

Elementary Care of the Mentally Ill in Nineteenth-Century Jamaica

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Abstract

This paper examines the conditions under which persons designated as lunatics in nineteenth-century Jamaica were treated in the solitary facility then in existence. It chronicles the state of infrastructural and treatment-related challenges which made admission to the Lunatic Asylum in Kingston tantamount to a virtual death sentence, irrespective of race or social class. Indeed, the litany of reported abuses prompted two separate official investigations into the functioning of the Lunatic Asylum as it was then called. The paper also assesses the reformation in the standards and policies of state care, changes which were prompted by the findings of the 1861 Commission of Inquiry and by the relocation of the Asylum to a more accommodating site at its present location, Bellevue on Windward Road in Kingston, Jamaica.

Keywords: Lunatics, treatment, nineteenth-century, Kingston, Asylum, Commission of Inquiry, reformation

Introduction

Health care in the Caribbean colonies of Britain was largely influenced by trends in the mother country. In the centuries preceding the establishment of state or public asylums in Britain, care of “mad persons” was usually dependent on family members (Bewley, 2008 p. 4). In cases where this care was non-existent, such persons sometimes wandered the streets, bereft of food and shelter and left to the mercy of the elements, ostracism and public nonchalance. From the eighteenth century onwards, persons deemed “mad” and potentially harmful, were placed in workhouses, alms-houses or even prisons where they were characteristically subjected to inhumane treatment (Bewley, 2008 p. 4). Additionally, from the Middle Ages onwards, such persons were also placed in “private madhouses”, and the use of physical restraints such as leg-irons and manacles was characteristic of these institutions. The prevalence of inhumane

treatment and abysmal living conditions resulted in the 1774 Act of Parliament which implemented the practice of inspection of private madhouses (Bewley, 2008 p. 5).

In nineteenth-century England, public funds were allocated to the construction of Public asylums. This heralded the beginning of greater state intervention in the care of the mentally ill, through the provision of physical facilities, the passing of legislation concerning the detention and treatment of lunatics and provision for inspection of public asylums (Bewley, 2008 p.7). State intervention in these ways however, did not generally enhance the standard of patient care and throughout the nineteenth century, most of these large public asylums acquired the reputation as dispensers of tortuous and inhumane treatment which was hardly conducive to cures. Nevertheless, the gradual adoption by some public asylums of “moral treatment”, pioneered by William Tuke in the 1790s, provided an alternative philosophy of care for inmates, with an emphasis on more humane treatment, with a carefully designed environment aimed at instilling calm without the use of physical restraints. As Bewley (2008 p. 5) indicated, the comparative success of this more humane model of treatment made institutional care the treatment of choice for the mentally ill in nineteenth-century England. However, by the late nineteenth century, demand for accommodation in public asylums soon outpaced the supply of space and thus, overcrowded, unsanitary conditions spelt a return to coercion, restraints and isolation of patients.

Origin and Early Location of the Lunatic Asylum in Kingston

Originally, the Lunatic Asylum as it was then termed was a part of the Public hospital in Kingston, (later the Kingston Public Hospital). The hospital's early boundaries were: North Street to the north, Charles Street to the South, Rose Street to the west and Princess Street to the east. The lands on which the Public Hospital was located had originally included a small hospital and prison for slaves (McNeil, 1956). In December, 1819, a Committee of the House of Assembly recommended the addition to the hospital of twelve cells for “maniacal patients”(Sheridan, 1985 p. 269). Thus began the Lunatic Asylum at the same site as the Public Hospital. The general location and environment of both the hospital and the asylum were deemed problematic almost from the outset, as summarised in the report of the 1861 Commission of Inquiry below:

The site of the Public Hospital and Lunatic asylum is bad and objectionable; in the city, surrounded by noisy streets and lanes, in the most unhealthy portion of the city, most exposed to malaria from the west, when the prevailing breeze blows at night.(Colonial Office Papers: Original Correspondence: Governor [C.O. 137], C.O.137/359, 14th May, 1861)

