

History of Medicine

History of Mental Health Services in South Africa

PART II. DURING THE BRITISH OCCUPATION

M. MINDE

SUMMARY

During the British Occupation mental patients were detained in the old Slave Lodge, the old Somerset Hospital and on Robben Island.

In 1846 the first mental hospital was formally established on Robben Island, and was finally closed down in 1920.

The history of our early lunacy laws is described.

S. Afr. Med. J., 48, 1629 (1974).

The Cape was temporarily occupied by the British from 1795 to 1803, and was finally taken by them in 1806. They governed it first purely as a colony, but gradually increased political rights until in 1872 the Cape was given responsible government. The next great milestone was the establishment of the Union of South Africa in 1910, and historically this point closes the period under consideration. However, for reasons to be made clear, it is more appropriate to consider the 1930s as the watershed demarcating the 19th from the 20th century for psychiatric purposes.

Up until the end of the 18th century the theory of demoniac possession as the cause of insanity still held sway, though with a steadily diminishing grip on the better educated. As a result the philosophy underlying treatment was a purely negative one. The patient was totally written off—the only reason for detaining him was for the protection of society—his well-being was immaterial; in fact, the harsher he was treated the more likely was it that the demons would be induced to depart, hence the public indifference to the callous cruelties openly inflicted on mental patients. It was quite usual to find them kept in dark, insanitary cells, filthy and verminous, covered in festering sores, and often chained to iron rings. And there they would remain for years till death mercifully released them. The attendants at such asylums were often drawn from the dregs of humanity—frequently cruel, drink-sodden ex-criminals, whose main object was to squeeze a few extra shillings out of their charges by

systematically withholding their rations, and selling them on the quiet. Or else they earned a few honest pennies by showing curious sightseers around their institutions. It was a regular thing on Sundays for the townspeople to visit an asylum to see the lunatics perform, often taking their children with them, much as we would nowadays take them to the zoo. This was the situation in all the so-called civilised parts of the world. It happened in Paris, in Amsterdam, and in London, where a popular Sunday resort was the Bethlehem Royal Hospital—whence the present-day word 'Bedlam'.

The breakthrough to a more humane outlook occurred in Paris, where the new spirit of the times, liberated by the French Revolution, led men to question the old traditional ways, and to experiment with new methods. Among them was Dr Philippe Pinel, a French psychiatrist. In 1792 he was appointed head physician to the Bicetre, a well-known Paris mental institution. Intoxicated by the spirit of liberty of those exciting times, he removed the chains, leg-irons, handcuffs, and other restrictive measures in ordinary use in such places, in spite of dire warnings from his staff that they would all be murdered in their beds. In fact, nothing happened. The behaviour of the patients improved greatly, and the place ceased to be a noisy Bedlam, and became a peaceful, quiet hospital. In 1794 Pinel was promoted to the Salpetriere, where the same thing happened. Soon other asylums and doctors all over the world followed Pinel's example. Among the earliest to do so was Dr Tuke at the Retreat in York, where the Quakers ran the asylum, which is still a famous institution. Within a few years leg-irons, strait jackets and other similar restraining instruments became museum pieces.

In the field of mental deficiency the French also led the way, but that is another story.

HOW THE FRENCH REVOLUTION AFFECTED THE CAPE

Since the Cape of Good Hope was 6 000 miles away from Paris, reforms came slowly and late. But with the passing years the humanitarian principles of Pinel slowly filtered through, and much-needed reforms were initiated. Lunatics were, however, still cared for in the slave lodge, the hospital, and on Robben Island for many more years.

Claremont, Cape

M. MINDE, M.B. CH.B., *Psychiatrist*

Date received: 29 April 1974.

as had been the case during the days of the Dutch East India Company. Laidler says of those times: 'There was no restraint or treatment for the violent or insane, other than the padded room in the slave lodge, and strait jackets'.

Somerset Hospital

There was no civilian hospital at the Cape at the time of British occupation. This state of affairs was remedied in 1818 when the Zeemans Hospital, soon renamed the Somerset Hospital in honour of the Governor, was opened by Dr Samuel Bailey. Two years later the Burgher Senate— forerunner of the City Council—took it over as a public institution. This hospital also housed lunatics, and among the staff was listed Reynard Muller, porter and lunatic keeper.²

Living conditions for lunatics left much to be desired. During 1826 many lay without beds or bedding, and there were complaints that patients were being tied up and flogged.² The Hospital Committee conducted an investigation, and its report stated that it was 'sensible that it was necessary (*sic*) in the treatment of maniacal patients to have recourse to means of intimidation for the purpose of getting them under proper control'. Even the press agitated against cruelty in the hospital and the destitute state of the lunatics. In 1834 Dr Bickersteth was appointed Resident Assistant Surgeon at the Somerset Hospital and medical officer to Robben Island, where he attended to the lunatics. This appears to have been the first time they were provided with a doctor on the island.

