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Halting the ‘Sad Degenerationist Parade’: Medical Concerns about Heredity and Racial Degeneracy in New Zealand Psychiatry, 1853–99¹

Maree Dawson

Historians have focused on early twentieth-century positive eugenics in New Zealand. In this article, I argue that the response came from a tradition of concern about heredity and white racial degeneracy, which extended beyond the British Empire. This article focuses on concerns about heredity at the Auckland Mental Hospital between 1850 and 1899, and contextualises these concerns in New Zealand mental hospital statistics from the late–nineteenth century. This article also considers Australasian, British, North and South American medical and immigration legislation history, and contrasts this with the legislation and medical discourses which formed part of a fear of heredity, racial degeneracy, immigration and mental illness in New Zealand.

Keywords:

Mental hospital, heredity, race, degeneracy, immigration

Historians have focused on early twentieth-century positive eugenics in New Zealand, particularly Sir Frederic Truby King and the Plunket Society, and viewed this as a response to the declining ‘desirable’ white population in the early–twentieth century.² In this article, I argue that this response did not appear out of thin air, but came from a strong tradition of concern about heredity and degeneracy, a tradition not exclusive to New Zealand, Australasia, or even the British Empire, but one that can be understood as far more transnational. This article demonstrates that over the second half of the nineteenth century, concerns about heredity in a New Zealand mental hospital were

escalating, more than a decade prior to the end of the nineteenth century, and that these concerns, to varying degrees, extended beyond the traditional boundaries of the nineteenth-century British Empire, reaching into parts of South America, and the eastern seaboard of the United States. In particular, this article focuses on concerns about the construction of ideas about heredity in patient case notes at the Auckland Mental Hospital (AMH), in New Zealand, between 1853 and 1899. The late nineteenth-century fixation with heredity in Western medicine across Europe, Australasia, and the Americas was, in part, based on a fear that the white race was being overwhelmed by the reproduction of the unfit, rather than the Darwinian proposition of the survival of the fittest. Anxiety about the future of the 'white race' in these locations was also linked to a concern that the immigrant population was not of an acceptable standard of mental or physical health.³ One response to this was through immigration restriction legislation. Therefore, this article also considers legislative responses to the fear of lunatic immigrants in the nineteenth century and identifies this as an area in need of research in the New Zealand context.

This article is divided into three sections. The first section locates the AMH in the world of asylum medicine in the late-nineteenth century, demonstrating the extent of the overseas influence on this institution. The second section explores how concerns about heredity appeared in AMH patient case notes and patient admission registers, and were collected for government purposes in the *Appendices to the Journal of the House of Representatives (AJHR)*. The final section contextualises these findings and the ideas about heredity presented in the AMH records, by delving into New Zealand, British, Australian, South African, and North and South American medical and immigration histories, to show that concerns about heredity and the 'white race' extended beyond the bounds of what is traditionally defined as the British Empire.

The Auckland Mental Hospital

From its inception, the AMH was strongly influenced by Irish, English, and particularly Scottish, psychiatric theories and practices. The very concept of a mental hospital in New Zealand was designated in New Zealand's first 'lunacy legislation,'

dating from 1846, which was adopted from South Australia and New South Wales.⁴ Yet, as New Zealand mental health and policy historian Warwick Brunton writes, New Zealand asylum policies and practices in the nineteenth century were drawn from England, Scotland, and Ireland.⁵ Although Dr. Edward Paley, Inspector-General of Lunatic Asylums in Victoria, Australia, made an official inspection of New Zealand public asylums in 1872, at the request of the New Zealand government,⁶ Paley himself was born in England and had both trained and worked in London before arriving in Australia, further augmenting the significance of the British influence on New Zealand asylum medicine in the nineteenth century.⁷ Following shortly after Paley's visit, a speaker in a parliamentary debate about practices in New Zealand asylums referred to a report written by Dr. Frederic Norton Manning, who was a leading figure in New South Wales medicine at this time, and then Inspector of Asylums in New South Wales.⁸ Manning's report documented his visit to 'America, the Continent of Europe, and all parts of the world where there were lunatic asylums,' which the speaker wished to share with Parliament.⁹ Manning, himself from England, trained at London and the University of St. Andrews, in Scotland.¹⁰ This British input into New Zealand psychiatry was augmented by Dr. Frederick Skae's appointment to the helm of the Department of Lunatic Asylums in 1876, as the Inspector General of Lunatic Asylums, Hospitals and Charitable Institutions, and by the availability of British medical journals in New Zealand, particularly from the early 1880s, when the Lunacy Department's 'modest library' began to accommodate some medical books and 'leading British professional journals.'¹¹ The appointment of the Scottish Skae to the role of Inspector General of Lunatic Asylums, Hospitals and Charitable Institutions was both the outcome of British intentions to establish 'medical control' over 'colonial responses' to mental illness and deficiency, and also cemented the relationship between practices in New Zealand asylums, and late nineteenth-century British psychiatry.¹² Brunton describes British psychiatry in the late-nineteenth century as characterised by 'somatic-pathological approaches ... together with an overlay of hereditary determinism and degeneracy theory.'¹³ The impact of this school of thought on New Zealand psychiatry was undoubtedly heightened by the 1886 appointment of Skae's successor as Inspector General