Infrastructural Problems at the First Site of the Lunatic Asylum:

The paltry number of twelve cells allocated to mentally ill inmates gave rise to a challenging and unhealthy environment, one which was certainly not conducive to recovery. Overcrowding was the norm with an average of three to fourteen lunatics of varying ages and physical conditions, locked up together in one cell, particularly at nights. This often resulted in “fearful fights” with the inmates emerging next morning “hurt, maimed and bloody.” (C.O.137/359, 14th May, 1861) Moreover, the female section of the Asylum was easily scrutinised by prying eyes from the vantage point of the newer additions to the Public hospital itself. Dr Lewis Bowerbank reported that “sailors, when patients in them, often climb up and watch the lunatic females...[in the Asylum yard]... especially when fighting or in a state of nudity.” (C. O 137/359, 14th May, 1861) Gradually deteriorating and dilapidated buildings characterised by leaking roofs promoted damp and unhealthy conditions, a situation which was exacerbated by abysmal sanitation practice. The resultant endemic diseases contributed to a high death rate among mentally ill inmates and clearly militated against chances of their recovery. High mortality rates among inmates were evidenced even in years when there were no disease epidemics. This was highlighted by Newcastle’s concern, expressed to Governor Darling, that in less than a year, (12th January to 8th December, 1859), 33 out of 120 inmates in the Asylum had died even though there had been no epidemic. (C.O. 137/348, 19th March, 1860)

Policies and Process Governing Admission to the Lunatic Asylum in Kingston

Nineteenth-century policies governing the diagnosis of insanity and the committal of persons to the Lunatic Asylum in British colonies such as Jamaica were largely a reflection of Metropolitan trends. Before the eighteenth century in Britain, the court usually made the diagnosis of madness on the basis of evidence of strange behaviour provided by friends and relatives. By the mid-eighteenth century in Britain, there was evidence of early development of forensic psychiatry in that medical doctors were used by the Defence to report on the mental condition of the accused person. In post-slavery Jamaica in non-criminal cases, family members who were behaving in an unusual manner were more often than not, taken to a doctor who would then make the diagnosis and recommend admission to the Asylum. This process was illustrated by the case of Andrew Carey and his wife, Matilda, who both resided in St. Thomas in the Vale. Carey reported to Dr Fiddes that his wife became “disturbed in her mind” about five months after giving birth to their child and that “she was speaking nonsense.” The doctor recommended that she be put in the Lunatic asylum in Kingston. (C.O. 137/359, 14th May, 1861) This avenue of admission was clearly contingent on the demonstration of interest on the part of family members in the welfare of the affected relative. Existing laws in Jamaica also allowed for committal of persons who exhibited behaviour associated with lunacy but were neglected by family or friends and found wandering about the streets and who were deemed to

be a threat to public safety. Under the terms of the *Lunatic Asylum Act*, 25th Victoria cap. 9 (1862), such persons were to be brought before two Justices who would then make the order for committal. The Act stated that:

Any person in destitute circumstances and whose relatives or friends are unable or unwilling to take charge of him, who is wandering at large and deemed to be insane, and that it is dangerous he should be permitted to go at large, may be apprehended and dealt with thereunder. (C.O. 137/477, 22nd September, 1874)

However, this Law also allowed for the committal of an insane person whose relatives or friends agreed to help support the patient in the asylum. Later modifications to the Laws in nineteenth-century Jamaica reflected the practice which had gained currency in England that all destitute and wandering persons who exhibited signs of mental instability required institutional care even if they did not appear to pose a danger to public safety. Law 30 of 1873 allowed Justices/ the Court to order the detention in the Asylum of anyone who met the criteria of lunacy, even if they were not deemed dangerous. Neither the Law of 1862 nor the Law of 1873 made any provision for those who were not destitute but who were neglected by family or friends. (C.O. 137/477, 22nd September, 1874)