In 1836 the accommodation at the Somerset Hospital was improved by the erection of a special ward for lunatics between the surgeon's residence and the leper ward. The single cells had gratings for ventilation and to prevent utensils from being thrown into the street. At this time the lunatic keeper's alcoholic habits became so marked that he had to be discharged.

Since Cape Town was the only place that provided accommodation for lunatics, they had at times to travel long distances; for example in March 1834, 10 actually arrived from Grahamstown, 600 miles away.²

At that time the total number of patients was 37, of whom 16 were female lunatics. Twelve cells were required, but the hospital had a total of only 6. In 1838 the staff included 3 attendants on the sick and one on lunatics, as well as a matron, cook, washerwoman, and porter. The next year it was decided to erect a fence to separate the lunatics from the rest of the patients. Dr Bailey undertook to have this done by the lunatics themselves in order to save money. That year strait jackets were bought for one pound sixteen shillings.² In 1832 the first 'female lunatic nurse' was appointed. Maintenance rates charged were 2 shillings and 3 pence for Whites, and 18 pence for Coloureds, per day.²

Dr Bailey retired in 1854 and the hospital's efficiency soon began to deteriorate. Complaints became so persistent that the Colonial Office instituted an inquiry, the result of which was laid before Parliament in 1856.⁴ At that time the hospital consisted of a quadrangle enclosed by buildings, of which the side facing Prestwich

Street formed the lunatic asylum. Only 3 rooms were considered fit for the reception of mental patients. It was realised that the Somerset Hospital had outlived its usefulness as a general hospital, but it was not until 1862 that a new hospital was opened, called the New Somerset Hospital, which served as Cape Town's chief general hospital until 1938 when Groote Schuur Hospital was opened.

The old Somerset Hospital took a long time to disappear from the scene. It remained in use as a chronic sick home up to the 1930s, in spite of notorious defects and scandals which periodically shook Cape Town.⁵ It did not house any acute mental patients in this phase of its existence, but many harmless cases of senile dementia ended their days in its damp and decaying wards.

The Old Slave Lodge

This had housed mental patients in the days of the Dutch East India Company, and continued to do so, to a limited extent, under British rule. After the emancipation of the slaves it became a hospital for infirm persons, chiefly ex-slaves. Dr Samuel Bailey was the surgeon to this Infirm Hospital, as it was called. As the Somerset Hospital could not cope with all the lunatics, the Colonial Office medical committee decided in 1834 to turn a part of the slave lodge into a lunatic ward accommodating 30 patients.⁶

In 1839 the management of this place was amalgamated with that of the Somerset Hospital, and no records of any mental patients detained there exist after that period. The policy from 1845 onwards was to concentrate all mental patients on Robben Island. As the old, infirm slaves in the lodge died out, a portion of the space vacated was converted into judges' chambers. In 1815 a courtroom for trials had been opened in the building, and it has since become known as the Old Supreme Court Building—now a cultural museum.⁷

Robben Island

The British continued to use Robben Island as a convict station and a lunatic asylum, as had been the case in Company days. Instructions issued to the Commandant in 1819 ordered him to keep an accurate list of the convicts and others placed there 'in consequence of lunacy or other causes'.

The first doctor appointed to the Island was Dr Bickersteth in 1834. In March of that year an epidemic of measles caused the deaths of 11 patients. In 1836 Dr Bickersteth took long leave, but resumed his work in 1838. He died in 1862, and just failed to be able to make use of the amenities at the New Somerset Hospital.

The names of Drs Bailey and Bickersteth are perpetuated by two wards named after them at the New Somerset Hospital, while a clinical group meeting there is called the Bickersteth Society. It is doubtful if many doctors, students or nurses there realise that these names are those of the first doctor to open a public hospital, and the first to medically treat the insane in South Africa.

In the 1840s the use of Robben Island as a convict station was gradually abandoned, and the Governor, Sir Peregrine Maitland, writing to the Colonial Office in 1846 says: 'The arrangement by which Robben Island has ceased to be a convict station, and has become a station for lunatics, lepers, and the chronic sick, will probably be fully completed within 6 months'. The mental hospital section was opened on 1 March 1846.