of Lunatic Asylums, Duncan MacGregor, who was also born and trained in nineteenth-century Scotland, and who feared that New Zealand was 'rapidly becoming contaminated with low-quality immigrants and their offspring.'¹⁴ At the local level, the Auckland Mental Hospital was initially under the command of resident surgeon Dr. Thomas Aickin, who was born and trained in Ireland, but well-versed in events and trends at asylums throughout the United Kingdom.¹⁵ Aside from Alexander and James Young, Irish born and trained brothers who served consecutive terms as medical superintendents in the late 1870s and 1880s, and Ernest Fooks, a New Zealand born and educated doctor, who worked as medical superintendent to 1900, all other men who filled this role had trained and worked in England or Scotland.¹⁶ But a professional association with the Australian colonies continued up to and beyond 1900, most obviously demonstrated through the *Intercolonial Medical Congress of Australasia*, first held in Adelaide in 1887, then every two years thereafter. The *Transactions* of these congresses were published and appeared in medical journals, including the *New Zealand Medical Journal (NZMJ)*. These *Transactions* have been interrogated by Catharine Coleborne, particularly those of the 1889 Melbourne Congress, in her recent book *Madness in the Family*. In this, Coleborne argues that psychiatry in the Australian colonies and New Zealand was 'bound up with ideas about "race," family and heredity.'¹⁷ While I agree with Coleborne's assertion about the centrality of family to psychiatry in the New Zealand and Australian contexts, this article shows that other locales, particularly parts of South America and Mexico, also grappled with concerns about heredity, in the mid- to late-nineteenth century.

Auckland Mental Hospital Patient Records

Patient case records provide a layer of medical discourse which, in English medical historian Hilary Marland's words, demonstrate the ideas about heredity operating at the 'coalface' of psychiatry.¹⁸ New Zealand medical historian Emma Spooner has also commented that the language used in patient case notes 'both reflects and produces social and medical discourses.'¹⁹ James Mills observes that historians examining colonial asylum records have demonstrated how these case notes 'serve to

produce their own stories' which validate a 'fantasy' 'medical efficacy.'²⁰ However, evidence from the AMH and elsewhere suggests that most asylum doctors in the late-nineteenth century had abandoned dreams of efficacy, in favour of blaming mental illness rates on the nature of the population themselves.²¹

The patient case notes at the AMH refer to heredity in a variety of ways. The details of a hereditary tendency to insanity, or a family history of a range of ailments, physical, psychological, and behavioural often appeared in case notes due to the input of family members, either at the time of admission or soon after. Japanese medical historian Akihito Suzuki discusses this phenomenon in his chapter in Joseph Melling and Bill Forsythe's exploration into insanity and its institutions in the nineteenth century. In particular, Suzuki notes that doctors working at Bethlem in the second half of the nineteenth century sought to separate themselves from the lay testimonies offered, which formed part of many patient case histories, by incorporating phrases such as 'it appears' and 'the cause is attributed.'²² This discursive pattern is also exhibited in the patient case notes at the AMH, but the third party testimony continued to be cited in patient case notes at the AMH, beyond the 1890s. Heredity in the patient case notes at the AMH varied from the detailed to the vague, ranging between details of purely physical illnesses amongst relatives, to details of mental illness and 'deficiency.' Heredity was also invoked in references to the confinement of ancestors to an asylum back at 'Home,' and in exposés of family members with a drinking problem. In some instances, these references went into detail. For Thomas M., his mother was 'in an asylum in London for fifteen months, twenty eight years ago: has had no more attacks.'²³ In other cases, the patient case notes provided very little detail. The layout of the AMH patient case notes changed over the course of the nineteenth century, so that by 1899 each patient's case note included a section dedicated to family history. This section was the same size as the 'patient's previous history' section, indicating that family history was considered to be as significant to the patient's condition, treatment, and prognosis, as the patient's own life experiences. This case note layout encouraged medical superintendents at the AMH to look into patient family backgrounds in more detail. This suggests that heredity was becoming increasingly important to medical ideas about mental

illness in the 1890s. However, this does not mean that ideas about heredity were absent in the AMH case notes prior to this, as although the pro-forma was less geared to recording family history in earlier decades, family history was still often referred to, albeit in a less formulaic manner. The late 1890s pro forma also included a section for a 'supposed cause' and an 'exciting cause.' Heredity appeared in the patient case notes in either the 'predisposing cause' or in the 'exciting cause' categories.

Concerns about heredity were often constructed in the case notes through a description of a family history of mental or physical illness and deficiency, or of socially unacceptable behaviour, such as drunkenness, sexual deviance, or excessive smoking. For example, the case note of Emmanuel P., a patient admitted to the AMH with mania due to heredity, shows that the patient confessed to drinking heavily, which 'made him feel queer.'²⁴ Emmanuel's brother was also a patient at the AMH, which perhaps justified the attribution of Emmanuel's condition to heredity. However, there was no reason given in Emmanuel's case note for heredity taking priority over 'drinking heavily' as a cause of insanity. This case note is an example of the tendency to attribute mental illness and deficiency to heredity to a greater extent than there was documented evidence to justify. Direct evidence of heredity and vice appeared occasionally in the same case note. For example, Emma F. was admitted to the AMH in 1885, and her case note describes a 'history of mental instability.'²⁵ Emma's husband is quoted in the case note as saying that her 'father was insane, brothers thriftless and lazy. One brother appears to have suffered from phthisis.'²⁶ Vice is then added to her case note, as 'her husband confesses that their married life has been unhappy owing to drink and ill temper on his own part.'²⁷ Other patient case notes that attribute the patient's condition to heredity do not provide any justification for doing so. For example, Margaret C. was admitted to the AMH with melancholia, due to heredity.²⁸ But this 'hereditary' tendency was not elaborated on, nor was any further explanation offered regarding Margaret's family background. In contrast, an explanation of the patient's family background was provided in the case notes for Betsy J., a congenital imbecile patient admitted to the AMH in 1894.²⁹ Betsy's condition was attributed to the fact that 'mother and grandmother were both patients of an Irish asylum. Father and mother were cousins.'³⁰ This case

note does not explain why the mother and grandmother were in an asylum, but rather leaves the impression that generic, unidentified, and unexplained mental illness and deficiency in one's ancestors was a sufficient comment about patient family history, and that further explication was either unnecessary or unavailable.

