

NEW NORFOLK ASYLUM

Historical Background

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Abbreviations

HA	House of Assembly
LC	Legislative Council
PP	Parliamentary Papers
RDH	Royal Derwent Hospital
WC	Willow Court

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1.0 1827-33: New Norfolk Invalid Barracks and the new Hospital

The first provision for the care of the sick in Tasmania consisted of scattered invalid barracks and depots, administered by the Crown for the care of the convicts under its control¹. The scattered geographical location of these, their small size, a lack of medical staff and high rates of illness among a convict population which was also scattered in many small settlements, led Governor Arthur to issue the following Memorandum on 2 April 1827²,

I have reason to think that the invalids supported by the crown have very little care taken of them, and it is necessary that the establishment should be placed altogether on a better footing.

To this end . . . give instructions to the Principle Supt. that they may be forthwith sent to New Norfolk where I am of the opinion they may be comfortably lodged, and taken care of at a very trifling expense . . .

The medical care of these people may be confided to Dr Officer, District Surgeon . . . Let an intimation be made to the Police magistrate of New Norfolk who will countersign any requisitions for clothing or comforts for the people, and who will from time to time inspect the invalid barrack and report on it. He will also consider and direct what labour may be performed by the invalids who should on no account be suffered to be unemployed

The last sentence of Governor Arthur's Memo. indicates that, even though the people at New Norfolk were invalids, the colonial administration was not prepared to maintain the barracks there purely as a charitable institution. This economic rationalist approach to the management of the unfortunates at New Norfolk on the part of the colonial administration, was to characterise the entire history of the institution.

The barracks that is referred to in the Memo. was originally built to house sick and invalid convicts from nearby road gangs, or those who were assigned servants in the area. The date of its construction and its precise location are not known, but it is likely to have been in existence by at least the early 1820s. In a letter to the Colonial Secretary Mr J Burnett, dated 25 November 1828³, Dr Officer complains of the "dilapidated state" of the buildings, suggesting they were already of some antiquity by that date.

¹ Gowland, R. W. 1981 *Troubled Asylum. The History of the Royal Derwent Hospital. New Norfolk, Tasmania.* p. 1.

² CSO 1/83/1838.

³ ibid.

A second Memorandum issued by Governor Arthur on 11 May⁴, indicates that his earlier Memo. was intended to apply to free invalids of the colony, as well as convicts, when he orders,

... first let the persons, whether free or prisoner, who are now in the invalid house [in Hobart] be removed to New Norfolk - the let those who come within the same class in the penitentiary be the next removed - then let any of those invalids being prisoners, who are living in an objectionable manner, be removed to the same establishment as their cases become properly known to the Government through the Police.

The intent of the two Memos then, was to establish the invalid barracks at New Norfolk as a receiving house for all invalids in the colony, where they could be cared for more effectively, and no doubt more economically, by the colonial administration. While its intent was worthy, this scheme quickly proved far too ambitious for the barracks at New Norfolk. Far from the invalids being "comfortably lodged", Dr Officer's letter to the Colonial Secretary of 25 November describes miserable conditions,

The prevailing diseases in this establishment consist of chronic rheumatism, paralysis, affections of the eyes and joints and I might say how absolutely necessary a comfortable habitation is for such cases. Many of them have been greatly aggravated by the wretched conditions of the hovels they inhabit, and though several of them are far from being hopeless, little attempt can at present be made to attempt a cure.

The barracks, as you are aware, consist of two apartments, which during the rain are inundated both from above and below, in which cooking, washing, and all other necessary operations are performed, and in which the patients are huddled together without regard to moral or physical discrepancy.

Many of the patients are well disposed men, while others are remarkable for opposite qualities, and it would therefore be much desirable in every point of view, to possess some means of classification.

At present every attempt at reformation or improvement, whether in minds or bodies of those wretched men is utterly vain and hopeless. I beg leave therefore, in the strongest manner, to urge the erection of a better barrack, and as you must be well acquainted with the accuracy of the representation I have made, I trust your cordial recommendation to the Governor will not be wanting.

⁴ ibid.

Dr Officer's letter describes the barracks as a place where invalids were simply sent to be housed, with little or no facilities for actually treating their illnesses. Moreover, the poor quality of the housing was such that it materially contributed to a decline in the condition of many of the invalids sent there. Dr Officer indicates that the Colonial Secretary had first-hand experience of the conditions he describes, and it must have been his representations based on this knowledge that prompted Governor Arthur to action. A letter from the New Norfolk Police Magistrate, Mr W. Hamilton, to the Colonial Secretary dated 17 December 1828⁵, conveys a plan for a new hospital, drawn up by himself and Dr Officer in response to a request from the Colonial Secretary,

In conformity with the direction conveyed to me in your letter of the 28th ultimo, I transmit for the consideration of the Lieut. Governor, the accompanying plan of the hospital for sixty convict invalids - which also comprises accommodation for ten lunatics, and for the probable number of occasional patients, that may be received from the public works within the district, and from the service of settlers.

In the proposed building I have given all possible attention to economy in its structure, and convenience in its arrangement; the latter has met the approval of the medical superintendant. The residence for that officer is laid down on as small a scale as is (in my humble judgement) compatible with ordinary comfort.

The situation I would recommend for the site of the hospital, as affording shelter, dry ground, proximity to firewood and good water, is to be found adjoining the parsonage - the paling fence of which could be made available for two sides of the hospital enclosure. The space referred to would be about 6 acres. A sketch of the ground shall be forwarded, as soon as I can obtain it from the survey office.

Unfortunately, the sketch of the new hospital building has not survived. However, the sketch showing the proposed location of the new building has (Fig. 1). The building itself is shown as a U-shaped structure, with its base aligned on a northeast-southwest axis. The protrusion attached to the northeastern arm is presumed to be the medical superintendant's residence.