In keeping with its new status, a medical superintendent, Dr Birtwhistle, was put in charge on 1 March 1847, and he divided the institution into a leper section under the overseer of lepers, and the lunatic section under the lunatic keeper, with his wife, the matron, looking after female patients. In 1848 Robben Island held 78 lunatics,⁸ and it was reported that Dr Bickersteth 'had much improved the place and its conditions'. He was complimented on his fine work by the Inspector of Colonial Hospitals in his report.

As might have been expected, his improvements did not meet with universal approval, and old members of the staff did not relish such revolutionary innovations, and the disgruntled storekeeper complained to the Government that the Superintendent was incompetent and tyrannical.⁹

As increasing numbers of patients were admitted, it became overcrowded, and on various occasions so-called 'temporary' buildings were erected, which, in fact, became permanent. Thus Dr Minto, the Superintendent, reported in 1856 that he had been compelled to use the porch of the lunatic asylum as a dining-room owing to lack of space. The number of single cells available was also inadequate, and entirely unsuitable patients were allowed to sleep in the wards. As a result there were squabbles among patients, resulting in injuries.

At various periods buildings were added—a stone building for 20 males in 1864, a wood and iron building in 1871, and a stone building for 30 female patients in 1901. Dr Edmunds, in his report for 1871, stated: 'The unfitness of the buildings generally for the detention and management of the insane must be apparent as ever to all who visit the institution. The present accommodation throughout the entire asylum is so imperfect, and the necessity for rebuilding from the foundation so self-evident—that it would be preferable that removal should take place and a new asylum erected on the mainland'.¹⁰

In spite of this and other recommendations, nothing radical was done until 1913, when a Select Committee appointed by Parliament recommended that the institution be closed down, and patients began to be transferred to the mainland.¹¹ But at the same time direct admissions were still continuing, so that on 31 December 1918 the number of patients still stood at 414. By 1916 all the White patients had been removed, and in 1920 the institution was finally closed.¹²

Transport between Robben Island and the mainland was always a problem. In the days before steam a 5-oared gig, manned by convicts, plied between the island and the mainland. It took an average of 4 hours to cross, and on one occasion 11 hours and 15 minutes. Later, visitors were transported to the island by the steam launch *Gnu*, afterwards replaced by the *Magnet*.

In the early days communication was by pigeon post and in stormy weather it was often impossible to communicate for days on end. In 1894 the heliograph was installed, and in 1900 the island was linked to Cape Town by telephone. Lighting was by oil-lamp throughout.

The last superintendent was Dr E. F. W. Moon, who served from 1904 to 1920. An interesting fact is that in 1872 the superintendent appointed was Dr F. L. C. Biccard, whose great-granddaughter, Miss Jeppe, married Dr J. T. Dunston, the first Union Commissioner for Mental Hygiene. The names of Biccard and Jeppe have both struck very deep roots in South Africa, especially in the Transvaal. Very appropriately, the head lunatic attendant and the Matron in Dr Biccard's time were named Mr and Mrs Nutt.

There is only casual mention of the conditions under which the patients lived in the old records. As the 19th century progressed there was a noticeable improvement in amenities—much depending on the superintendent—but by and large things did improve progressively. This affected accommodation, food, facilities for occupation and recreation, and for visits by relatives. The treatment of their physical ailments also improved. Dr Minto in 1856 showed concern for the conditions under which the patients lived and he reported that many of the cells had no wooden floors. The water supply was brack but wholesome. Improvements recorded included attempts to keep patients reasonably clean, to provide knives, forks and spoons for those who could safely be trusted with them, to supply sheets on the beds, and even to purchase books. Dr Minto may thus be regarded as an important pioneer in the history of mental services.¹³

Nevertheless, conditions still left much to be desired. Food was unsatisfactory, all meat was served boiled, and the staff augmented their income by selling their rations to patients who could afford to buy them. Towels and soap were issued in insufficient quantities. When a patient misbehaved it was quite usual to stop his dinners for a week. The buildings were decrepit, overcrowded and verminous. Most of the hard and unpleasant work on Robben Island was done by patients, often made to work in water up to the waist with the hot sun beating down on their bare heads. The length of the usual working day was 14 hours.

At this period there were no facilities for recreation or games, while even vegetables were a scarce luxury. As one report stated, all the patients had to look forward to was when a visitor occasionally succeeded in smuggling a bottle of brandy in to them.

