CHAPTER 3
GENDER AND DOMESTICITY IN WOOGAROO ASYLUM,
QUEENSLAND 1865-1869
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Abstract

On January 10th 1865, 57 male and 12 female lunatics were transported from the Brisbane jail by steamer to the first Asylum in Queensland at Woogaroo. The five male and two female prison warders accompanying them were the first attendants and nurses at this institution. From their beginnings these early attendants and nurses attempted to fulfil a role that was often intangible in nature and shaped by the gendered expectations of Victorian society and the demands of living and working within an institution. The experiences of the patients they cared for were similarly influenced by a society whose ideal lay in the patriarchal Victorian family. This chapter presents the stories of two patients from the 1860s, Isabella Lewin and Catherine Althers' stories allow an exploration of the way in which gender was central to the physical and social organisation of this asylum, the definition of female patient and staff roles and patient care.

'I have the honor to inform you that the lunatics arrived all safely and are comfortably housed' wrote Dr Kearsey Cannan to the Colonial Secretary on January 10th 1865 (Patrick, 1987, p. 42). This sentence heralded the beginning of asylum care for the mentally ill in Queensland. On that day fifty seven male and twelve female lunatics were moved by steamer from the Petrie Terrace jail, where they had previously been housed, to the first asylum at Woogaroo. Dr Kearsey Cannan was appointed as the first superintendent and continued in this position until May 1869 (Patrick, 1987, p. 125). Through its first five years Woogaroo was the subject of much controversy as evidenced by five official enquiries. Records from these enquiries allow a snapshot into the internal world of the asylum and a means to attempt to understand the lives of the patients and staff who lived and worked there.

A series of lunacy reforms in the late seventeenth and early eighteenth century across England, Europe and northern America established the context that provided colonial Australia with a model for treatment and care of the mentally ill (Lewis, 1988). The construction of asylums became part of the 'colonial welfare landscape' of Australia from the mid 19th century and closely resembled the large monolithic structures found in Victorian England and throughout the Western world (Day, 1998). However, Australia's penal origins shaped this early system of care for the mentally ill with jails and lock-ups being used to hold the mentally ill even well into the 19th century and care being largely custodial (Lewis, 1988). Within Queensland...
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these punitive origins were very apparent. Until separation from New South Wales, the mentally ill had been transferred to Tarban Creek Lunatic Asylum in New South Wales. After separation in 1859 they were then housed in the gaol on Petrie Terrace. Overcrowding in the jail was largely the impetus for the erection of Woogaroo Asylum at the junction of Woogaroo Creek and Brisbane River (Patrick, 1987).

A consequence of the lunacy reforms was a sense of optimism for the mentally ill. As mental illness came to be perceived as ‘irrationality rather than animality’ (Digby, 1985a, p. 6), psychological rather than physical methods of treatment became appropriate. This paradigm shift heralded in the concept of ‘moral therapy’. Introduced at the York retreat in 1796 by William Tuke, moral therapy concentrated on patients gaining enough ‘self-discipline to master their illness’ and creating an environment that fostered self control within the patient’s daily living conditions (Digby, 1985b, p. 53). Fundamental within the original concept was the analogy of the asylum as a domestic space modeled on the family household (Monk, 2001). The superintendent was the patriarch of this symbolic family. Dwyer’s (1987, p. 163) study of New York asylums described the superintendent as ‘a father with almost unlimited authority’ and ‘his children were the patients ... who were lacking responsibility for their actions and requiring direction’. John Connelly, Superintendent at Hanwell Asylum, England, was described by Wynter in 1875 (cited in Scull 1983, p. 246) moving amongst the inmates ‘like a father among his children, speaking a word of comfort to one, cheering another, and exercising a kindly and humane influence over all.’ Dwyer (1987, p. 163) completed the family analogy describing the nurses and attendants like ‘19th century mothers, providing a loving and moral environment for their patients-children.’

The concept of asylum as a family was described by Monk (2001, p. 77) as a ‘rhetorical maneuver which worked to legitimate and naturalise particular social relations of power within the institution.’ The superordinate power of the superintendent as a father figure was always upheld with attendants and patients subordinate to him. The domestic environment of the asylum served to support and nurture the asylum family and reinforce power relationships and gendered family roles. Domestic spaces were divided into male and female living and work areas and with the asylum being organised around the ‘principles of order and regularity’ ensuring that gendered roles prescribed to staff and patients were adhered to and that authority was maintained (Coleborne, 2003, p. 49).