The response of Governor Arthur to the proposal comes in a letter dated 9 January 1829, instructing the Colonial Secretary to notify the Colonial Architect, Mr John Lee Archer, to commence construction "... as early as possible ..."⁶. Before construction could

⁵ *ibid.*

⁶ *ibid.*

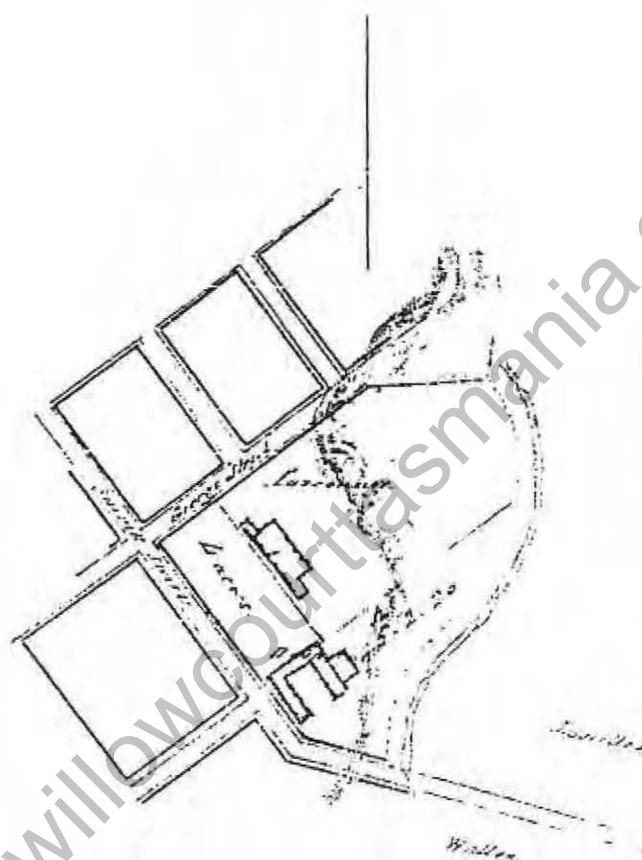


Figure 1: Initial location plan for the new hospital building at New Norfolk submitted to the Colonial Secretary by Dr Officer and the New Norfolk Police Magistrate on 17 December 1828 (Archives Office of Tasmania CSO 1/83/1838).

begin, however, a detailed design of the building had to be prepared. This was not completed until 18 December, 1829⁷.

Although, in a letter dated the 10th of January 1830⁸, Governor Arthur had instructed Archer to begin construction of the new invalid hospital in that month and to have the building finished by the end of that summer, the project was again delayed when Dr Officer decided on a different location to that originally proposed. In a letter to the Police Magistrate, Mr Hamilton, dated 29 January 1830⁹, Dr Officer recommended a new site on the opposite (southeast) side of Burnett Street. This land had previously been owned by My Hamilton, but had become vacant. A location sketch accompanying Dr Officer's letter shows the proposed hospital in its present location (Fig. 2). Further delays due to a lack of labourers and materials meant that by March 1830 the new hospital was still not complete, prompting the Colonial Secretary, in a letter dated the 27th of that month¹⁰, to express his dissatisfaction to Archer that Governor Arthur's completion date would not be met. Presumably it had been finished by 1833, as a sketch of the completed building was published in the *Hobart Town Magazine* that year¹¹ (Plate 1).

The construction of the new invalid hospital at New Norfolk had not solved all of Governor Arthur's problems in providing for the care of the sick in the colony, however. There still remained the problem of the many mentally ill patients scattered around the colony. As early as 1831, Arthur must have contemplated housing these at New Norfolk also. John Archer wrote to Arthur on 18 June 1831¹², endorsing a plan for buildings to house insane patients at New Norfolk submitted to him by Dr Officer.

The report of a Board of Inquiry to convened to consider "the best means of giving medical assistance to paupers (free persons) who are sick or insane; as well as to report on the present state of maniacs generally", presented to Governor Arthur on 21 November 1831¹³, also favoured expansion of the newly built hospital at New Norfolk as a solution to the problem,

⁷ *ibid.*

⁸ *ibid.*

⁹ *ibid.*

¹⁰ *ibid.*

¹¹ *Hobart Town Magazine*, December 1833.

¹² CSO 1/83/1838.

¹³ CSO 1/582/13172.

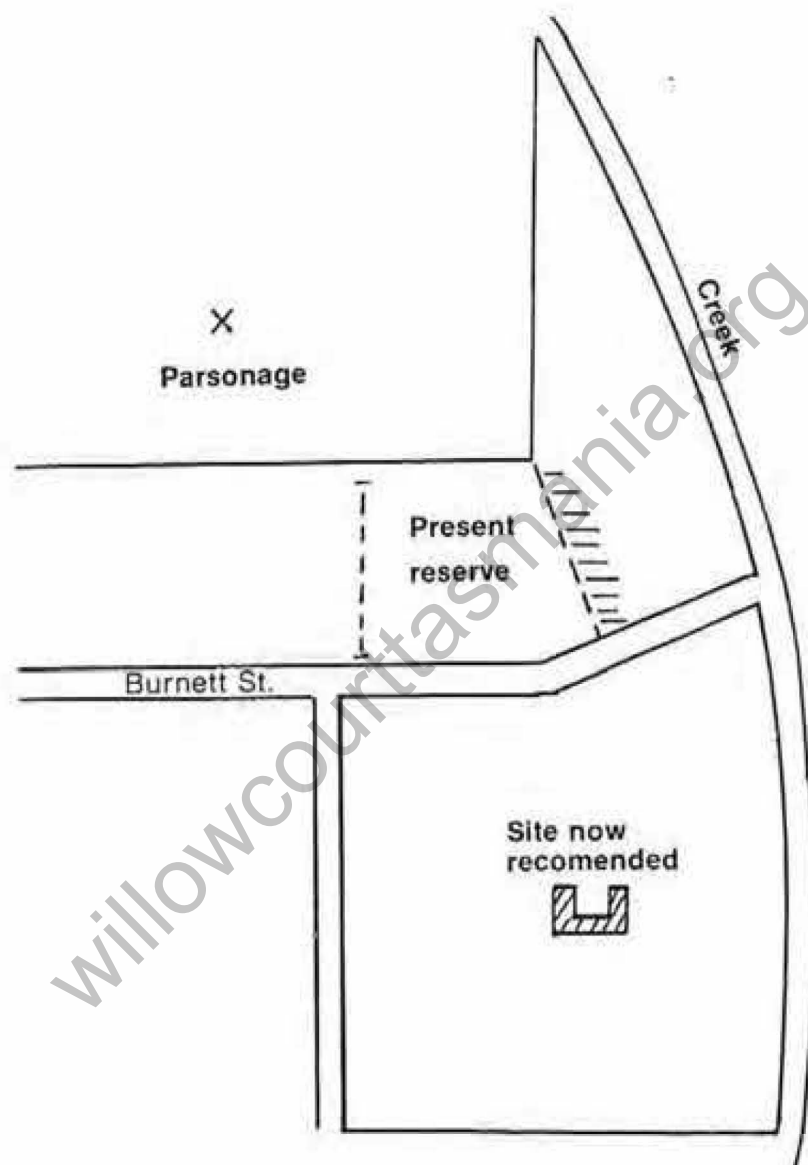


Figure 2: The revised location plan for the new hospital, showing the building in its present location (Archives Office of Tasmania CSO 1/83/1838).



