



**Lunatic Reception House Darlinghurst**  
Sydney 1800's

# Lunacy and idiocy\*

Lunacy was regarded as an extension of benevolence in the early years of the Colony, and it was not until some seventy years after Foundation that its medical significance was recognised by Government. This principle was in harmony with, and derived from, the 'old poor law' practice still in force in England, and accordingly lunacy was not included in the administration of the Colonial Medical Service. The exclusion of lunacy from the administration of the Colonial Medical Service was not a source of discontent in the early years of the Colony, when the Medical Service was preoccupied with providing hospital facilities and personal medical care with a depleted staff and inadequate rations, stores and equipment.

It was not until after the establishment of the first asylum at Castle Hill in 1812 that discontent within the Medical Service became apparent because of the minor role it played in the administration and supervision of the asylum. This disgruntlement was to erupt in the 1840s, and was responsible for the antagonism shown by the medical staff of the Colonial Medical Service to Joseph Digby, in his role of Superintendent of Tarban Creek Asylum. It was to lead to his deposal.

Even after the Royal Commission in England in 1834, when lunacy was divorced from the general system of poor law relief and came more and more under medical control, no similar movement took place in NSW until some two decades later. The continued separation from the medical administration was confirmed in the local circumstance by Governor Gipps in 1839 when the Colony's Medical Service was reorganised. Gipps ruled:

"...the lunatic asylum is not a hospital, it therefore is not under the charge of the Deputy Inspector General of Hospitals,

though in the management of it, it will often be necessary to have the benefit of his advice(49)."

So was lost the opportunity to integrate lunacy and medicine and develop a concept one hundred years in advance of its time. Instead the principle of separation was confirmed, which principle has pertained, with minor modifications, in the administration of health services, in the State until recent times.

Nor was lunacy administered in the Colony in the same manner as benevolence. The influence of the early settlers, emancipists and even officials, and their revulsion from any system apeing the 'old poor law' administration and instrumentalities of England, conditioned the unique system of private monopoly of benevolence with Government approval and support during the whole of this period. A stringent security was more essential for lunacy, especially in a penal settlement, and, as the liberty of the individual was involved, the extension of lunacy to the same mode of administration as benevolence was neither desirable nor constitutionally possible.

All in all the administration of lunacy in NSW prior to self-government, and beyond to the last quarter of the eighteenth century, satisfied the needs of the Colony and its social conscience. It was at least equal to, and often in advance of the Mother Country. The colonists were never loath to object strenuously and vocally to authority when misused or exercised to their disadvantage. In the absence of such protests one must assume adequacy in the administration of lunacy in coping with the immediate problems imposed on it. If frustration sometimes arose from bureaucracy this was not unique to lunacy nor to this period.

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\* The subject of lunacy and idiocy is developed in detail by J. Bostock in his publication *The Dawn of Australian Psychiatry 1951*; and by the author in his publication, *The Administration of Lunacy and Idiocy in NSW 1788-1855*.