Some early aspects of forensic psychiatry were characteristic of the 1873 Mental Hospital Act. Persons who were to be admitted to the Bellevue Asylum (formerly the Lunatic Asylum) included those for whom the court had returned a verdict indicating that they were criminal lunatics and persons found to be insane at the time of their arraignment. (C.O. 137/477, 22nd September, 1874) However, as pointed out by Bryan (1991, p. 171), the proportion of criminal lunatics tended to be small in relation to the wider population of lunatics. Thus, for example, out of 501 lunatics reported in 1884, only 20 were designated as criminal lunatics (Bryan, 1991, p. 171). In an instructive analysis of the offences committed by these criminal lunatics, Bryan (1991, p.171) pointed out that of the 20 criminal lunatics, "...five...were in custody for murder, four for assorted wounding charges (felonious, unlawful, malicious). Ten of the criminal lunatics had become afflicted with insanity while under sentence in the prisons of the island."

Evidence of Abusive Treatment of Inmates at the Lunatic Asylum in Kingston Presented to the Committee of the House of Assembly and to the 1861 Commission of Inquiry

Prior to the appointment of the 1861 Commission of Inquiry into the Public Hospital and Lunatic Asylum, there was substantial evidence which suggested a level of public disquiet with the physical conditions and treatment of inmates at the asylum. Complaints about overcrowded cells and unhealthy surroundings had prompted the Jamaican House of Assembly in 1843, to vote funds for the construction of a new asylum which was to begin in 1844 (Gardner, 1873, 1971, p. 467).

However, serious financial constraints resulting from a downturn in the island's sugar industry

meant that the new buildings were left incomplete and unoccupied for several years. Indeed, Gardner (1873, 1971, p. 467), reported that the neglected buildings remained “almost hidden from view by the jungle which grew up around it.” During the administration of Governor, Sir Charles Grey (1847-53), reports of abuse of inmates, overcrowded rooms and bloody fights among inmates confined at nights in these crowded, small rooms prompted the establishment of a Committee of the House of Assembly to undertake an inquiry into the operation of the Lunatic Asylum (Gardner, 1873, 1971, p. 468). Importantly, Governor Darling informed the Secretary of State for the British Colonies, Lord Newcastle in January 1860 that the Jamaican House of Assembly had not permitted the printing of a copy of the evidence taken by this Committee of the House of Assembly because “of its tendency to slander private character” (C.O. 137/348, 26th January, 1860). Thus the findings of this House of Assembly Committee did not have an immediate and public impact in Jamaica because the report was not published. It was left to Governor Darling to bring this evidence to the attention of the Secretary of State. As will be seen further in this paper, this Report preceding as it did, the Report of the 1861 Commission of Inquiry, contained some of the most damning evidence about abuses perpetrated in the Asylum, for example, the case of inmate Elizabeth Green, discussed below in Section 5.1. Around 1858 one of the leading members of the medical profession in Kingston, Dr Lewis Quier Bowerbank became the driving force behind the call for reform of the Asylum. Despite the passing of the Regulatory Act in 1855, (19 Victoria Chapter 4) which had placed the Asylum under the management of a Board of Commissioners appointed by the House of Assembly, (C.O. 137/364, 7th February, 1862), these Commissioners largely ignored Bowerbank’s persistent complaints about the Asylum. Clearly, these Commissioners, being voluntary and unpaid, could not be held accountable by the Colonial Governor as they had not been appointed by him, but by the Assembly. Not surprisingly, Bowerbank felt frustrated at the apparent local inaction and reported his evidence of alleged abuses at the Asylum to the English Commissioners on Lunacy. Ultimately, Dr Bowerbank succeeded in gaining the support of these English Commissioners and through this medium he was able to gain British governmental endorsement of the appointment of a Commission of Inquiry in 1861, to investigate the allegations of abuse at the Lunatic Asylum in Kingston (Gardner, 1873, pp. 468-9). The Report (C.O. 137/364, 7th February, 1862) emanating from the 1861 Commission appointed to inquire into the Public Hospital and Lunatic Asylum highlighted the inhumane treatment which characterised mental care in the city of Kingston. Among the many problems identified in the Report were the incompetent, corrupt and abusive staff, overcrowded cells, lack of supervision of inmates, resulting in violent confrontations between inmates, locking female inmates in male quarters at night as punishment; sexual abuse of female patients by male workers, abysmal sanitation and endemic diseases resulting in high death rates among the inmates over the years. Certainly the most damning feature of the Report was the extreme physical abuse of mental patients. The worst example of such treatment was the cruel practice known as “Tanking”. This entailed forcibly and repeatedly holding the patient under water