Plate 1: Sketch of the new invalid hospital building at New Norfolk, published in the *Hobart Town Magazine* in 1833 (Tasmaniana Library).

It has come to the knowledge of the Board that these, last mentioned unfortunate creatures, have now become a public nuisance, from the manner in which they are allowed to roam at large . . .

The Board have inspected the place allotted for the reception of these patients at the Colonial Hospital in Hobart, and have called on the Colonial Surgeon for a return of the number of maniacs at present accommodated, his means of accommodation, and the average number of maniacs yearly; and are of the opinion that it is most inadequate for the purpose. Being small, confined and insecure, and the maniacs in it being allowed to mingle indiscriminately with all the other patients in the hospital. The Board therefore most strongly recommend . . . that a suitable building be erected, and they do not know of any place better adapted for such an establishment than New Norfolk, adjoining the invalid hospital.

The building should be sufficiently large and well enclosed to allow the lunatics being kept under that restraint and moral discipline which can allow their comfort and security, or hold out a prospect of their being ultimately cured.

In reference to the mode of giving medical assistance to free persons too poor to pay for it, the Board for the present can only offer the following recommendation viz:

1. That no free pauper be admitted into any of the colonial hospitals unless a physician or surgeon certify that the state of the patient's disease absolutely requires hospital treatment, and the clergyman of the district state that he or she is really an object of charity and quite unable to pay for assistance.
2. That no free person be supplied with medicines from the colonial hospitals (as outdoor patients) unless on production of a certificate from the clergyman to the above effect.

The last portion of this report indicates that, when the purpose of the establishment at New Norfolk had been expanded to care for free persons as well as convicts by Arthur's edicts in 1827, they had been made to pay for it if at all possible. Exemption from this rule was to be granted only in the most deserving of cases, and it was to be strictly policed.

Despite a representation from the Colonial Surgeon Dr Scott, to the Colonial Secretary on 7 February 1832¹⁴, that a lunatic asylum would be better situated closer to the main population centre of the colony in Hobart, the addition of an asylum to the invalid hospital at New Norfolk went ahead in 1833. However, construction proceeded slowly

¹⁴ CSO 1/83/1838.

and on 27 April 1833¹⁵, Governor Arthur instructed the Colonial Secretary to draft a letter to John Archer in the following terms,

On visiting New Norfolk on the 11th instant and finding the progress of the building by no means to answer my expectation I found, on reference to Dr Officer, the Assistant Surgeon that the delay proceeded from the want of materials.

That officer stated to me that from want of timber the madhouse remained unroofed, which might otherwise have been covered. That the shingler and plasterer had both been idle for want of nails for many weeks. That the doors could not be hung for want of hinges . . .

This lack of building materials in the Government stores was such that Archer was forced write to the Colonial Secretary in June 1833¹⁶ to request permission to let private contracts for their supply.

Governor Arthur's dissatisfaction at the slow progress of construction of the asylum caused him to send a Memorandum to the Colonial Secretary on 19 October 1833¹⁷, directing him to set up a board of enquiry into,

. . . the state of the premises, the general and particular accommodation afforded and their adaptation to the general purposes of the institution - ventilation etc., etc., - and especially whether the portion of the building set apart for the insane patients is quite secure in every respect; - the number of invalids the establishment may be capable of containing - the manner in which it has been, and is, conducted, and the fitness of the subordinate officers for performing the duties entrusted to them . . .

The report of the board was presented to Governor Arthur on 24 October 1833¹⁸. Its general finding was that,

The situation of the building appears to be the best that could have been selected in the township, and the quantity of ground attached to it, within its insulated situation, being bound on all sides by the street, will prevent it ever being encroached upon by other buildings; the particular appropriation of the hospital grounds, consisting of about eleven acres, of which the board entirely approve is shown in the

¹⁵ ibid.

¹⁶ ibid.

¹⁷ ibid.

¹⁸ ibid.

accompanying plan, in which the dimensions of the wards and other apartments are also exhibited.

The board reported in more detail on other aspects of the establishment under a series of sub-headings. In summary, their findings were,

General Plan

The Board much approves of the general plan of the hospital, as combining in a great degree the various qualities requisite in an establishment of this nature.

Ventilation etc.

The wards are lofty, and commodious, but the plan adopted for their artificial ventilation appears to be very inefficient.

Supply of Water

On inquiring into the mode in which the establishment is supplied with water, the Board found great deficiency in this most essential point. The water obtained from the well which has been sunk in the hospital yard is of a very bad quality, and is from its great depth, procured with so much labour and difficulty, that it is of little benefit to the establishment. On considering this important subject, the Board were led to inquire into the practicability of bringing a stream of water into the premises from the adjoining streamlet . . . and they are decidedly of the opinion, that this most desirable object could be effected with great facility, and at very moderate expense . . .

Privies and Common Sewer

Among the many advantages . . . attending the introduction of a stream of water into the establishment, not the least will be the facility which it will afford of cleaning the sewers, and privies, which are at present in a very defective state.

Extent and Nature of Accommodation

The portion of the building appropriated for the reception of male invalids and patients, contains 8 large wards and several small rooms, affording most comfortable accommodation for about 110 patients. These wards have no communication with each other, but open directly into the common court by which advantages of order and pure air are efficaciously obtained. This arrangement appears to the Board however to render the erection of a verandah necessary in this part of the building, by which patients would be enabled to take exercise in wet weather and protection would be afforded from the oppressive heat of the sun in summer.

Kitchen etc.

The Board much approves the plan of the public kitchen, wash house and store room.

Dispensary

The dispensary is inconveniently small, and the Board suggests to the engineer a different arrangement, of easy accomplishment, by which this inconvenience would be removed.

Dead House

The room originally set apart as a dead house is totally unfit for the purpose and the Board recommend that a much larger and better lighted apartment should be provided for this purpose.

Female Patients

The ward for the reception of females affords excellent accommodation for about 20 patients, and the Board much approves of the arrangement by which all communication between the sexes is effectively guarded against.

Insane Asylum

The whole plan and construction of the lunatic asylum the Board most fully approves of, in which every attention is shown to the security as well as the comfort of the unfortunate inmates, both male and female. The separation of the sexes of that unhappy class is very effectual, and the apartments and yards of both are overlooked by the windows of the Superintendant and Matron's quarters.

The airing grounds attached to each are spacious and convenient, but they will be totally unavailable, until surrounded by a high wall, as shown in the accompanying plan, the immediate erection of which, the Board most strongly recommends.

