for the project is indicated by his personal directions regarding the desired appearance of the building.

"The building is to be erected on the piece of land adjoining Bourke Street on the site marked "Police Sergeant" or the accompanying piece of ground, space being left for a flower garden in front. It is desirable that the Receiving House in all its outside arrangements should have a neat and cheerful appearance, and this must be kept in view in its erection" [19].

It was not until 1868 that Justices were given power to commit lunatics to the Reception House instead of a gaol, house of correction or public hospital, by "an Act to amend the Law for the Care and Treatment for the Insane" (Act of Council 31 Victoria No.19) [20].

The building

Despite considerable archival research, details of the Reception House's construction could not be found. Original plans referred to by Henry Parkes appear to have been mislaid from the Colonial Secretary's correspondence file. A lengthy search of the Votes and Proceedings of the New South Wales Legislative Assembly and the New South Wales Government Gazette found no mention of the tendering, costs or contractual details of its construction.

James Barnet was the New South Wales Colonial Architect from 1862 - 1890 [21], and it is most likely that he was responsible for the design of the building. Parkes' minute of 16th June, 1866 refers to Barnet's comments about the feasibility of building extra rooms, and goes on to direct Barnet to consult with "two of the medical visitors to the Lunatic Asylum" at Tarban Creek to ensure there is no objection to the design.

The date of completion engraved on the front of the building is 1867. However, the first patient was not admitted until the 24th July 1868 [22]. The official proclamation of the Lunatic Reception House is also missing from the Colonial Secretary's correspondence.

Dr. Frederick Norton Manning's first annual report as Inspector of the Insane, presented to the Colonial Secretary on the 29th March 1877, contains a description of the original structure.

"The building is pleasing exteriorally, is complete as regards accessories and offices, and the details of construction have been most carefully studied, so as to conduce to the safety of the patients without any appearance of restraint. It contains rooms for eight male and eight female patients with suitable accommodation for the Superintendent and staff The

dormitory accommodation provided for each sex is as follows:

1 room 14.6 x 9.6 x 11 feet (1,518 cubic feet) - 3 patients.

1 room 21 x 14 x 12 feet (3,528 cubic feet) - 5 patients.

1 room 10 x 9 x 10.6 feet (945 cubic feet) - 1 patient.

"The latter is padded and is the only room in which only violent cases can be placed" [23].

The staff

Here too, details are scarce. Mr Frank Fowler was the first Superintendent of the Reception House [24]. In correspondence, however, he referred to himself as the "Master Attendant" [25]. The index to the Colonial Secretary's correspondence files contains numerous references to letters from Mr Fowler requesting approval to employ attendants, including their personal references. However, these were not to be found in the actual files. The only surviving mention of the original staff is the Master Attendant's reference to one Richard Sadlier, who had refused to assist in the cleaning of the Reception House, claiming that this was not a part of his duties as an attendant [25]. Mr Fowler requested, and duly received, a job description.

Details of the attending medical staff were also unable to be ascertained. The Register of Admissions and the Superintendent's Journal [26] contains details of patients admitted to the Reception House, but the names of the attending doctors were not given. Two, or perhaps three, local medical practitioners with an interest in lunacy would have filled these positions. It is possible that they were not the same attending medical practitioners as at Tarban Creek or Parramatta Asylums, because of the distances involved when travelling by coach or boat.

The opening

After years of public controversy and two governmental enquiries, the opening of the Lunatic Reception House on the 24th July, 1868, passed without comment. No reference was made to this significant step in the reform of treatment of the mentally ill in either "The Sydney Morning Herald", "The Sydney Mail", "The Empire" or "The Sydney Illustrated News". Perhaps then, as is often the case now, the media were quick to publicise scandal, with

little attention given to steady progress and improvement in the management of the mentally ill.

Further lunacy legislation

With the advent of the Reception House at Darlinghurst and new laws to implement its use, the medical profession in NSW began to achieve some ascendancy over the criminal justice system through its ability to incarcerate persons for observation prior to committal to an asylum. Doctors at the time felt that such a policy could reduce rates of admission and the pressure of overcrowding. But whether this actually occurred is debatable. What is definite is that doctors now had increased powers to discharge patients, albeit prior to reaching the asylum, in place of the previous lengthy and cumbersome procedure of petitioning the Governors through the Colonial Secretary.