This chapter explores the concept of domestic spaces and engendered roles in the case studies of two female patients: Isabella Lewin and Catherine Althers. The stories of Isabella and Catherine was garnered from an extensive study from the minutes of the evidence of the enquiries between 1866 and 1869 and illustrates the fundamental role that gender played in shaping the lives of female patients and those who cared for them.

The physical structure of Woogaroo Asylum between 1865 and 1869 reflected some elements of the Victorian asylum as outlined in John Conolly’s

Isabella Lewin was also referred to as Isabella Lewers or Isabella Lewis.
The Construction and Government of Lunatic Asylums and Hospitals for the Insane (1847, cited in Piddock, 2003). Woogaroo Asylum consisted of a single brick building on 120 acres of land and was geographically separate from major population centers with enough surrounding land for farming and recreational purposes (Votes & Proceedings [V&P], 1866, p. 1564). Segregation of the sexes, an important consideration of Conolly's, was evident with the upper storey used by the males and the lower storey divided into two with one half set aside for females. Men and women each had their own yard (V&P, 1867). Connolly presented the physical structure and features of the asylum as holistic and essential to the cure and treatment of the insane. Indeed, asylum architecture was an important component of the English 19th century lunacy reforms (Scull, 1981). Despite the ideal of a therapeutic asylum being 'above all light, cheerful and liberal in the space it offered' (Conolly 1887, cited in Piddock, 2003, p. 39), the early Woogaroo Asylum failed to meet these expectations. In fact, Evans (1969, p. 287) described it as an 'inadequate building of barred dormitories and cells, surrounded by bare yards and high walls.'

The rigid structure of the physical asylum was replicated in its social organisation. Studies of 19th century asylums from Britain and Northern America (see Nolan, 1996; Hughes, 1994; Brimblecomb 2005; Dwyer, 1987; Digby, 1985a; Tomes, 1987) present everyday life as very ordered and hierarchical, similar to the Victorian patriarchal family structure. Strict routines and structures were seen as necessary to enact moral therapy principles. Attendants and nurses were essential in ensuring that these strict rules and guidelines were obeyed while protecting their charges from harming themselves or others and watching that they did not escape. Dr Cannan described the working life of attendants and nurses from Woogaroo in terms of military-like adherence to times and domestic regimes. Warders and nurses conducted patients between sleeping, eating and day-time areas at set times, supervised them in these areas, oversaw their bathing and eating, and cleaned the asylum alongside the patients (V&P, 1867, p. 1067). Much of their work, although under the banner of moral therapy, was domestic in nature; ensuring the personal and bodily care of the patient and the order and cleanliness of their surroundings. In short, creating a nurturing family environment.

Patient work, an essential component of 19th century asylum social and organisational structure, performed a dual role. Not only did it create economic savings for the institution in enhancing its potential for self-sufficiency, it was seen as therapeutic and rehabilitative for the patient (Cherry & Munting, 2005). Its importance for recovery was noted at the Kew Enquiry in Victoria 1852 when the superintendent stated that the major way to cure insanity was through employment (V&P, 1852-1853, cited in Monk, 2003). Dr Cannan also maintained that many working patients were likely to become cured (V&P, 1867, p. 1066). Coleborne (2003) observed that patients' ability and willingness to undertake work was seen as a measure of improvement. Indeed, a patient's capacity to perform work at
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Woogaroo was deemed important with weekly reports to Dr Cannan listing names of those who did and did not work (V&Ps, 1869, p. 967). Pragmatically, patient work was vital for the functioning of the asylum and evidence from the enquiries 1865-1869 suggest that a patient's previous work experience and trade was used to advantage in the running of Woogaroo Asylum.