The asylum will afford ample accommodation for 40 patients of each sex. The whole establishment is therefore capable of containing the undermentioned numbers of the different classes of patients:

[Hospital]	110 male patients	20 female ditto.
[Asylum]	40 male lunatics	40 female ditto.

Mode in which the Institution is Conducted

A copy of the regulation for the government of the establishment was submitted to the Board by the Assistant Surgeon in charge of the establishment, which met with their entire approbation, and the Board had much reason to commend the clean and ordinary state of every part of the premises.

Superintendent and Matron

The offices of Superintendent and Matron, so arduous and responsible in an establishment of this kind, the Board have every reason to believe they are effectively filled by their present occupiers . . .

Inferior Servants

With the exception of the Superintendent and matron, no other free person is attached to the establishment, all the inferior duties being performed by convicts . . . but the Board are of the opinion that assistance of a more respectable and responsible nature will soon be required, the establishment being already large, and likely to be much increased.

The duties of Wardsmen, Washermen, Cooks etc., are satisfactorily performed by convicts, the greater part of whom the Board found to be labouring under some chronic disease, or bodily imperfection, which would have unfitted them for more laborious work.

Clerk

The services of a competent Clerk appear to be urgently wanted in the establishment . . .

Chapel

The Chaplin of the district appears to pay much attention to the religious instruction of the inmates of the institution, but the want of a room sufficiently capacious for assembling them at Divine Worship is much felt. The Board therefore, think it desirable and recommend that a small chapel should be erected on the premises.

Muster of Patients

The Board made a very particular muster and examination of all the patients, and invalids etc., in order to ascertain whether any of them were now able to obtain a livelihood; but were only able to order the discharge of one or two persons.

Number of Persons at Present in the Institution

The number of persons at present in the institution, the Board found to be as follows:-

Male invalids and patients	45
Female ditto	44
Male lunatics	16
Female ditto	<u>4</u>
	<u>109</u>

Wardsmen, nurses

Washermen etc.

21

130

In concluding their report, the Board cannot refrain from expressing their opinion of the great public utility of the institution, and of the necessity which existed for such an establishment in the colony.

Unfortunately the plan accompanying the Board's report has not survived. However, a survey map of the township of New Norfolk dated 15 May 1833 (Fig. 3), shows the hospital and asylum complex and its associated land. The extent of the asylum building shown on this map does not match that shown on Archer's plan for its construction (Fig. 4); the two wings extending from the quadrangle on Archer's plan not being shown on the survey map. Construction of these had obviously not begun by May 1833. The report of the Board of Inquiry also notes the absence of verandahs around the internal walls of the hospital, high walls around the exercise yards outside the complex and a chapel, all shown on Archer's plan but again not yet constructed.

Archer's final design for the hospital and asylum complex had expanded considerably from the original U - shaped proposal of Dr Officer and Mr Hamilton. It now included a quadrangular asylum complex attached to the rear of the original U - shaped hospital, intended to house lunatic patients, with two further wings extending from this. The asylum complex was divided down its northwest - southeast axis, and one half each given to the use of male and female patients respectively. This is the first indication that the new institution at New Norfolk was to cater for female, as well as male patients. All patients at the old barracks at New Norfolk had been male. The two large, internal courtyards of the new complex were to serve as exercise yards, again divided for male and female patients. In addition more exercise yards were arranged along the external walls of the complex. Provision was made in the hospital section for a surgery, dispensary, store, kitchen, wash-house, mortuary, offices and overseer's rooms. Privies were located in the exercise yards. Verandahs extended around the internal walls of the U - shaped hospital building.

In the asylum section, most of the communal wards were sub-divided into smaller cells. Provision was also made for two stores, two kitchens, superintendant's quarters, a wash-house and a chapel. Privies were again located in the exercise yards.

Archer's design must have benefited significantly from the medical input of Dr Officer. It foreshadows in several important respects standards for such buildings that were

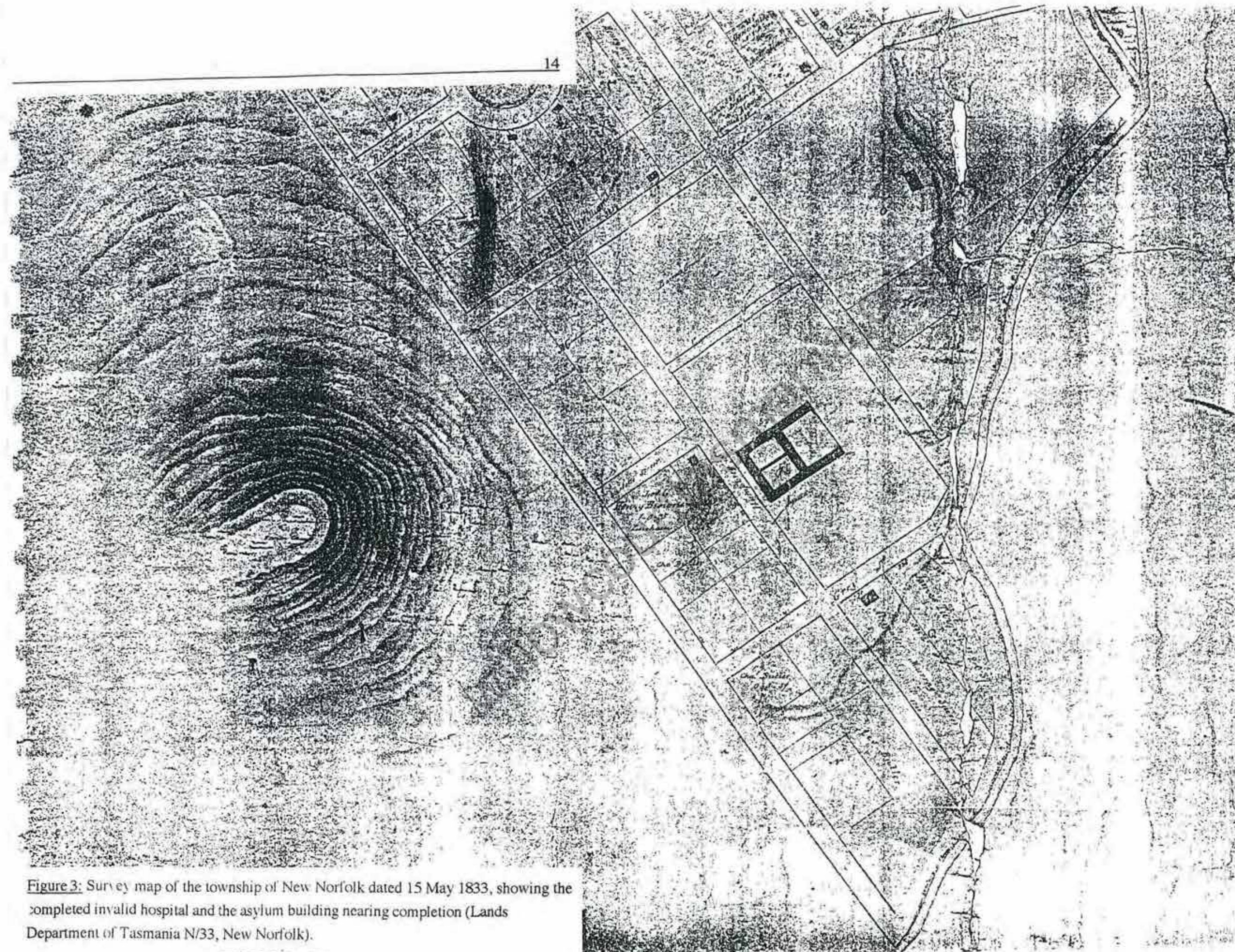
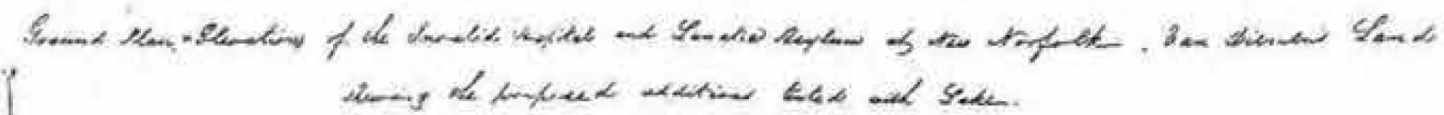