until the person collapsed or gasped for breath. This was primarily utilised as a form of punishment and was not to be confused with bathing the patient. The Commissioners found that tanking in several cases had contributed to the deaths of inmates (C.O. 137/364, 7th February, 1862).

Abuse of Female Inmates by Males at the Asylum: The Case of Elizabeth Green:

Evidence taken before the Committee of the House of Assembly as well as the 1861 Commission of Inquiry into the Public Hospital and Lunatic Asylum made several references to the sexual vulnerability of female inmates of the Asylum. Whether as a result of overcrowding or as a form of punishment women were sometimes locked up at nights on the male side, resulting in frequent rapes and impregnation of female inmates. The case of Elizabeth Green, an inmate of the Asylum, described as a “stout black woman from Manchester” (C.O. 137/363, 1861) was indicative of the predicament which faced several female inmates. As punishment for failure to follow the orders given by the Matron, several witnesses before the Commissioners including Henrietta Dawson a former inmate testified that Mrs Green was “constantly locked up in a cell on the female side during the day and at night was removed to the male side” where she was repeatedly raped by “... a lunatic, a black man by the name of Omnibus.” (C.O. 137/363, 1861) It appears also that, as with other female inmates, Mrs Green was targeted by male workers at the institution. She complained bitterly, but without avail, to one of the nurses about the repeated assaults by a male labourer, Alexander Flemming, and as she expressed it: “You would not like yourself or daughter to be taken such an advantage of” (C.O. 137/359, 14th May, 1861). Mrs Green reportedly told Dr Scott, the Chief Medical Officer of the Public Hospital and Asylum, that She had a pickney in her belly that Omnibus was the father...when she told Dr Scott that she was pregnant he used to laugh and say, she was dropsical...While she was in the privy she was confined of a girl child on the floor. She was tanked up to a few days before... (C.O. 137/363, 1861) As was typical of the treatment of pregnant females, no special care was given to Mrs Green and indeed, according to the testimony of several witnesses, she was repeatedly and cruelly tanked while in an advanced state of pregnancy. She gave birth to a baby girl on the floor of “the privy” and the child died four days thereafter. Mrs Green herself died soon after, reportedly from dysentery (C.O. 137/363, 1861). This body of testimony regarding Elizabeth Green raised serious questions about the management and safety of female inmates of the Asylum. Despite testimony to the contrary, the Report of the Committee of the House of Assembly on the Asylum and Governor Darling’s assessment of this Report to Newcastle suggested that Elizabeth Green’s pregnancy may have resulted, not from a deliberate action of locking her in the male quarters by night, but rather from easy access to “the keys of the female cells...[which]...hang in the entrance of the matron’s house and could be taken without much difficulty” (C.O. 137/348, 26th January, 1860). It was further rationalized by the Governor that

the opportunity of taking the keys would have been facilitated by the illness of the Matron with fever for 3 or 4 weeks just at the time it is supposed that the offence must have been committed...I do not think that any serious reproach should be cast upon the persons in charge of the Asylum. (C.O. 137/348, 26th January, 1860)