Medical treatment for physical ailments was naturally much the same as that obtaining among the general population, and the standard in the 19th century, especially during the early part, was not high. The drugs then in common use sound strange to our modern ears. The treatment of mental conditions was purely symptomatic, and remained so until well into the present century. Sedatives and hypnotics were the main standbys. Bromides were extensively prescribed, and often caused psychoses even when the patient had recovered from the original condition. Doctors had an entirely unfounded and irrational faith in the virtues of calomel, well into the present

century, and prescribed it in huge doses, at times enough to cause mercury poisoning. It was not unknown for patients in mental hospitals to be given this purgative for punitive reasons.

LUNACY LAWS AT THE CAPE

The earliest Lunacy Laws at the Cape were only concerned with the property of lunatics. Thus Ordinance No. 5 of 1833, amended by Ordinance No. 3 of 1837, dealt with the management of the estates of minors and lunatics. Much later Act No. 20 of 1879 provided for the 'safe custody of persons dangerously insane', and for 'care and custody of persons of unsound mind'. This Act was found to be unsatisfactory, and in 1891 a greatly improved Lunacy Act was placed on the Statute Book. An Inspector of Asylums had been appointed in August 1889, and he combined his post with that of Superintendent of Valkenberg Hospital.

Act No. 35 of 1891

This Act was in six parts.

Part 1. Proceedings for restraining dangerous lunatics. Such people could be detained for 28 days by order of a magistrate upon the production of 2 medical certificates. During this period copies of these documents were sent to the Attorney-General, who laid them before a judge in chambers, in order to obtain a permanent detention order.

Part 2. Provisions relating to criminal lunatics. The court could find the accused guilty but insane, and order him to be detained 'until the Governor's pleasure is known'.

Part 3. Lunatics who were not dangerous or criminal. If a magistrate was informed about a person who appeared to be insane, he could request 2 doctors to report to him on the patient's condition. On the basis of such reports he could issue a Summary Reception Order, valid for 28 days, and direct such a person to an asylum for

that period pending the issue of a permanent detention order by a judge in chambers as in Part 1.

Part 4 made provision for the care and administration of a lunatic's property, giving the court power to appoint a *curator bonis*, and laid down the powers of such a curator.

Part 5 detailed certain offences and penalties under this Act.

Part 6 contained certain miscellaneous provisions.

This Act was again amended by Act No. 1 of 1897, which remained in force in the Cape Colony until Union in 1910, and for some time after, being eventually replaced by the Mental Disorders Act No. 38 of 1916, valid for the whole Union. The 1897 Act provided for the admission of urgent cases on the application of a relative accompanied by one medical certificate—such a patient could be detained for 7 days. The distinction between 'dangerous lunatics' and 'lunatics who were not dangerous' in the 1891 Act was abolished. Provision was also made for the admission to the asylums of the Cape Colony of lunatics from neighbouring states and for the admission of voluntary boarders. Restrictions on the use of mechanical restraint were laid down.

Asylums in the Cape Colony were under the control of the Colonial Secretary. In 1891 a special Hospitals Branch of this Department took over the administration of lunatic asylums.

REFERENCES

1. Laidler, P. W. (1937): *S. Afr. Med. J.*, **11**, 481.
2. *Idem* (1937): *Ibid.*, **11**, 635.
3. *Idem* (1938): *Ibid.*, **12**, 453.
4. Cape of Good Hope (1856): Annexures to Votes and Proceedings of the House of Assembly.
5. Cape Town Infirmary Commission (1934): Report of the Cape Town Infirmary Commission of Enquiry, 27.2.1934.
6. Laidler, P. W. (1939): *S. Afr. Med. J.*, **13**, 222.
7. *Idem* (1933): *A Tavern of the Ocean*, p. 149. Cape Town: Maskew Miller.
8. Cape of Good Hope (1848): *Government Notice*, 8.5.1848.
9. Laidler, P. W. (1939): *S. Afr. Med. J.*, **13**, 222.
10. Union of South Africa (1920): *Report of the Commissioner for Mentally Disordered and Defective Persons*, p. 18. UG 31-'20.
11. Union of South Africa (1937): Mental Hospitals Departmental Commission (1936-37), UG No. 36.
12. *Op cit.*,³⁰ p. 11.
13. Annexure to Votes and Proceedings of the House of Assembly (1856): Report on the General Infirmary, Robben Island.