Manning maintained a close relationship with Parkes and was able to lobby the government successfully on several occasions. McDonald's biography [9] of Manning refers to frequent correspondence between the two, including mention of personal gifts; in particular, there was a cheque for 100 pounds from Manning, after Parkes had complained of financial difficulties preventing him from entering into an attractive land investment.

Garton [8] describes in detail how Manning continued to campaign for years to diffuse the stigma of criminality attached to the Insane. By travelling extensively throughout the Colony, meeting local police, magistrates and gaolers, he became aware that the new laws were not being used sufficiently, and that resort to criminal arraignment and incarceration was still widely practised.

Largely through Manning's efforts the New South Wales Lunacy Act of 1878 came into effect. This Act included the major principles of lunacy law common to Australia and Great Britain in the nineteenth century, namely: the regulation of private lunatic asylums, regulations concerning the notification and admission of lunatics, visitation and inspection of asylums by a central responsible authority, supervision of the medical profession, procedures to prevent wrongful confinement and means to ensure humane treatment for patients [27].

Further lobbying by Manning resulted in the Lunacy Amendment Act (1881). Most importantly, this enabled magistrates to remand a suspected lunatic to a reception house, or public hospital, for up to fourteen

days without certification. Doctors could discharge the patient at any time until then, if they had recovered, or present them to the Lunacy Court held at the Reception House for committal and transfer to an asylum.

This is what Manning had desired for some time, as he shared the belief common to the medical profession at the time that early treatment of insanity increased chances of recovery. Under the new Act, people could receive treatment and be discharged without the need for certification, before becoming so severely ill as to require committal.

This in fact, began to happen. Garton [8] describes how up to 10% of admissions to the Reception House in the 1880s were informal, consisting of self-presentations, family or local doctor's referral [8].

The Darlinghurst Mental Hospital and voluntary treatment of mental illness

At the start of the twentieth century in Australia, and in Britain, there was no provision for the voluntary treatment of the mentally ill. To guard against the wrongful committal of sane persons, legislation prevented voluntary admission and prescribed strict procedures, checks and balances to supervise incarceration.

Psychiatrists felt that this situation was an impediment to the early treatment of cases as the community, general practitioners included, were afraid of permanent incarceration. As Garton [8] describes, psychiatrists believed that people would seek treatment earlier, and thus be more amenable to care if voluntary admission was possible. Thus debate began to shift from the "stigma of criminality" to the "stigma of certification" [8]. Such a change would also obviously enhance the role of psychiatrists beyond that of being custodians.

In 1907, Dr George Rennie, then in private practice in Macquarie Street, and Dr Andrew Davidson, then the Medical Superintendent of Callan Park, [28] encouraged Dr Eric Sinclair, Norton's successor as Inspector-General of the Insane, to build a voluntary treatment facility. He agreed that a need for such a unit existed and directed the construction of the Mental Hospital for the Insane in the grounds of the Reception House, "for the want of a more suitable site" [29]. It opened in 1908.

Sinclair envisaged it to be "used on the lines of a ward of a general hospital" and stipulated that: "There are no legal conditions attaching to admission. Any

suitable patient applying or sent with a note from a medical man is taken in and there is no power of legal detention, restraint or control. Patients are free to leave when they desire" [29].

Sinclair apparently felt that the freedom of the institution, compared to an ordinary mental hospital, had a therapeutic effect in itself.

Davidson, Rennie and Chisholm Ross (a former superintendent of Newcastle, Kenmore and Callan Park hospitals, then in private practice) [30] were appointed as visiting medical officers. There was no resident medical officer.

It was staffed separately from the Reception House, except for the night attendants, who rotated on a night shift roster from the Reception House to the Mental Ward. The day to day running of the ward was supervised by a Nursing Sister, Mrs A. de V. MacCallum, with business affairs in the hands of the Reception House Superintendent, a Mr A. D. Price. He was the official channel of communication departmentally, and was given authority to take charge of both units in case of emergency.

The Mental Hospital was built to accommodate twenty patients, all male, and it was planned to cater for alcohol related problems, but "not delirium tremens or acute alcoholism" [29].

Legally, these voluntary patients were in a kind of "limbo". Successive governments made no attempt to legislate to authorise their admission, despite intense lobbying. Nor did they make any attempt to prevent the practice. In fact, in 1915, Sinclair expanded the practice, with small numbers of voluntary patients being treated in some mental hospitals for the first time.