Another way that heredity appeared in the case notes was through the direct reference to the case notes of other family members in the AMH. Mary M. was admitted to the AMH in 1891, and her case note repeatedly refers to a daughter, including a statement in her admission notes that 'her daughter Wilhelmina M. was admitted on the 9th inst [*sic*] and Dr. Cooper in his certificate said he was aware there was a hereditary taint of insanity tending towards melancholia.'³¹ To ensure that the connection between the mother and daughter mental patients is noted, Mary's case note for 24 November 1891 ends with the sentence 'Takes her food well, sleeps well and employs herself well (she is the mother of Mrs M. see p. 663).'³² Research into other New Zealand mental hospitals shows the ascendancy of a 'hereditarian outlook' as the nineteenth century marched on. The work of New Zealand historian Alan Somerville on Ashburn Hall, New Zealand's only private mental hospital in the nineteenth century, shows that, as time passed heredity became increasingly common as a 'supposed cause of insanity,' particularly following the appointment of Frank Hay as medical superintendent in 1899—Hay occasionally included a patient's family tree in their case notes.³³ *AJHR* tables from the nineteenth century indicate how many patients admitted to each mental hospital in New Zealand were mentally ill due to hereditary causes. These tables show a slow increase in the percentage of patients admitted to mental hospitals in New Zealand with conditions attributed to heredity. In 1880, 6.08 percent of admissions to all mental hospitals in New Zealand were attributed to heredity,³⁴ rising to 6.61 percent in 1885,³⁵ 9.23 percent in 1890,³⁶ and 11.89 in 1895.³⁷

However, it is important to note that while heredity was becoming an increasingly significant factor in asylum admissions, in each of the years sampled, there were always more 'popular' categories. For 1880, 'intemperance' and 'puerperal condition' were both blamed for more asylum admissions than heredity,³⁸ and in 1885 and 1890, 'drink' and

'unknown' were more prevalent causes of insanity.³⁹ For 1895, only 'unknown' was a more numerically significant category than heredity.⁴⁰ Furthermore, 'heredity' in 1895 was actually denoted in the *AJHR* table as 'congenital and hereditary,' throwing into question exactly how many patients had a mental condition attributed to heredity, and how many simply had a mental condition with which they were born.⁴¹ Some clarity is provided by my research, based on the patients admission register at the AMH, between 1853 and 1899. Each patient admitted to the AMH was recorded in the patient admission register, and was allocated a number, according to the order in which they were admitted. The sample this research is based on takes every tenth-numbered patient admitted to the AMH, for example, the first three patients sampled were those allocated numbers ten, twenty and thirty. Out of a total of 2509 patients recorded in the register, this yielded a total of 245 patients.⁴² Of these 245 patients, heredity was a 'supposed cause' for sixteen. This equates to 6.53 percent. The patient sample is represented in the table below:

Years sampled	Total patients	Sample size	Heredity as cause
1853–59	15	1	0 (0%)
1860–69	102	10	0 (0%)
1870–79	681	67	2 (2.99%)
1880–89	830	82	5 (6.10%)
1890–99	881	85	9 (10.59%)
Total	2509	245	16 (6.53%)

Table 1: Percentage of patients in sample whose illness was attributed to heredity at the Auckland Mental Hospital, 1853–99. Source: Register of Committed Patient Admissions, January 1853 to December 1899, Archives New Zealand, Auckland Regional Office, YCAA 1021/1, 1021/2, 1021/3.

The highlighted row, showing statistics from the AMH in the 1890s, reveals that the percentage of cases that were attributed to heredity at the AMH in this period was similar to the 11.89 percent figure shown in the *AJHR* tables for the same time. Therefore, although the classification used in the *AJHR* table was slightly different, the overall outcome is consistent with

the idea that concerns about heredity were increasing during the nineteenth century.

Histories of New Zealand have, in recent decades, shown anxieties about immigrants to be widespread.⁴³ Subsequent sections of this article will touch on those concerns as they occurred in specific locations around the world, and link them to fears about heredity and mental illness, but first it is important to highlight the relationship between heredity, mental illness, and immigration in nineteenth-century New Zealand. New Zealand migration historian Angela McCarthy has highlighted the necessity of studying ‘lunatics’ as part of a migratory group, in order to ‘expose the stresses and strains accompanying migration that are often overlooked.’⁴⁴ Aside from McCarthy’s identification of this dearth of research into the migration of the insane in New Zealand, there is little research available. The tables published in the *AJHR* detailing the countries of origin of asylum patients demonstrate a concern about where New Zealand’s insane were coming from. Further evidence of this concern is in the *New Zealand Parliamentary Debates*. In contrast to the sought-after ‘good stock of labour and knowledge,’⁴⁵ the immigration of ‘imbeciles’ was a concern in New Zealand public discourse as early as the 1860s.⁴⁶ Immigration restrictions in New Zealand, such as the 1882 Imbecile Passengers Act and the 1899 Immigration Restriction Act, specifically excluded the mentally ill, although the 1899 legislation is more well-known for its prejudice against those unable to speak English to an acceptable level.⁴⁷