Work was undoubtedly a means to validate gender roles and define male and female spaces. Male patients at Woogaroo who were able joined a work gang and were supervised outside gardening and cutting timber (V&Ps, 1866, p. 1656). In contrast, female patients' work occurred inside consisting of caring for asylum clothing and bedding. The women diligently sewed, mended and laundered. Patients' dresses, men's shirts and the asylum bedding were all made by female staff and patients (V&Ps, 1867, p. 1067). Coleborne (2003) remarks on this gender difference in work as a means to ensure females remained indoors within their female space where they belonged. The male working gang and women employed in the laundry were rewarded with a daily glass of beer. Dr Cannan justified this practice explaining that it promoted health and that good bodily health is essential to recovery from mental illness (V&Ps, 1866, p.1657). Working males were also granted regular tobacco (V&Ps, 1868-1869, p. 695). Work and its concomitant rewards helped create a patient hierarchy with those who worked achieving a higher status. Not only did they receive regular bonuses in the form of alcohol and tobacco, they were able to physically separate themselves from the confined asylum spaces. It is likely that they were also treated more favourably by the staff as the more work undertaken by patients the less staff were required to do. Patients who no longer required constant supervision were given roles as servants within the asylum's domestic organisation, often serving the more senior staff members such as the doctor, matron or chief warder. These positions were privileged ones with the patient being rewarded with extra rations by their master or mistress and allowed to move freely around the grounds whilst undertaking their work (V&Ps, 1868-1869, p. 727).

Patient work, while certainly essential for the upkeep and functioning of the asylum, was also a means for staff to define and validate their role in terms of gender. Woogaroo asylum had strict gendered physical and organisational segregation; males were employed to care for male patients within the male section and females to care for female patients in the female section. However, male and female roles were similar in that fundamentally it was a domestic one; caring for the patients and their surroundings. Diane Kirkby (1997, p. 162) maintains that where the work itself has no 'natural gender propensity', the 'organisation and definition of work was a way to single difference.' The supervision and organisation of patient work facilitated gendered divisions of labour allowing attendants and nurses to clearly define their roles within gendered parameters.

Staff hierarchy reflected a Victorian patriarchal family structure. Staff in 1865 consisted of a Surgeon Superintendent, a clerk, four warders and three
nurses\(^1\) (V&P, 1867, pp. 1974-5). By the end of 1868 numbers had increased to eleven warders and six nurses (V&P, 1868-9). The surgeon superintendent, the patriarchal head of the asylum, made all organisational and treatment decisions. The chief warder assumed the role of the 'stand-in' patriarch with all formal lines of communication going via him. All patient reports and concerns from either male or female sections were sent via the chief male warder to the surgeon superintendent and any communication from him given through the chief warder (V&P, 1867, p. 1067). Despite the strict gender segregation, the two patriarchs, the surgeon superintendent and the chief warder had physical access to both male and female sections, further signifying the status attached to their patriarchal status.

Hierarchy was reflected in the domestic arrangements for staff with the surgeon superintendent and chief warder allocated their own cottages. The Matron was allowed two rooms while the male warders shared a dormitory and the nurses slept in a room adjacent to the patients' sleeping area until 1868 when they had their own quarters (V&P, 1866, p. 1653; V&P, 1868-1869, p. 707). Warders and nurses were not allowed to leave the asylum without permission from the chief warder or the matron, but it is known that warders regularly frequented the nearby village hotel (V&P, 1867, p. 1065). Nurses were never absent from the patients without leave from the matron (V&P, 1867, p. 1074). This hierarchy facilitated a Victorian patriarchal family structure and its concomitant gendered roles.

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Isabella Lewin was admitted on the 14\(^{th}\) April 1865 aged 19. Dr Cannan recalled that she was in a feeble state. She appeared to be suffering from delirium associated with fever and was 'naturally weak-minded'. After only four days she quickly improved and continued to get better (V&P, 1866, p. 677). Little is known about Isabella prior to her admission although evidence suggests that she had recently arrived in Brisbane from Ireland and had no family with her (V&P, 1866, p. 1655). Records are not available on the process of her admission but it is likely that she was imprisoned as occurred with most patients before being transferred to Woogaroo (Evans, 1969). Isabella was discharged late in 1869 (V&P, 1868-1869, p. 963).