Figure 3: Survey map of the township of New Norfolk dated 15 May 1833, showing the completed invalid hospital and the asylum building nearing completion (Lands Department of Tasmania N/33, New Norfolk).



advocated in a treatise on the care of the insane published in 1847 by a distinguished English physician, Dr John Connolly¹⁹. Connolly advocated a standardised design for asylum and hospital buildings²⁰,

... security does not require gloom or a frightful apparatus. We recognise that the building should be on a healthy site, freely admitting light and air, and drained space should be allowed for summer and winter exercise, for various employments, and for all the purposes of domestic economy. Warmth must be provided for during the winter, light for the winter evenings, coolness and shade in the summer. Separate wards and bed-rooms for the tranquil, for the sick, for the helpless, for the noisy, for the unruly, or violent, and the dirty; a supply of water so copious, and a drainage so complete, that the baths, water closets, and building in general, may always be kept perfectly clean and free from bad odours. There should be workshops and workrooms, and schoolrooms, separate from the wards, and cheerfully situated; a chapel, conveniently accessible from both sides of the asylum; as also a kitchen, a laundry, a bakehouse, a brewhouse, and rooms for stores, and all the requisites for gardening and farming; and also a surgery, and all that is necessary for the medical staff. All these are indispensable in every large public asylum ...

The more experience I have of the duties to be performed in a lunatic asylum, the more strongly I become impressed with the inconveniences attending any part of the building consisting of more than two storeys ...

Among the various forms of asylums adopted by architects, I believe there is none so convenient as one in which the main part of the building is in one line; the residence of the chief physician being in the centre ... To this main line, wings of moderate extent being added at right angles in each direction. The building assumes what is called the H form ...

A public asylum is ordinarily a series of galleries out of which almost all of the bedrooms open on one side ...

The galleries should be light and cheerful ... the windows should be low and large ...

At least $\frac{2}{3}$ of the patients should have single rooms and dormitories shouldn't contain more than 4 or 5 beds ...

Rooms should be well ventilated with windows and skylights and warmed by piped steam under floors ...

¹⁹ Connolly, J. 1847. *The Construction and Government of Lunatic Asylums and Hospitals for the Insane*. John Churchill, London.

²⁰ *ibid.*, pp. 8-31.

Together with these standards, a comparison of a standardised 'Linear' plan for lunatic asylums produced by Connolly (Fig. 5) with Archer's design for the New Norfolk Asylum shows that, while Archer's design scored well on Connolly's standards of site choice, basic building design, provision of exercise yards, chapel, kitchens and bath-houses and classification of patients, Connolly would not have approved of the lack of separate eating rooms for the patients, the lack of laundry facilities, the paved exercise yards with high walls, the small, high windows in the wards and a lack of provision for workshops in which the patients could be occupied. While an assessment of the design of the New Norfolk Asylum according to standards which weren't published until almost 20 years later may seem unfair, the surprising degree to which Archer and Dr Officer's design conforms to those standards suggest that Connolly was writing of principles which had been established or known for some time prior to his publication. On the whole, despite some notable exceptions perhaps derived from the fact that most of the patients at New Norfolk were still convicts under sentence and the Colonial Administration had a tight budget and limited resources, Archer's design for the New Norfolk Asylum was well-considered for the humane treatment of invalids and mental patients.

Archer had already had an opportunity to test some of the ideas used in the design of the New Norfolk Asylum in his design for the conversion of Lowe's Distillery in Hobart into a House of Correction for females, in 1827²¹, later to become the Cascades Lunatic Asylum. Both designs followed an approach of sleeping rooms arranged the inside of a blank wall, forming a central courtyard from which they were entered and lit. Most convict barracks or penitentiaries in Tasmania followed this basic plan²², which was based on the common form of English institutional buildings in the 19th century²³. The only major difference between this approach and Connolly's 'Linear' design for asylums was Connolly's addition of an internal passageway, which Governor Arthur would probably have considered an unnecessary expense. The function of such a passageway was later assumed with the addition of verandahs to Archer's design in any case.

New Norfolk was the first custom-built lunatic asylum in the Australian colonies. The only other comparable building of early 19th-century date was the asylum erected at Tarban Creek, on the Parramatta River near Sydney, in 1835-38²⁴. This was designed by

²¹ Kerr, J.S. 1984. *Design for Convicts: An Account of Design for Convict Establishments in the Australian Colonies During the Transportation Era*. National Trust of Australia (NSW) & Australian Society for Historical Archaeology, Sydney. pp. 67-8.

²² *ibid.*, p. 70.

²³ *ibid.*, p. 53.

²⁴ Kerr, J.S. 1988. *Out of Sight, Out of Mind: Australia's Places of confinement, 1788-1988*. S. H. Ervin Gallery & National Trust of Australia (NSW), Sydney. pp. 35-6.