Heredity within the British Empire

This section of the article explores concerns with heredity in mental patient aetiology elsewhere in the British Empire, in the second half of the nineteenth century. First it examines the prominent medical discourses coming from Britain, particularly England and Scotland, in the second half of the nineteenth century, which dealt with heredity. This section then explores some of the ‘white settler colonies,’ particularly Australia and the Cape Colony. British, and particularly English, medical discourses about heredity have been well documented by many authors, with heredity cited as a factor in *British Medical Journal (BMJ)* articles as early as the 1860s.⁴⁸ It was not until

the 1870s that articles about heredity appeared with some frequency in the *BMJ*. Henry Maudsley, editor of the *Journal of Mental Science*,⁴⁹ contributor to the *BMJ*, and a prominent figure in the British Medical Association, feared the effect of heredity on the future of the 'British race,' lamenting that 'he who is destitute of moral sense marks the beginning of race degeneracy.'⁵⁰ Articles by Maudsley, Scottish psychiatrist and medical superintendent of Edinburgh's Morningside Asylum Thomas Clouston, and many other prominent asylum doctors in the 1870s were significant for the popularisation of concerns about heredity and mental illness for the *BMJ* readership, which included doctors in New Zealand. However, *BMJ* articles about heredity increased exponentially in the 1880s and 1890s.⁵¹ This suggests that heredity became a more widely accepted idea in medical discourse, as a cause of insanity. Part of the influence of British medical personnel and publications in white settler colonies was the adoption of heredity as a cause of mental illness and deficiency. In the Australian context, Catharine Coleborne writes that Dr. John Springthorpe, in a lecture at the Melbourne Intercolonial Medical Congress in 1889, 'lingered over the concept of inheritance.'⁵²

In contrast to eastern Australia, Harriet Deacon's research into the Robben Island asylum in the nineteenth century suggests that patient aetiology was not consistently assigned to patients.⁵³ Of those patients assigned aetiology between 1872 and 1890, 37 percent were deemed to be hereditary, as opposed to 31 percent physical causes and 26 percent to 'moral causes.'⁵⁴ Deacon's findings were that by the late-nineteenth century, doctors perceived heredity as the primary cause of insanity.⁵⁵ In the Grahamstown Asylum, also in the Cape Colony, superintendent Dr. Greenlees held that heredity was a 'more important cause of insanity among whites in the Colony than in England.'⁵⁶ But Deacon also suggests that, in the last decade of the nineteenth century, there was a 'marked drop in diagnostic interest at Robben Island.'⁵⁷ Deacon's evidence contradicts the evidence from the AMH, which showed no reduction in interest in diagnostic categories towards the end of the nineteenth century.

Although not a 'white settler colony,' British India was an integral part of the Empire. Waltraud Ernst's research into mental illness in early nineteenth-century British India shows clear parallels with ideas about causes of insanity in late

nineteenth-century New Zealand. Apart from the location-specific fear of being caught by a tiger, other ‘Indian’ causes of attacks of mental illness cited by Ernst included “‘drunkenness”, “heredity”, “sudden fright”, “vice” and “exposure to the sun,” all of which are found in the AMH patient admission registers and case books.⁵⁸

Beyond the Empire

Jonathan Ablard’s work on psychiatric reform and concerns about racial degeneracy in late nineteenth-century and early twentieth-century Argentina links concerns about the immigrant population to a ‘generalized fear for the future of the Argentina race.’⁵⁹ Asylum doctors formed the vanguard in the crystallisation of anxieties about insane immigrants, as ‘directors’ of two of Buenos Aires’ institutions were the ‘first to call attention to the problem of the *loco inmigrante*, that is, the insane immigrant.’⁶⁰ While immigration earlier in the nineteenth century had been held up as ‘a coveted seed for the civilisation of the country,’ it was feared that ‘uncontrolled immigration’ would ‘incorporate “degenerates” into society.’⁶¹ Ablard believes that this concern, originating in the 1870s, was exacerbated by the lack of immigration restrictions in Argentina.⁶² However, Eduardo A. Zimmerman chronicles the 1876 *Ley de Inmigracion*, which denied entry to Argentina to persons diagnosed with a contagious disease, those ‘unable to work, the demented, beggars, criminals and those over sixty years of age unaccompanied by their families.’⁶³

Like Argentina and New Zealand, Mexico was affected by population upheaval, due to immigration, which was closely linked to mental illness and the asylum. As Cristina Rivera-Garza discusses, ‘dark skinned and poor immigrants soon became a source of concern among social commentators for whom their ethnicity, class origins and lifestyles ... represented a social threat’ in late nineteenth-century Mexico City.⁶⁴ Similar to F. N. Manning’s report on mental hospitals across ‘America, the Continent of Europe, and all parts of the world where there were lunatic asylums,’ as promoted by Captain Fraser in the New Zealand Parliament in the early 1870s, Mexican physician Román Ramírez wrote *El Manicomio (The Insane Asylum)*, under the financial and publishing auspices of the