Between April and 8\(^{th}\) of July 1866, Isabella's condition appeared to improve considerably. In fact, Dr Cannan was waiting to arrange her discharge after money was received from her relatives to pay for her return passage to Ireland (V&P, 1866, p. 673). Her recovery was also evident in the special status she received. For some months she had been granted privileges, being allowed to move freely around the asylum during the day and only locked up at night (V&P, 1866, p. 677). She enjoyed a close relationship with Mrs Hill, the Matron, who treated her as a companion and servant (V&P, 1866, p. 673). Isabella also acted as a

\(^1\) In Queensland in the 1860s male nursing staff were generally called warders (using the term commonly used from the prison system where they had originated) and later called attendants. Females were either called female warders or nurses. This chapter will use the term warders for male nursing staff and nurses for female nursing staff.
servant to others in the asylum including Mrs Haddon, wife of the chief warder, doing small jobs for her and playing with her children (V&P, 1866, p. 678).

On the 20th August 1866, Dr Kearsey Cannan wrote to the Colonial Secretary informing him that Warder Patrick Barry had accused William John Haddon, the Chief warder, of 'having to do' with Isabella on the 8th July (V&P, 1866, p. 673). A Commission of Enquiry was established to investigate the charge (V&P, 1866, p. 674). Evidence from the enquiry suggests that a somewhat inebriated Haddon had returned to Woogaroo after being on leave in Brisbane with his wife. Mrs Hill had then observed Isabella and Haddon together; he was trying to catch hold of her and she was laughing. Soon after, neither could be found (V&P, 1866, p. 678). Various versions of their disappearance were offered including Isabella's own account that she had become lost in the scrub (V&P, 1866, p. 678), Barry's story that he had seen them together in Haddon's children's bedroom, which was substantiated by nurse Margaret Thompson (V&P, 1866, p. 679) and Haddon's statement that he had lain down on his children's bed and Isabella came in to say that his tea was ready (V&P, 1866, p. 680).

The Commission reached the conclusion that Haddon was not sober at the time and the 'undue familiarity and impropriety' exhibited towards Isabella prior to the alleged incident was not befitting his position. As both he and Isabella had disappeared at the same time with Haddon seen only shortly before Isabella returned of her own accord, led the Commission to presume that they were in company together for immoral purposes. As a result Haddon was dismissed. Patrick Barry, the informant, was also dismissed. It was concluded that Barry's statement that he had seen the two together in bed at Haddon's cottage could not be believed and that the only evidence he had was what he had heard through rumours. Further, the fact that as he had waited until August 16 to report the event led the Commission to believe that his intent was not based on worthy motives, but was only to serve his self interest. The Commission recommended Matron Hill be reprimanded as she did not immediately report Isabella's disappearance and they expressed regret at her lack of propriety in condoning 'larking' between a warder and a female patient (V&P, 1866, p. 676).

Isabella's welfare continued to attract notoriety. The Honorary W. Wood on two occasions called for a more complete enquiry into the events stating that 'no grosser case had ever occurred in any lunatic asylum.' (Queensland Parliamentary Debates [QPD] 111, 1867, p. 882). Wood continued to protect Isabella's interests reporting in May 1867 that the same 'half-witted girl', who last year had escaped from the asylum and been 'cruelly maltreated' and found by a policeman, had 'now been found for the third time in this wretched and unprotected condition' (Queensland Parliamentary Debates [QPD], 1867, p. 882). He expressed considerable concern that the asylum authorities had not missed her or made any enquiries about her and concluded that 'there could be very little vigilance employed to prevent lunatics escaping when even a girl of
weak mind could leave the place without her absence being discovered’ (QPD, 1867, p. 156). This event prompted the first Parliamentary Commission in Queensland in May 1867 to inquire into the general management and working of the Lunatic Asylum at Woogaroo (V&P, 1867, p. 1063). The Commission was only able to collect limited evidence as it was quickly disbanded after a paltry squabble between the chair and the Colonial Secretary over the fee for a scribe (Evans, 1969). However, the Commission did conclude that there was no reason not to believe that the present management was satisfactory and pointed out problems with the accommodation and sanitation (V&P, 1867, p. 1067).