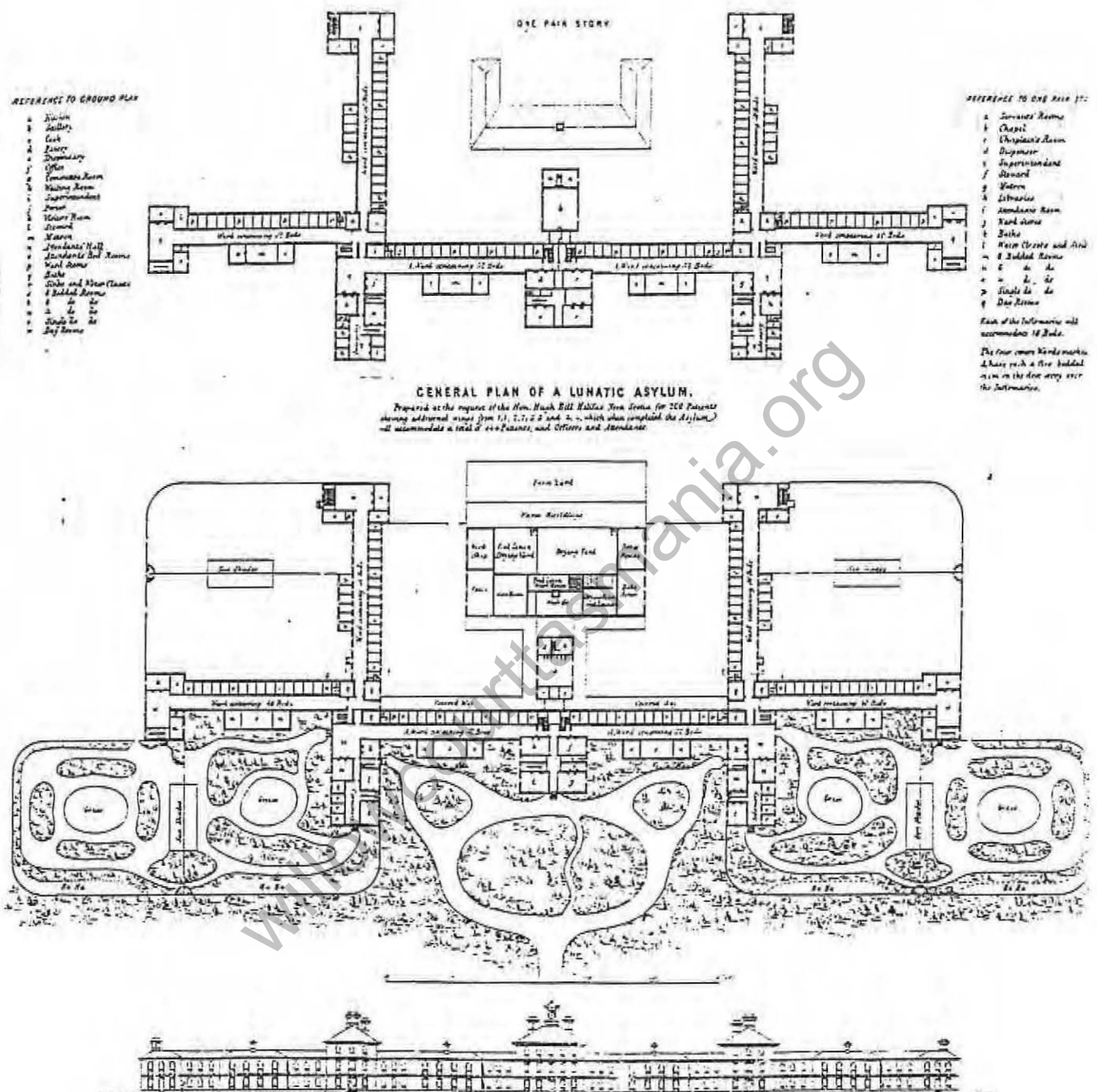


Figure 5: Standardised 'Linear' design for lunatic asylums recommended by the English physician Dr Connolly in 1847 (Connolly 1847: Appendices). The basic design and layout of Archer's asylum at New Norfolk bears some strong similarities to Connolly's plan in utilising a basic H- shape, with linear wings enclosing exercise yards.

Governor Bourke's Colonial Architect, Mortimer Lewis, with the assistance of a publication by Englishman Samuel Tukes entitled *Hints on the Construction of Pauper Lunatic Asylums*. Tukes' publication must also have been consulted by Conolly, because the design of the asylum at Tarban Creek follows the same, basic H - shape as Conolly's standardised 'Linear' design and the asylum at New Norfolk, with wards arranged around the inside walls of courtyards (Fig. 6). This basic approach to design was again followed for a small asylum built at Yarra Bend, in Victoria, in 1848²⁵, while plans for asylums built in the 1860s at Kew, near Melbourne, and Beechworth and Ararat in Victoria, were almost identical to Conolly's standardised design²⁶. The fact that these no longer had to serve as prisons for convicts, may have allowed greater freedom to put into practice Conolly's ideas.

Despite the new buildings, and the generally good report of the Board of Inquiry conducted in 1833, Dr Officer was not without significant problems in running the new establishment. His main difficulty was obtaining suitable and reliable staff. As early as 9 August 1830²⁷, he wrote to the Colonial Secretary informing him that he had to dismiss his convict overseer for misconduct, and on 26 November of that same year a similar letter informed the Colonial Secretary that the replacement overseer, another convict, had also been dismissed for the same offence²⁸. Dr Officer later informed the Colonial Secretary on 13 December 1831²⁹, that the second replacement, again a convict, had lasted only slightly longer before receiving his discharge for misconduct. The crimes of the first two are not recorded, but that of the third was embezzlement of wine from the stores. In view of the demonstrated unsuitability of appointing convicts to work in the hospital, Dr Officer strongly argued, after the third dismissal, for the appointment of a free overseer and matron. On 2 December 1831³⁰, Governor Arthur communicated to Dr Officer's superior, the Colonial Surgeon Dr Scott, that he considered this an "unnecessary expense", however, and convicts continued to be appointed until 1833, when the report of the Board of Inquiry conducted in that year notes that the Superintendant and matron were free persons.

²⁵ *ibid.*, p. 83.

²⁶ *ibid.*

²⁷ CSO 1/83. 1838.