Mexican government, in 1884.⁶⁵ This publication 'included an extensive and comparative collection of documents concerning the construction and management of insane asylums in the United States and Europe.'⁶⁶ Ramírez's work shows that New Zealand and Australian versions of psychiatry practitioners were far from being alone in their interest in psychiatric ideas and theories from overseas, and suggests that the Mexican Government's support for this enterprise is reminiscent of the New South Wales' government's propulsion of Manning to distant shores, and the promotion of Manning's findings in the New Zealand parliament's debating chamber. But at this time, asylum doctors working with the destitute in Mexico City blamed 'rapid modernization and social change' for the mentally ill, as much as they did heredity, despite their knowledge of European medical degeneration theories.⁶⁷ However, Rivera-Garza suggests that by the end of the nineteenth century doctors working for the Mexican government selectively highlighted heredity over modernisation as the trigger for mental illness, as this minimised state responsibility for mental illness in an economically disparate society.⁶⁸

Further north, in 'Progressive Era America,' 'hereditarian explanations of mental disease' gained favour and served to rationalise the role of eugenics in mental health medicine.⁶⁹ Anxiety about immigrants also featured, as the middle class could visit mental hospitals, and view the patients through the lens of 'fears about immigration and the foreign born,' especially the Irish.⁷⁰ American medical historian Ian Dowbiggin, who has written extensively on eugenics in the north eastern United States and eastern Canada, highlights the significance of the 1896 Connecticut legislation, which restricted marriage 'between nervous and mentally ill individuals,' demonstrating this eugenic inclination at the state level, as, by the 1890s, 'many' Americans urged the 'asexualisation of deviant and dependent persons, the prevention of marriage between supposedly unfit men and women, and the exclusion of immigrants who did not meet certain standards of health and intelligence.'⁷¹ Concern about the mental health of immigrants to the United States had been recognised in legislation as early as the 1882 Immigration Act, which authorised the boarding of ships to examine passengers and prevent 'lunatics, idiots, or other persons deemed likely to become a public charge' from landing.⁷² Much of Dowbiggin's

work focuses on G. Alder Blumer, a highly regarded ‘asylum physician’ in the late nineteenth- and early twentieth-century United States. Dowbiggin concludes, using somewhat circumstantial evidence, that the favour shown to hereditary explanations for mental illness in the context of 1890s America, was based on the difficulties of successfully treating patients in the asylum.⁷³ Although Dowbiggin’s work centres on one small area of the United States, he suggests that concerns about heredity had their American origins in a post-Civil War society, which attributed the perceived increase in ‘insanity, feeble-mindedness, alcoholism, poverty, and delinquency across the country to heredity or the social system.’⁷⁴ Richard Fox’s work on mental illness in California between 1870 and 1930 provides some insight into ideas about heredity and madness in other parts of the United States in the nineteenth century. Fox suggests that although heredity had long been accepted as a ‘prime etiological factor in mental disease,’ most ‘psychiatric theorists’ described heredity merely as a ‘predisposing cause,’ with an environmental ‘exciting cause’ also identified.⁷⁵ This mirrors record keeping practices at the AMH in the late-nineteenth century.

Conclusion

This article argues for recognition of a nation-wide, and potentially world-wide, concern about heredity and racial degeneracy in the nineteenth century, well before the ‘official’ beginning of an organised eugenics movement in the early-twentieth century. It has explored some of the concerns about heredity, mental illness, and anxieties about degeneracy in white populations over several continents, and reflected on those concerns in light of the appearance of concerns about heredity at one mental hospital in New Zealand. This article has also shown that this spread of concerns about heredity was not accidental, but rather somewhat attributable to the concerted efforts of individuals in England and Scotland, in particular, to bring their ‘expertise’ to distant asylums and mental health care systems, and the reciprocated effort by governments and individuals to search, globally, for the most effective help they could offer the mentally ill in their own countries and hospitals.

Heredity is shown in this article as a strong concern

in patient case notes at the AMH in the second half of the nineteenth century, and at other New Zealand mental hospitals, in the late–nineteenth century. It appeared in a number of guises in the patient case notes, often as the sole cause of a patient's mental ill-health, and sometimes in conjunction with other factors. While 'intemperance' and 'unknown' factors were more commonly cited as causes of mental illness in New Zealand mental hospitals in the nineteenth century, heredity was consistently the second most numerically significant cause. Concerns about heredity in New Zealand and overseas, perhaps most clearly demonstrated in South America, co-existed with growing anxiety about immigrant populations. In New Zealand this manifested most clearly in the passing of two pieces of legislation, the Imbecile Passengers' Act, and the Immigration Restriction Act, both of which discouraged the recruitment and shipment of lunatic immigrants, which were grouped with other 'undesirables.' While New Zealand was far from exceptional in this, the evidence, or absence of any to the contrary, suggests that the idea of acting on the fear of reproduction of the undesirable did not express itself as graphically as in other places. However, the relationship between heredity, immigration, mental illness, and racial degeneracy in nineteenth-century New Zealand, as it has been in other locations, is a field ripe for exploration.

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1. Michael Neve and Trevor Turner, "What the Doctor Thought and Did: Sir James Crichton-Browne 1840–1930," *Medical History* 39 (1995): 400.

2. For example see Helen Smyth, *Rocking the Cradle Contraception, Sex and Politics in New Zealand* (Wellington: Settle Roberts Ltd, 2000). Stephen Garton lists a number of prominent New Zealand eugenicists in his chapter, "Eugenics in Australia and New Zealand: Laboratories of Racial Science," in *The Oxford Handbook of The History of Eugenics*, edited by Alison Bashford and Philippa Levine (New York: Oxford University Press, 2010), 244, most of whom were influential only in the twentieth

century. Positive eugenics is defined as, ‘increasing the proportion of individuals with desirable traits.’ See Diane B. Paul and James Moore, “The Darwinian Context: Evolution and Inheritance,” in Bashford and Levine, 31.