The Government did occasionally complain of the cost involved, and thus patients were asked to pay for their treatment. This is considered to be one of the major reasons for the Government's delay on the matter, together with a reluctance to expand their responsibilities to a new field of treatment. The public remained suspicious of psychiatry and feared potential abuses of such a system. The Government was reluctant to lead the way on the matter, not surprising with scandals and Royal Commissions into the mental hospital system frequently filling the front pages, eg. the 1913 Royal Commission into the Mental Hospital for Insane and Reception House Darlinghurst, and the 1923 Royal Commission into Lunacy Law and Administration.

The legal status of voluntary patients remained unclear when the Mental Hospital was closed in 1922. In that year, staff and patients were moved to the Broughton Hall Clinic in the grounds of Callan Park, where female patients could now be treated also. Numbers of patients treated there expanded rapidly, but it was still not until 1934 that a Lunacy Amendment Act was passed to authorise their treatment.

The Royal Commission into the Darlinghurst Mental Hospital

On 7th January, 1913, two former attendants of the Reception House, Messrs. S. Uren and H. N. McLeod, together with delegates from the Hospital and Asylum Employees' Union met with Sinclair and laid before him a list of complaints about the administration of the Mental Hospital [29].

They were dissatisfied with Sinclair's subsequent inquiry and its failure to find any of their charges proven, so through a local member of parliament, they petitioned the Chief Secretary and a Royal Commission ensued.

Their complaints consisted of:

"(1) The alleged improprieties of certain nurses with their patients.

(2) The negligently allowing to remain within the reach of patients of suicidal tendencies the means of injuring or destroying themselves or others, whereby one patient has recently committed suicide.

(3) The laxity of control over patients" [29].

The substance of their allegations today seem petty. Several patients gave evidence of special treatment, better food and more nursing attention given to particular patients. One nurse was accused of kissing a patient in a massage room, and then spending excessive amounts of time with him after his discharge.

Nine days of hearings occurred, with seventeen witnesses examined at the Reception House. In the subsequent report all the charges were rejected out of hand, with criticisms made that the allegations had been "loosely made". Sister MacCallum's management of the unit was commended.

From a contemporary perspective the whole affair seems trivial and hardly the stuff to warrant a Royal Commission. But it must be realised that the type of patients and the means with which they were managed at the mental hospital were radically different from those previously seen. Sinclair had chosen Sister MacCallum from Gladesville Hospital for her tact and

good sense, knowing that without the strict legal guidelines applying to involuntary patients, the management of voluntary, less severely ill patients would rely on her judgement and "moral suasion" [30].

Whether members of nursing staff committed indiscretions is not certain, but what is clear is that their attitudes and relations with many patients were very different from what was considered acceptable by some staff of the neighbouring custodial institution.

The Reception House and alcoholics anonymous

McKinnon [31] describes how whilst a nurse at the Reception House (from 1935-1948) he read Tiebout's 1944 review of the new treatment called "Alcoholics Anonymous" in the American Journal of Psychiatry. He requested and received a copy of the book, "Alcoholics Anonymous", in September, 1944, making it only the second copy in Australia. (Sydney psychiatrist, Dr S. J. Minogue had obtained a copy in 1943.)

In February, 1945, he introduced an alcoholic patient at the Reception House to the book and discussed it with him for several days. McKinnon stated the patient embraced the philosophy enthusiastically and, successfully. Thus the first in-patient of a psychiatric unit in Australia to be treated using the AA approach was at the Reception House. McKinnon later joined with Dr S. J. Minogue and Rev. T. V. Dunlea to organise and develop the AA organisation in Sydney. He was given considerable support from Dr S. Morris, the Inspector General of Public Health at the time, being allowed to promote AA in psychiatric hospitals, in the community and interstate.

McKinnon stated that the first "unofficial" AA group in a psychiatric unit took place at the Reception House, whilst the first official meeting was at Morriston Hospital in 1948.

Famous people at the Reception House

Henry Lawson

In his biography of Lawson's later life, Roderick stated that Lawson himself recognised he was suffering from manic depressive illness, and alcoholism, in 1901 [32]. Lawson's unhappy marriage had ended in divorce, and was followed by imprisonment in Darlinghurst Gaol (just across the street from the Reception

House) for non-payment of maintenance, on no fewer than seven occasions between 1905-1910.

During his last imprisonment, he was visited in gaol by Mrs MacCullum, the Supervising Nurse at the Mental Hospital. She found him extremely depressed and persuaded him to accept admission to the Mental Hospital, when he was finally released after various friends had gathered money to pay his debts.