²⁸ *ibid.*

²⁹ *ibid.*

³⁰ *ibid.*

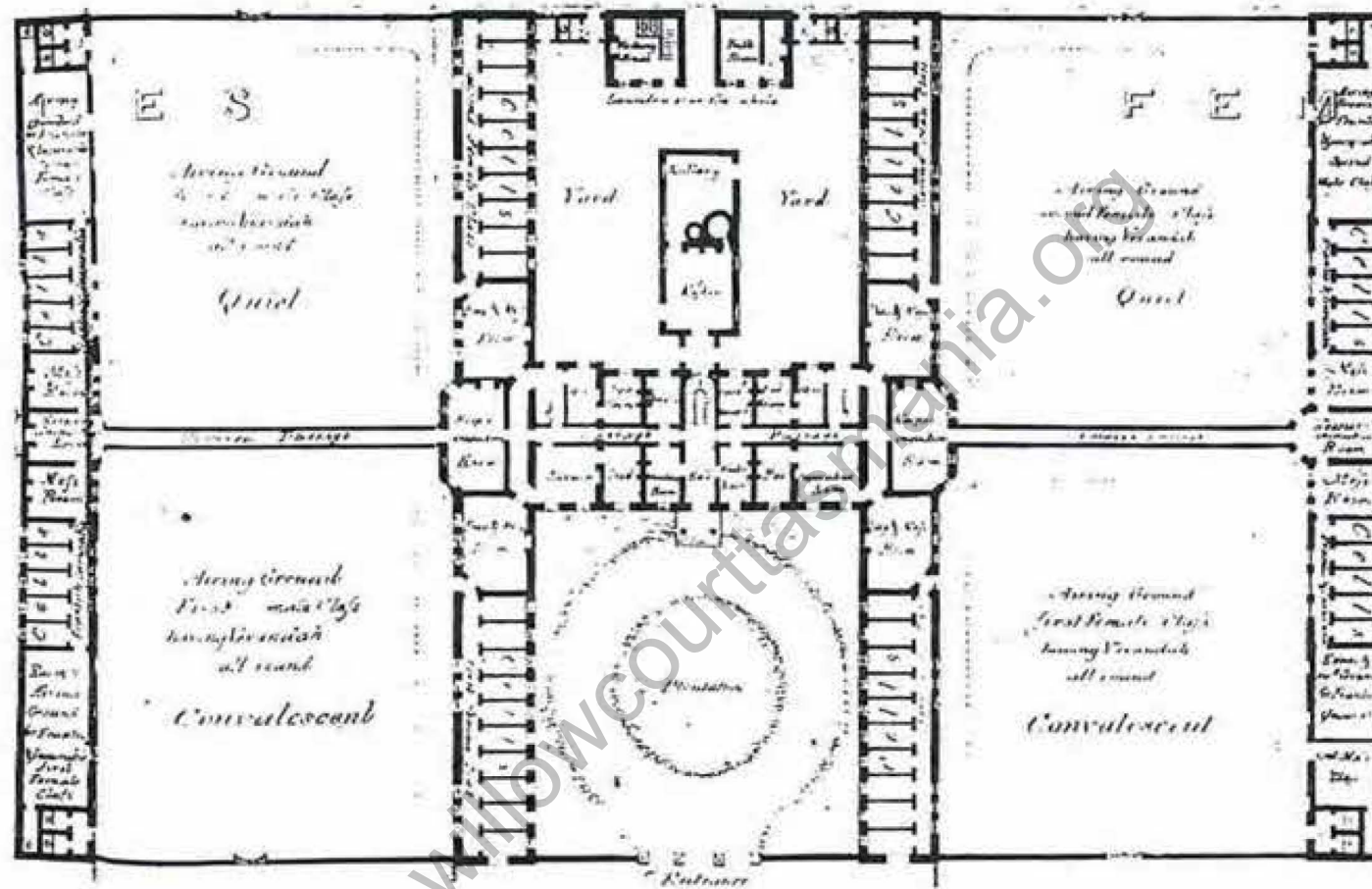


Figure 6: Plan of the Tarban Creek Asylum in N.S.W., later to become Gladesville Hospital, drawn in 1846, and reprinted in Kerr 1988: 35, by courtesy of the Mitchell Library, Sydney).

Dr Officer also experienced a lack of support from the colonial administration in obtaining suitable equipment for the invalids in his care. A request for 50 iron bedsteads lodged with the Commissariat on 8 December 1830³¹, had to wait until 17 August 1831³², for a letter from the Commissariat to the Colonial Secretary informing him that they could be supplied. A further six-month delay in a request for iron bedsteads made in July 1833, required a letter from Dr Officer to the Colonial Surgeon on 31 December³³ of that year informing him that many patients were sleeping on the floor, to spur the Commissariat into action.

2.0 1833-55: Hospital to Asylum

The year 1833 marked the completion of the first major construction phase of the New Norfolk Asylum. Thereafter, until a transfer in administrative control of the asylum in 1855 from the Crown to the newly formed Parliament of Tasmania, the only construction events were minor ones, and the history of the asylum centres around its changing patient population and administrative matters.

One such minor construction episode was an overhaul of the drainage system in 1834. A letter from the New Norfolk Police Magistrate Mr E. Dumeresq, dated 10 January 1834³⁴, draws the attention of the Colonial Secretary to the fact that waste from the establishment was polluting the supply of fresh water for the township, which was drawn from the nearby Lachlan Rivulet. To remedy this problem John Archer suggested in a letter to the Colonial Secretary on 26 February³⁵ that an underground brick barrel drain be constructed in a straight line from the asylum to the corner of George and Burnett Streets (see Fig. 3), and thence in a straight line to discharge into the Derwent River. This drain was still in use in 1888, when a review of the drainage system of the asylum was conducted by the Colonial Engineer Mr A. Mault, to address recurring typhoid outbreaks³⁶, and is shown on a plan accompanying his report (Fig. 7). Mault describes the drain as "about half a mile long, and . . . about 26 feet deep where it crosses High Street". It is still in use as a stormwater drain.

³¹ *ibid.*

³² *ibid.*

³³ *ibid.*

³⁴ *ibid.*

³⁵ *ibid.*

³⁶ LC/HA PP No. 150, 1888.

In some of the official correspondence relating to the solution of the sewerage problems at the asylum, mention is also made by the Colonial Secretary, Mr Burnett, of a cottage called 'Frescatti' that he was constructing on an allotment of land belonging to him, adjacent to the asylum, in 1834 (see Fig. 3). This block of land was that first proposed by Dr Officer for the location of the new hospital building in 1829 (see Fig. 1). 'Frescatti' was thus built close to the first location proposed for the new hospital. The cottage was later to be taken over by the asylum and served for a long period as the residence of the Medical Superintendent.