3. A discussion of this link is in Carolyn Strange and Jennifer A. Stephen, “Eugenics in Canada: A Checkered History, 1850s–1990s,” in Bashford and Levine, 523–538; and in Mathew Thomson, “Disability, Psychiatry and Eugenics,” in Bashford and Levine, 120. Jonathan Ablard also suggests that in Argentina between 1890 and 1946, ‘Behind medical concern over unchecked immigration lay a more generalized [sic] fear for the future of the Argentine “race.”’ See Jonathan Ablard, “The Limits of Psychiatric Reform in Argentina, 1890–1946,” in *The Confinement of the Insane: International Perspectives 1800–1965*, edited by Roy Porter and David Wright (Cambridge: Cambridge University Press, 2003), 232.

4. Warwick Brunton, “The Scottish Influence on New Zealand Psychiatry before World War II,” *Immigrants and Minorities* 29, no. 3 (2011): 308–342. Also see Catharine Coleborne’s chapter, “Health and Illness, 1840s–1990s,” in *The New Oxford History of New Zealand*, edited by Giselle Byrnes (Melbourne: Oxford University Press, 2009), 495.

5. As Brunton himself notes, an ‘Anglocentric view’ of the development of medicine in New Zealand has prevailed until recently. See Brunton, 311. Brunton specifies that from England, New Zealand inherited an ideal of specialised public lunatic asylum care, from Ireland, a precedent of direct government management and from Scotland a committal system which did not differentiate between private and pauper patients.

6. “Report from Mr. E. W. Seager to the Hon. Dr. Buchanan,” *Appendices to the Journal of the House of Representatives (AJHR)*, session 1, H-10, 1871, 13.

7. Andrew Crowther, “Administration and the Asylum in Victoria, 1860s–1880s,” in *Madness in Australia: Histories, Heritage and the Asylum*, edited by Catharine Coleborne and Dolly MacKinnon, (Brisbane: University of Queensland Press, 2003), 86.

8. Captain Fraser, “Lunatic Asylums,” *New Zealand Parliamentary Debates* (hereafter *NZPD*), Vol. XIV, (1873), 362 (Wellington: G. Didsbury, Government Printer, 1873). The speech referring to Manning’s report was by the Hon. Captain Fraser, who was Inspector to the Asylum at Otago in 1872, see Jeremy Bloomfield, “Dunedin Lunatic Asylum 1863–1876,” in *Unfortunate Folk: Essays on Mental Health Treatment 1863–1992*, edited by Barbara Brookes and Jane Thomson (Dunedin: University of Otago Press, 2001): 26; Catharine Coleborne, *Madness in the Family: Insanity and Institutions in the Australasian Colonial World, 1860–1914* (London: Palgrave Macmillan, 2010), 15–21.

9. *NZPD*, 30 July 1873, Vol. XIV, 362 (Wellington: G. Didsbury, Government Printer, 1873).

10. Coleborne, *Madness in the Family*, 33.

11. Brunton, 326.

12. Michael Philp, “A Lucid Interval: The Professionalisation of Psychiatry in New Zealand 1877–1920,” (BA Hons thesis, University of Otago, 1991), 51; Rex Wright-St. Clair, *Medical Practitioners in New Zealand from 1840–1930* (Hamilton: R.E. Wright-St. Clair, 2003), 346.

13. Brunton, 321.

14. Lloyd Chapman, *In a Strange Garden: The Life and Times of Truby King* (Auckland: Penguin Books, 2003), 51.

15. “Annual Report—Provincial Lunatic Asylum—Original Draft of Ninth Report,” 29 February 1876, also final printed version as published in Auckland Provincial Gazette 109, 18 March 1876. For more on the influence of English, Irish and particularly Scottish influences on the New Zealand mental health system in the nineteenth century see Brunton, 308–342.

16. For biographical details on doctors who worked in the AMH in the nineteenth century, see Rex Wright-St. Clair, *Medical Practitioners*.