He stayed there for several weeks and was treated with regular massages, [33] but eventually left, against medical and nursing advice, to undergo further treatment in Melbourne.

On several subsequent occasions he was taken to the Reception House whilst drunk, but was never admitted there or certified.

Captain de Groot

On 19th March, 1932, Captain de Groot, a Sydney antique dealer and New Guard Member [34] galloped in front of the Premier, J.T. Lang, as he went to cut the ribbon to open the Harbour Bridge, cutting it himself with his sword.

He was wrestled to the ground by Police Superintendent W. Mackay who cunningly charged him under the Lunacy Act (1898) with being "Found wandering at large and deemed to be Insane", instead of a misdemeanour.

De Groot was thus remanded to the Reception House for observation, having arrived there still in his boots and spurs! Later that day, disgruntled New Guard members surrounded the Reception House apparently determined to break out their comrade. But they dispersed when Police reinforcements were called.

De Groot was released a few days later and was fined five pounds for destroying Government property, ie. one ribbon.

Bridget Partridge

On the afternoon 24th July, 1920, Bridget Partridge, a Presentation Sister who had taken the religious name of Mary Ligouri, ran out of the Convent at Wagga Wagga. She returned later that day by herself and refused a sedative offered by a doctor, alleging that it was poisoned. Later that night she ran from the convent in her nightgown and bare feet, and took refuge in a nearby house occupied by a member of the Loyal Orange Lodge and his family [35].

Whilst local church authorities searched for her, she was taken to Sydney by E.B. Barton, the Grandmaster of the Loyal Orange Lodge of New South Wales.

Bishop Joseph Dwyer of Wagga had a warrant issued for her arrest on the grounds of Insanity. She was arrested, brought before the Lunacy Court at the Reception House, and was remanded for observation there from 9th - 13th August, whereupon she was discharged.

With legal expenses paid for by the Loyal Orange Lodge, she sued the Bishop for wrongful arrest. The case was described as a "show trial" and stimulated intense national interest, whilst arousing bitter sectarian divisions [36]. The judge and jury found for the Bishop.

Bea Miles

Beatrice Miles, known as the "Queen of the Cross" [35], was a local identity in Sydney in the 1940s to early 1960s. She frequently terrorised motorists by jumping into their cars or onto their running boards, demanding to be taken to eccentric locations. If refused, she would frequently retaliate by pulling off their car doors or micturating on the seats. She earned money by giving recitations of Shakespeare to pedestrians for sixpence.

Committed to Gladesville Hospital from 1923-25 [35], she was picked up by Police on numerous subsequent occasions for various misdemeanours and taken to the Reception House. But each time she was considered to be not detainable under the Lunacy Act (1898) (Amended), and was discharged.

Discussion

For ninety-three years, the Reception House served New South Wales triaging thousands of people suffering from all types of adult mental disorder and disability. In its first year of operation a total of 48 patients were admitted [23]. By the end of its period of operation some 3,700 men and women were admitted annually [32].

Throughout its existence it played a central role in Lunacy Law reform. Created to relieve the association of lunacy with criminality it made a significant step towards achieving this goal. Later it provided a model for the voluntary, general hospital psychiatric wards which would begin to reduce the community's fears of committal to a mental hospital. Always an integral part

of the asylum system, the Reception House's closure was also a part of its demise.

Research into the history of the Lunatic Reception House at Darlinghurst revealed an all too familiar and depressing pattern. This consisted of scandal and public debate about the maltreatment and abuse of civil liberties of the mentally ill, resulting in governmental and public inquiries, followed by reforms to practices and laws that were slowly introduced, and then retained until the next public outcry.

Today, the mentally ill remain a vulnerable population, prone to exploitation, as seen in the reports of inquiries into Chelmsford Hospital and Ward 10B Townsville Hospital. Unfortunately, it would seem that the carers are as human as their patients, and like them require frequent and thorough supervision.

Finally, it seems impossible to create mental health laws that are "perfect" and wholly acceptable to all sections of the community. This paper and the experience in NSW over the last decade in particular attest to this point. The decision of the NSW Government to follow the 1990 Mental Health Act, with the establishment of the Mental Health Implementation Monitoring Committee to regularly review the Act's effectiveness and recommend necessary changes to the Health Minister, seems an encouraging development.

Acknowledgements

Special thanks to the following for their invaluable assistance and suggestions: Dr. Stephen Garton, Sydney University; Dr. Leonie Coltheart, Department of Public Works; and Mr. Frank Dunn, Librarian, History House.

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