Evidence from the Commission did establish that Isabella had escaped on the 21st April, 1866 and was later found in Ipswich, a nearby village. On the occasion under investigation, 13th April 1867, she had again escaped over the fence of the female yard, leaving her boots, and walked barefoot to Brisbane (V&P, 1867, p. 1071). Her return was uneventful. Mrs Symes, the matron, stated that ‘she was brought back just as she had left’ (V&P, 1867, p. 1071). Each of the staff who was interviewed agreed that there were no signs of physical harm and since her escape she appeared to have improved. Despite this improvement, her freedom was then curtailed. She was not allowed outside during the day and locked up every night at 5 pm, similar to other patients (V&P, 1867, p. 1070). Isabella seems to have suffered further restrictions over the next two years as John McDonnell, Visiting Justice to the Asylum, stated that since he began visiting in March 1869 she had nearly always been handcuffed to prevent any further escapes (V&P, 1868-1869, p. 740). Isabella was discharged some time late in 1869 (V&P, 1868, p. 863).

Isabella’s story demonstrates a transgression from the gendered role expected of a recovered female patient. Isabella had entered the asylum as a lunatic. (However, from the description she was more likely to have had a physical illness.) As she had improved she had been allowed to assume an increased domestic role within the asylum; a servant and companion to the staff and a nanny for the children of the asylum. Demonstrating that she required decreased protection, the matron described her in gendered terms as a ‘very quiet good girl – not at all flighty’ (V&P, 1866, p. 677). In short, she demonstrated the ‘rubrics of femininity’ (Coleborne, 2003, p. 49), a measure of normality. She was awarded the highest patient status being allowed to wander freely around the asylum through both female and male domestic spaces, and deemed ready for discharge. Her liaison with Haddon and her later escapes were an antithesis of this measure of femininity. Dr Cannan labeled her as ‘cunning, so common in insane persons ... more than a match for the watchfulness [of the staff]’ (V&P, 1867, p. 1064). There was no indication that her mental state had worsened and yet she was punished for these anomalies with loss of liberty.

Strict segregation of the sexes in 19th century asylums was important in preventing sexual encounters and encouraging control over sexual appetites. Strict morality was critical to recovery as excessive sexual indulgence was commonly
cited by 19\textsuperscript{th} century medical theorists as a major cause of insanity (Gar\textsuperscript{t}on, 1988). Moreover, for women, sexual morality was a significant symbol of femininity. Matthews (1987) highlights the relationship between sexuality and family within a Victorian sodery suggesting that sexuality was only acceptable for the purposes of procreation within a legitimate heterosexual relationship. Sexual morality ensured the sanctity of the family and in women represented the essence of femininity: the potential to be a mother and to nurture and sustain the traditional patriarchal family. Isabella had engaged in a sexual relationship with a married man. Not only had she demonstrated lack of self control, a symbol of madness, she had also disregarded the sanctity of his family and her own potential motherhood. La\textbf{b}rum (1992, p. 136) noted the correlation between behaviour perceived as crossing the 'boundaries of acceptable feminine behaviour' and admissions to a New Zealand asylum. Isabella had similarly contravened these societal gendered expectations. Matron Hill was likewise condemned for lacking feminine qualities in not protecting her charge from sexual immorality and appearing to condone her behaviour. The enquiry concluded that although fully cognisant of what the committee believes was a gross immoral irregularity, Mrs Hill failed to report it to the surgeon superintendent and seemed to treat the matter with levity. The Colonial Secretary expressed deep regret that 'one of her sex and responsible position should have laid herself open to censure upon such grounds' (V&P, 1866, p. 681). Day (1998, p. 341) linked the notion of women's morality with the ideal aspired to in Australian colonial society where women had a dual duty; being expected to maintain their own moral standard and be 'guardians of morality'. Thus both women performed an act of transgression against their gendered role; Isabella through her immorality as an unmarried and 'recovered' female lunatic and Matron Hill who failed to carry out her female duty in protecting her charge from immorality and then when it did occur disregarding its importance.

Isabella had also crossed the rigid asylum physical and symbolic hierarchical boundaries. She had previously been allowed to enter Haddon's domestic environment as a servant. She had maintained this status by fulfilling her allotted feminine subordinate role; serving meals, being a companion, assistant to his wife and entertaining his children. However, in joining him in a sexual liaison she demonstrated that she had moved out of her allotted position on the asylum hierarchy. Further, by her actions occurring within the family space, she had threatened the sanctity of the family, the 'cornerstone of femininity' (Matthews, 1987, p. 12).