17. Coleborne, *Madness in the Family*, 43.
18. Hilary Marland, *Dangerous Motherhood, Insanity and Childbirth in Victorian Britain* (London: Palgrave Macmillan, 2004), 102.
19. Emma Spooner, "'The Mind is Thoroughly Unhinged': Reading the Auckland Asylum Archive, New Zealand, 1900–1910," *Health and History* 7, no. 2 (2005): 57.
20. James Mills, *Madness, Cannabis and Colonialism The 'Native-Only' Lunatic Asylums of British India, 1857–1900* (Basingstoke: Macmillan Press Ltd, 2000), 5.
21. For example see Ian Dowbiggin, "'An Exodus of Enthusiasm': G. Alder Blumer, Eugenics, and US Psychiatry, 1890–1920," *Medical History* 36 (1992): 379–402. In this article Dowbiggin attributes the 'psychiatric acceptance of eugenics' in the late-nineteenth century and early-twentieth century to a lack of success in 'practicing asylum medicine.' See Dowbiggin, 380. Matthew Philp supports this in his argument that psychiatrists called for the stemming of the 'tide of social democracy,' as the 'best classes' were not reproducing, while the 'imbecilic and congenitally mad were reproducing in droves.' Philp, 198.
22. Akihito Suzuki, "Framing Psychiatric Subjectivity: Doctor, Patient and Record-keeping at Bethlem in the Nineteenth Century," in *Insanity, Institutions and Society, 1800–1914*, edited by Joseph Melling and Bill Forsythe (London: Routledge, 1999), 122.
23. National Archives of New Zealand (hereafter NANZ), Auckland, Patient Case Book YCAA 1048/7, folio 145.
24. *Ibid.*
25. NANZ, Auckland, Patient Case Book YCAA 1048/5, folio 234.
26. *Ibid.*
27. *Ibid.* Cristina Rivera-Garza discusses a similar phenomenon in Mexican mental patient case notes in the 1910s, as 'when time or interest allowed it, doctors detected similar sufferings in the family of the inmate, adding ubiquitous comments about the hereditary legacy of this ailment.' Cristina Rivera-Garza, "Dangerous Minds: Changing Psychiatric Views of the Mentally Ill in Porfirian Mexico 1876–1911," *Journal of the History of Medicine* 6 (2001): 66.
28. NANZ, Auckland, Patient Case Book YCAA 1048/5, folio 547.
29. NANZ, Auckland, Patient Case Book YCAA 1048/6, folio 221.
30. *Ibid.*
31. NANZ, Auckland, Patient Case Book YCAA 1048/5, folio 667.
32. *Ibid.*
33. Alan Somerville, "Ashburn Hall 1882–1904" in Brookes and Thomson, 102.
34. "Table XIII—Causes of Insanity in the Admissions," *Appendices to the Journal of the House of Representatives* (hereafter *AJHR*) (Wellington: Government Printer, 1881) Vol. 2, H-13, 15. Data presented in table is from 1880.
35. "Table XIII—Causes of Insanity," *AJHR* (Wellington: Government Printer, 1886) Vol. 3, H-6, 19. Data presented in table is from 1885.
36. "Table XIII—Causes of Insanity," *AJHR* (Wellington: Government Printer, 1891) Vol. 3, H-2, 13. Data presented in table is from 1890.
37. "Table XIII—Causes of Insanity," *AJHR* (Wellington: Government Printer, 1896) Vol. 3, H-7, 16. Data presented in table is from 1895. Unfortunately there were no statistics available for all mental hospitals in New Zealand for 1865, 1870 or 1875.
38. "Table XIII—Causes of Insanity in the Admissions," *AJHR* (Wellington: Government Printer, 1881) Vol. 2, H-13, 15.
39. "Table XIII—Causes of Insanity," *AJHR* (Wellington: Government Printer, 1886), Vol. 3, H-6, 19. "Table XIII—Causes of Insanity," *AJHR*, (Wellington: Government Printer, 1891), Vol. 3, H-2, 13.
40. "Table XIII—Causes of Insanity," *AJHR* (Wellington: Government Printer, 1896), Vol. 3, H-7, 16. Secondary literature suggests that the attribution of mental illness in New Zealand mental hospitals to heredity was comparable to that of an English mental hospital. Joseph Melling and Bill Forsythe have explored rates of attribution of mental illness to heredity at the Wonford House Asylum in Devon, for patients admitted

between 1855 and 1914. They found that 6.96 percent of male admissions, and 7.29 percent of female admissions, during this time, were attributed to hereditary causes. For both genders, 'hereditary,' as a cause, was second only to 'unknown.' See Joseph Melling and Bill Forsythe, *The Politics of Madness: The State, Insanity and Society, 1845–1914* (London: Routledge, 2006), 196, table 9.5.

41. "Table XIII—Causes of Insanity," *AJHR* (Wellington: Government Printer, 1896), Vol. 3, H-7, 16. This problem with the asylum data has been identified by Caroline Hubbard, "Seacliff and Ashburn Hall Compared, 1882–1911," in Brookes and Thomson, 105.

42. Taking every tenth patient from a sample of 2509 patients should yield 250 patients. My sample is five less than this. This discrepancy is due to the fact that the 2509 patients included some patients admitted multiple times, who were thus assigned the same number at each admission, but were recorded in multiple separate entries in the admissions register.

43. Examples of this are John Stenhouse, "Religion and Society," in Byrnes, 337; and Margaret McClure, "Body and Soul: Heroic Visions of Work in the Late Nineteenth Century," in *Fragments: New Zealand social and cultural history*, edited by Bronwyn Dalley and Bronwyn Labrum (Auckland: Auckland University Press, 2000), 98–101.

For a discussion of historians' responses to the apparent relationship between immigration and insanity, see David Wright, James Moran and Sean Gouglas, "The Confinement of the Insane in Victorian Canada: The Hamilton and Toronto Asylums, c. 1861–1891" in Porter and Wright, 120–123.

44. Angela McCarthy, "Migration and Ethnic Identities in the Nineteenth Century," in Byrnes, 194.

45. Mr. Vogel, "Immigration," *NZPD*, Vol. 3 (Wellington: Government Printer, 1868), 134.

46. Dr. Pollen, "Imbecile Passengers Bill," *NZPD*, Vol. 15 (Wellington: Government Printer, 1873), 1538. Also see Bloomfield, in Brookes and Thomson, 28.

47. Philippa Mein Smith, *A Concise History of New Zealand* (Melbourne: Cambridge University Press, 2005), 117.

48. "M. Moreau on Hysterical Mania and Epilepsy," *British Medical Journal* (hereafter *BMJ*) 2, no. 247, (23 September 1865): 311.

49. Warwick Brunton's research cites the *Journal of Mental Science* as a 'major source of new ideas available to New Zealand officials.' See Brunton, 326.