General Neglect and Abusive Treatment of Female Inmates

The Report of the 1861 Commission of Inquiry on the management of the Lunatic Asylum was explicitly condemnatory of the treatment of female inmates who were subjected to various forms of abuse. After their baths, women were not provided with towels and were forced to sit for most of the day on benches in their wet clothes. Thus they became captive targets of prying eyes, especially by male inmates looking down on the yard from above. They were physically beaten to the point of “effusion of blood” and verbally abused “with shockingly obscene language,” (C.O.137/ 364, 7th February, 1862) if they left these benches without permission. They were often dragged along the pavement “till their bodies were bruised and torn, becoming afterwards a mass of sores”(C.O. 137/364, 7th February, 1862). One explanation for this draconian display of authority over the inmates was the desire on the part of workers to “reduce the hours of work and increase the hours of leisure.”(C.O. 137/364, 7th February, 1862) At nights, the female inmates were not given nightclothes and were forced to sleep “sometimes ten or twelve together in a vermin-infested cell in a state of absolute nudity.” (C.O. 137/364, 7th February, 1862) This situation proved unbearable especially since these cells were notoriously cold and damp and really symptomatic of the abysmal sanitary state of the Asylum. It was hardly surprising that under these conditions, bowel complaints became endemic especially in the female section of the Asylum and dysentery proved to be a frequently reported cause of death (C.O. 137/364, 7th February, 1862).

Isolation of Inmates from Family Visits:

Before the implementation of reforms recommended by the 1861 Report, there was no system in place by which the Asylum’s authorities would communicate with the inmates’ families during the period of confinement or when release was anticipated or when inmates were seriously ill. Similarly, no facilities were offered to accommodate organised visits by friends and relatives. Within this context, family members were sometimes shocked to discover that their relatives had long since died in the Asylum and in some cases, had been buried by hospital authorities. Dr Bowerbank reported to the Commission (C.O. 137/359, 14th May, 1861) that persons from the country were often refused permission to see their relatives and friends and subsequently turned away. Andrew Carey, husband of Matilda Carey testified that after placing his wife in the asylum he travelled twenty-five miles from St. Thomas in the Vale to visit her. Dr Scott refused

him permission to see her for more than three weeks and when Matilda's father tried to visit her in the interim he encountered a similar fate. (C.O. 137/363, 1861) Seldom were relatives informed when inmates were seriously ill and close to death. This was the case with Sybel Davis, an inmate who was dying, yet no attempt was made to inform her mother. Similarly, Benjamin Dacosta became seriously ill but as his brother, Aaron reported, the family "got no information of his illness until almost at the eleventh hour." (C.O.137/359, 14th May, 1861)

Tanking at the Lunatic Asylum in Kingston:

From all accounts, the practice of tanking in the Lunatic Asylum in Kingston was decidedly a means of punishment rather than a perceived aid to recovery. Up until her dismissal in 1860, the long-standing Matron at the Kingston Asylum, Mrs Judith Ryan enforced an almost daily regimen of tanking as punishment of female inmates in particular. A female worker at the Asylum, Mary Bell underscored the punitive purpose of tanking when she testified before the Commission of Inquiry that When anyone vex Mrs Ryan, she say to Parola [a nurse] 'you give this woman good tanking tomorrow...in such cases they keep the patient till all the others done bathe, when the tank is full of filth, then they hold them down [in the tank].'(C.O.137/359, 14th May, 1861) The practice was notoriously characteristic of the Asylum and had elicited strong criticism in the public newspapers of the day. Dr Bowerbank's testimony before the Commission of Inquiry outlined a graphic account of the painful process of tanking an inmate: When a person is to be tanked, a cry is raised; "tank her, tank her". She is seized by nurses, labourers and fellow lunatics... she is then dragged along to the tank [and] stripped...in the open yard in the view of all. The cry of "tank" "tank" strikes terror into the hearts of the lunatics...[in the process of] dragging the person over the brick yard...their bodies are often lacerated. The person is then plunged under the water and held submerged...alternately sinking and raising the body...generally, persons so tanked are made very sick. (C.O.137/359, 14th May, 1861)