The case study of Catherine Althers is short compared to Isabella's story but serves to further illustrate the domestic and gendered nature of asylum care during this period. Catherine, or Katrina as she was known by her husband, was admitted in October 1867 (V&P, 1868-1869, p. 760). She
was pregnant at the time of her admission and gave birth to a male child in January 1868. The baby only lived one day and Catherine died two days later (V&P, 1868-1869, p. 744).

It is a little unclear why Catherine was admitted. She lived with her husband Herman Althers at a rented farm two miles beyond Six-mile Creek. Both she and her husband were German. Her husband states that she was brought before the bench at Ipswich and sent from there to the Asylum. He thought she had 'a stroke of the sun' (V&P, 1868-1869, p. 759-760).

Mrs Doonan, the matron stated that Catherine had been ill for some time with frequent convulsions. The convulsions must have indeed been severe as Mrs Doonan describes the need for two nurses to dress and feed her. Catherine's jaw would remain fixed together for several hours and the nurses needed to wait until her jaw was more relaxed to feed her (V&P, 1868-1869, p. 744). On orders from Dr Cannan she was given arrowroot and port wine (V&P, 1868-1869, p. 744). Additionally she had a sore on her back which would not heal. The wound needed to be dressed twice a day because of the smell emanating from it (V&P, 1868-1869, p. 744). The smell was so foul that Helen Thompson, a nurse, stated that it was impossible to stay in the room with her for too long and the door had to remain open (V&P, 1868-1869, p. 748).

Catherine was placed in a cell intended to control refractory or disturbed patients. She was provided with a bed-board and a mosquito net and her clothing and linen were changed twice daily because 'the smell from her back was so bad' (V&P, 1868-1869, p. 744). The cell measured 8 feet by 6 feet and was 8 ½ feet high (V&P, 1868-1869, p. 700). This was considered the quietest place for Catherine. Catherine delivered her baby in this cell while convulsing. Mary Doonan remained with her while she was in labour with Dr Cannan arriving just after the baby was born. Mary Doonan took the baby to her own bed to care for it (V&P, 1868-1869, p. 744) and after it died it was 'waked' in her rooms (V&P, 1868-1869, p. 749).

Mary Doonan stayed with her from the time of the birth until her death. Her husband was able to be with her for two of those nights. Her husband stated that he wanted to be with her when she died. He stated that she was 'still cranky and did not recognise him'. He also stated Catherine was kindly treated and liked Mrs Doonan (V&P, 1868-1869, p. 759-760).

The sad story of Catherine Althers highlights the gendered domestic nature of the care given by the female staff. Dingwall, Rafferty and Webster (1987) suggest that early 19th century nurses provided care similar to what would have been provided by family members or personal servants. This is also apparent in the story of Catherine's care in Queensland in the 1860s. Catherine was made as comfortable as possible. She was moved to a cell, usually reserved for the most violent and disturbed patients, as it was seen as the quietest and most private place for Catherine to be. Her comfort was paramount with the nurses changing
her dressing, clothes and linen twice daily. The birth of her baby appeared to have occurred with minimal technical intervention from the nursing staff, just that Mrs Doonan was with her during that time.

Historically most nursing had occurred in women’s own domestic space with women caring for their sick children, spouses, relatives or friends in their own home (D’Antonio, 1993). Peplau (1982) argues these evolutionary roots promoted a gendered definition of nursing as women were then seen to have the innate knowledge and qualities necessary to care for the sick. Indeed, nursing did occur in the nurses’ own domestic spaces in Woogaroo as while male attendants lived away from the patients from the inception of the asylum, nurses resided in the same living area as their patients until 1868. Thus nursing necessarily occurred in the nurses’ own domestic spaces. Further, unlike the male attendants, they were not allowed time away from patients without permission and therefore were required to fulfill the role of a mother who is never absent from her children. Such domestic care was demonstrated by Mrs Doonan who took Catherine’s sick baby into her own bed and allowed the waking to occur in her rooms. Similarly, as a matriarch, she stayed with Catherine continually after the birth of her baby and while she was dying. The birth may have been entrusted by the doctor to her innate knowledge and skills as although he was informed that she was in labor, he was not present at the birth.