50. Henry Maudsley, "An Address on Medical Psychology," *BMJ* 2, no. 606 (10 August, 1872): 166.

51. This is based on the many references made to the *BMJ* made in the *New Zealand Medical Journal*, particularly those which refer to the importance of the *BMJ* as an important source of knowledge for medical doctors living in New Zealand.

52. J. W. Springthorpe, "Hygienic Conditions in Victoria," *Transactions of the Intercolonial Medical Congress* (Melbourne, 1889): 466, cited in Coleborne, *Madness in the Family*, 54. A speech by Dr. Chisholm Ross, at the same Medical Congress, described the white Australian race as 'peculiarly free from mental disease' in comparison to the English and Irish, while, mirroring concerns in Argentina about some European immigrants, blamed the 'Continent of Europe' for the 'undue number of the insane' in the colony, perhaps suggesting that immigration should shoulder some responsibility for mental illness in Australia.

53. Harriet Deacon, "Insanity, Institutions and Society: The Case of the Robben Island Lunatic Asylum, 1846–1910," in Porter and Wright, 35.

54. Deacon, 35.

55. "Report of Inspector of Asylums," in *Reports of the Medical Committee ... for 1891*, CPP, G 36-1892, 10, cited in Deacon, 35n90.

56. Quoted in R. C. Warwick, "Mental Health Care at Valkenberg Asylum 1891–1909," BA Hons thesis, University of Cape Town (1989), 57, cited in Deacon, 36n91.

57. Deacon, 36.

58. Waltraud Ernst, "Out of Sight and Out of Mind: Insanity in Early Nineteenth-

- Century British India," in Melling and Forsythe, *Insanity, Institutions and Society*, 255.
59. Ablard, 232.
60. H. Venzetti, *La Locura en al Argentina [Madness in Argentina]* (Buenos Aires, 1985): 185–91, cited in Ablard: 231n24.
61. Mariano Ben Plotkin, "Freud, Politics and the Portenos: The Reception of Psychoanalysis in Buenos Aires, 1910–1943," *Hispanic American Historical Review* 77 (1997): 50.
62. Ablard, 232.
63. Eduardo A. Zimmerman, "Racial Ideas and Social Reform: Argentina 1890–1916," *Hispanic American Historical Review* 72 (1992): 37.
64. Cristina Rivera-Garza, "Becoming Mad in Revolutionary Mexico: Mentally Ill Patients at the General Insane Asylum, Mexico, 1910–1930," in Porter and Wright, 254. Aline Helg's research into ideas about race in Argentina and Cuba in the late-nineteenth century and the earliest-twentieth century documents the shift in 'themes' of anxiety from 'blacks, Indians and miscegenation' to 'immigration,' in the 1880s. Aline Helg, "Race in Argentina and Cuba, 1880–1930: Theory, Policies and Popular Reaction," in *The Idea of Race in Latin America, 1870–1940*, edited by Richard Graham (Austin: University of Texas Press, 1990), 43.
65. Rivera-Garza, "Becoming Mad," 254.
66. *Ibid.*
67. Rivera-Garza, "Dangerous Minds," 43–54. Quotation is from page 43. Hugh Freeman defines degeneration theory as 'since mental illness was directly inheritable, previous generations had produced a pathological momentum which could also be seen in the form of alcoholism, tuberculosis, poverty and other adverse outcomes.' See Hugh Freeman, "Psychiatry in Britain, c. 1900," *History of Psychiatry* (2010), 312.
68. Rivera-Garza, "Dangerous Minds," 66.
69. Dowbiggin, 379.
70. Janet Miron, "'In View of the Knowledge to be Acquired': Public Visits to the New York's Asylums in the Nineteenth Century," in *Permeable Walls Historical Perspectives on Hospital and Asylum Visiting*, edited by Graham Mooney and Jonathan Reinartz (Amsterdam: Rodopi, 2009), 252.
71. Dowbiggin, 379, 386. However, as Dowbiggin discusses, Blumer wrote in an unpublished paper in 1903 that it was 'doubtful that immigrants to a new country are composed largely to the defective classes.' G. Alder Blumer, "Are We Degenerating?" *G. Alder Blumer Papers*, Isaac Ray Historical Library, Butler Hospital, Providence, RI, cited in Dowbiggin, 397.
72. Aristide, R. Zolberg, *Nation by Design: Immigration Policy in the Fashioning of America* (Cambridge: Harvard University Press, 2006), 193. Similar to New Zealand law, the 1882 Immigration Act stated that provision for the return of such restricted persons was the responsibility of the ship owner. (Zolberg, 193)
73. Dowbiggin, 380. Similar to Rivera-Garza's suggestion that doctors working for the Mexican state favoured heredity over modernisation as an explanation for mental illness, because it exonerated the state, Dowbiggin suggests that much of Blumer's favouring of eugenics in the early-twentieth century was in the interests of career advance. See Rivera-Garza, "Dangerous Minds"; Dowbiggin, 379.
74. Dowbiggin, 386. Norman Dain discusses the growth of 'scientific medicine' in post-Civil War United States. In this, Dain refers to a shift in ideas about mental illness to being 'largely hereditary,' in which the mentally ill patients was viewed as 'a product of reverse evolution,' an 'inferior being who deserved to go under.' While Dain does not claim this perspective to be universal among American doctors in the late-nineteenth century, he does highlight its popularity and pervasiveness. Norman Dain, "The Chronic Mental Patient in 19th–Century America," *Psychiatric Annals* 10 (1980): 15.
75. Richard Fox, *So Far Disordered in Mind Insanity in California 1870–1930* (Berkeley: University of California Press, 1978), 28.