Testimony before the Commission indicated that tanking was applied to a wide cross-section of female inmates including very old women and women in advanced stages of pregnancy, contributing in many cases to the deaths of these women. Tanking and dysentery were found to be the greatest contributors to the high death rate among female inmates of the Kingston Asylum before 1860. As the Commissioners reported in 1861, they had "come to the painful conclusion that death has been accelerated, if not actually caused by this cruel practice." (C.O. 137/359, 14th May, 1861) While the testimony before the Commission indicated that tanking was pervasive on the female side, there were no reported cases on the male side. This may suggest that tanking was not practised to a large extent, if at all, on the male side of the asylum. Although hydrotherapy shock treatment was not gender specific in European practice, the prolonged tenure of female staff in the Kingston Asylum, especially under the watch of the Matron, Mrs Judith Ryan, may have explained some hesitancy in attempting the tanking of

males.

Impact of the Report of the 1861 Commission of Inquiry on the Delivery of Mental Health Care in Kingston:

Undoubtedly the spirit of reform which was evident in the delivery of asylum care in Kingston after 1861 was in part a reflection of nineteenth-century Metropolitan efforts to improve the institutional treatment of the insane, including the emphasis on “Moral Treatment” which was discussed in the Introduction. Clearly however, reforms in the delivery of mental care in Kingston were also decisively influenced by the damning indictment delivered against the operations of the Lunatic Asylum by the findings of the 1861 Commission of Inquiry.

Among the immediate and significant measures implemented following the Report of the Commission were the actions taken to terminate abusive practices, to improve treatment of inmates and to make better provisions for the role of the inmates’ families in the recovery process. (C.O.137/ 368, 29th November, 1862) Examples of measures implemented were:

1. The immediate abolition of tanking.
2. The dismissal of Asylum personnel who had presided over the reign of tyranny at the institution. These included the matron and a number of the nurses.
3. The institution of criminal proceedings against the dismissed matron, Mrs Judith Ryan as a result of the tanking and subsequent death of inmate, Mrs Matilda Carey.
4. The removal of Dr Scott as House Surgeon and Chief Medical Superintendent of the Public Hospital and Lunatic Asylum as the abuse had been perpetrated under his watch.
5. The relocation of the Asylum to a more spacious and suitable location on 123 acres of land on Windward Road where it presently exists as the Bellevue Hospital.
6. Introduction of improved rules and regulations governing the Asylum encapsulated under The Lunatic Asylum Act, 1862. (C.O. 137/368, 29th November, 1862) These regulations provided for an increased annual salary of 600 pounds payable to the Medical Superintendent of the Inmates of the Asylum who had to be a qualified medical practitioner, recruited from England and trained in the “modern treatment of the insane.” (C.O. 137/368, 29th November, 1862) In keeping with the principles of Moral Treatment, the Medical Superintendent was required to reside on the premises of the new location on Windward Road.
7. Also influenced by treatment trends in England, the Lunatic Asylum Act prohibited the use of physical punishment and the use of mechanical restraints and isolation without the prior approval of the Medical Superintendent.
8. This Act also ordered post mortem examinations on any inmates who died in the Asylum and mandated that all deaths be reported to the nearest known relatives or friends of the patient.
9. Importantly, the Lunatic Asylum Act also instituted a regular visitation schedule for family and friends, allowing a maximum of two visitors every fortnight during prescribed

visiting hours. (C.O. 137/368, 29th November, 1862)

Conclusion:

The aftermath of the 1861 Commission of Inquiry therefore witnessed landmark changes in the administration of the Lunatic Asylum in Kingston. These reforms facilitated the evolution of an environment that was more conducive to the survival and possible recovery of the inmates of the Asylum. As Gardner (1873, pp. 468-9) assessed the impact:

The Lunatic Asylum may now bear favourable comparison with similar institutions in Great Britain... order, discipline and good behaviour of the inmates [prevail], [there is] an absence of restraint [and] striking contrast to the dirt, misery and disorder of the former receptacle for lunatics. These infrastructural and policy reforms had at least laid a foundation which could ensure that committal to the Asylum was no longer synonymous with a death sentence but rather, presented hope of recovery.

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