The nurses and attendants at Woogaroo during the period between 1865 and 1869 had little knowledge of mental illness or nursing. They were a product of the prison system with most of the staff, including the surgeon superintendent, previously employed at the prison. They were required to provide institutional care for patients with a broad range of illnesses grouped under the heading of lunacy. The term lunatic was used indiscriminately in the late 19th century to indicate many forms of mental disturbances and not necessarily mental illness including intellectual disability, epilepsy, hallucinations associated with alcohol use, dementia, suicide attempts, those with unconventional beliefs or those with temporary delirium associated with fever (Evans, 1969). Because of the inadequacies of the building, different types of patients could not be separated. All male patients who could not perform useful work, regardless of their physical or mental wellness, were placed in the same outside yard during the day. Female patients were separated into ‘violent’ and ‘quiet’ during the day and placed together at night (V & P, 1867, p. 1067). Thus warders and nurses were faced with multiple and at times incompatible tasks in providing care for groups of diverse patients whose needs were likely to have been complex and varied. The care provided was based around domesticity with both the environment and its inhabitants needing to be kept in order. With no training available to them, it is more than likely the warders and nurses continued to treat the patients similarly to the custodial treatment of prisoners. Dr Cannan’s instructions to the staff appeared to be minimal other than to treat the patients well: ‘they all act upon principle of kind treatment – I have insisted upon it...’ (V & P, 1867, p. 1076) and ‘keep them
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[the patients] in a pleasant humour.’ (V & P, 1866, p. 1655). With ambiguous and complex demands, gender derived from Victorian societal mores and moral treatment tenets provided organisational principles that allowed staff to define and construct their own roles and an ideal on which to base patient care.

There is no doubt that Woogaroo Asylum was a product of the values and mores of colonial Queensland society in the 1860s. This was a society that clearly valued the family as the exemplary social unit. A woman’s feminine virtues were perceived as fundamental within the family unit and a means to ensure its continued sanctity. These values were reflected in the physical, social and administrative structure of Woogaroo. The case studies of Isabella Lewin and Catherine Althers, while chosen as they were easily accessible from the minutes of the enquiries of the 1860s, exemplify how the ideals of the Victorian family structure were an influence on asylum care. Their stories demonstrated the way that gender divisions and expectations shaped their care, their experience as a patient and ultimately their identity.

Isabella after demonstrating a successful shift from lunacy to femininity rebelled against these gendered constraints and was ultimately punished with loss of liberty and a label of insanity. Not only does her story demonstrate the rigid patriarchal organisation of Woogaroo, but also reflects the way in which definitions of insanity were influenced by expectations of appropriate feminine behaviour; the womanly ideal of the Victorian family. The outcome from the enquiries for Isabella, the chief warder and the matron further exemplified the gendered expectations for the staff within this institution with the Victorian family as its ideal.

Catherine’s story revealed another facet of the way in which the ideals of Victorian society in Woogaroo asylum were reflected. Woogaroo was divided into male and female spaces with nurses and warders both providing domestic care. Although, patient work became one way of differentiating their role by gender, another aspect is apparent. In the 1860s nurses lived in the same domestic spaces with their patients and were not allowed leave from their patients without permission. Thus, Woogaroo nurses provided care to their patients within their own female domestic spaces. This was very evident with Catherine’s story whose care was provided in such a space and was always domestic in nature. Her care was enmeshed with the nurses’ daily lives and replicated generally the origins of nursing; grounded in domesticity and feminine responsibilities.

The case studies of Isabella Lewin and Catherine Althers allow a snapshot into the lives of the women who worked and lived in Woogaroo Asylum between 1865 and 1869. Isabella’s story, in particular allows an insight into the social construction of madness and its close links to definitions of femininity and the ideals of the Victorian family. Catherine’s story demonstrates the domestic nature of nursing in the 1860s. Together their stories help provide the human dimensions to the architecture of asylums: the social and organisation and structure that pervaded the work of nursing found within those walls and to the patients who
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resided there. Together their stories help us understand asylum nursing as it existed in the nineteenth century and better understand the social influences that coloured constructions of mental illness for women during this time.

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