On the administrative front, rapidly rising admissions, shown to have risen from 109 in 1833 to 136 in a report dated 16 June 1834, from Dr Officer to the Colonial Secretary³⁷, prompted Governor Arthur to issue a notice on 8 July 1834³⁸, to the effect that,

... in no case, for the future, can free persons be gratuitously received into any of the colonial hospitals, unless in cases of extreme poverty, when it will be indispensably necessary to obtain, by a written application to the Colonial Secretary, the express sanction of the Government for admission of the applicant, who must also transmit a certificate from a Clergyman or a Magistrate of the Parish in which he may reside, of his being in a state of destitution, and an object of charity.

Despite this effort to tighten entry restrictions into the asylum with a third administrative hurdle, the number of patients at New Norfolk continued to climb rapidly. By 12 May 1836 a letter from the Colonial Surgeon, Dr Scott, to the Colonial Secretary³⁹ puts the asylum population at 300, and conveys a request from Dr Officer for an Assistant Surgeon to help him in running the establishment. In an institution designed to house 210 patients, this number of patients must have strained resources to the limit. On 27 June 1836⁴⁰, Dr Officer reported to the Colonial Surgeon that,

I feel it my duty to call the attention of the Government to the crowded state of the hospital ...

In the lunatic asylum in particular the means of observing a proper classification of the unfortunate inmates is loudly called for. At present, as you are

³⁷ CSO 1 83 1838.

³⁸ *ibid.*

³⁹ *ibid.*

⁴⁰ CSO 1/811 17340.

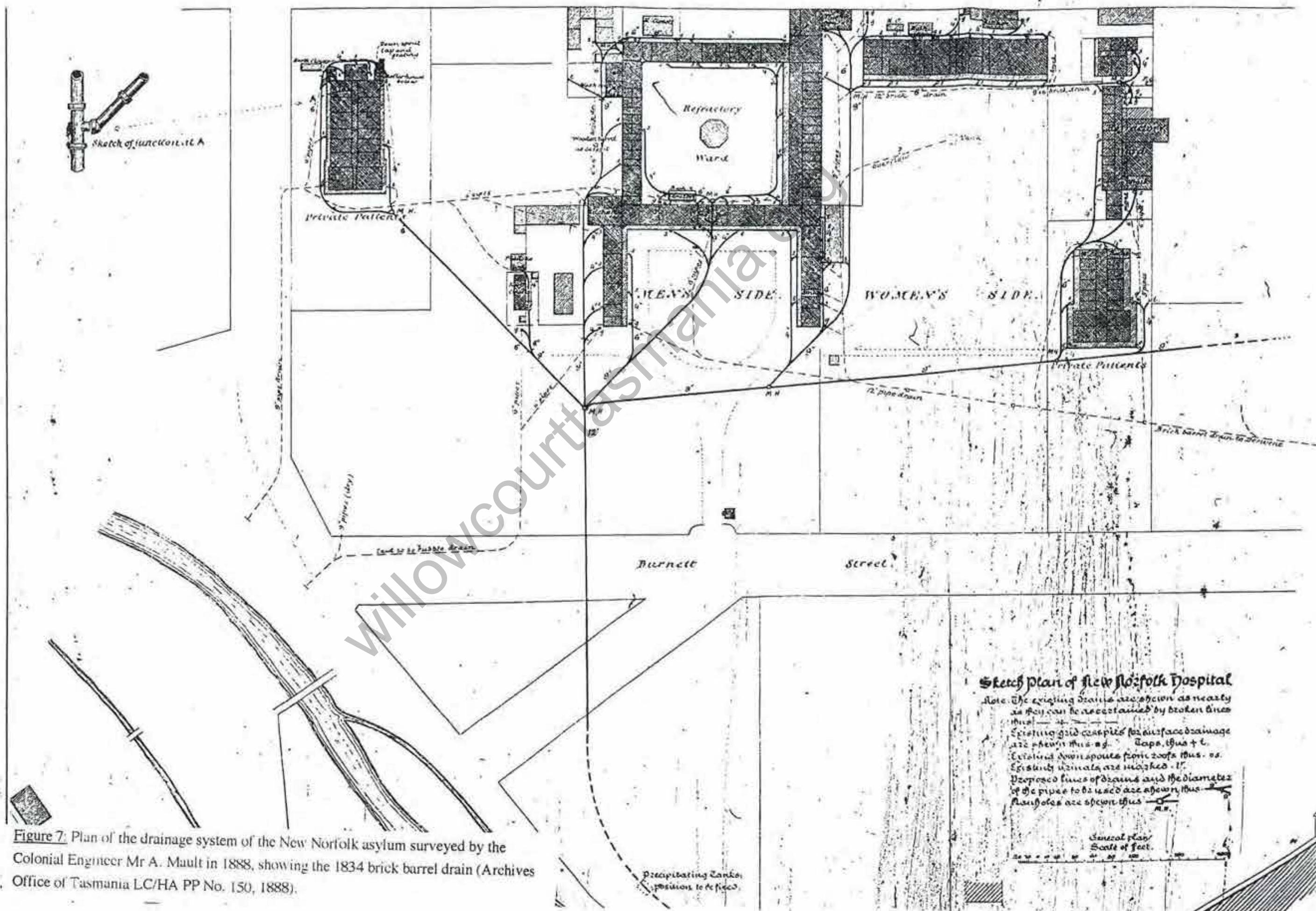


Figure 7: Plan of the drainage system of the New Norfolk asylum surveyed by the Colonial Engineer Mr A. Mault in 1888, showing the 1834 brick barrel drain (Archives Office of Tasmania LC/HA PP No. 150, 1888).

aware, these unfortunate people are all crowded and mixed together without the least regard to the nature of their malady, or their varied constitution of mind, and I need not say that under such circumstances, the chance of recovery is greatly lessened, and their domestic comforts . . . sadly diminished.

A further report by the new Colonial Surgeon, Dr John Arthur, to the Colonial Secretary on 3 October 1836⁴¹, echoed Dr Officer's concerns in greater detail,

. . . while I have much to commend in the form and construction of the building, as well calculated for the purpose intended, that perhaps some little alterations for the sake of a more thorough air draft through, and better ventilation of, the apartments; and for the spaciousness of the ground enclosed, if turned to a good account and properly employed. I must add that there are a much greater number of persons in it than can be properly accommodated, that in consequence it is crowded to great excess, in some wards the invalids lying with their beds spread on the floor as closely packed as they can be placed, there being one bedstead for, I think, only half; nor anything like a sufficiency of the other necessary furniture or utensils, such as tables, forms, etc., etc., to render them comfortable.

There seemed a great want of classification and arrangement . . . there appears to be a great intermixture. The provisions for food . . . were good, but not well cooked.

The medical treatment . . . I had in great measure to approve, and I am glad to add that the lunatics appeared to be humanely treated . . . I perceived but one . . . under restraint . . . I have therefore to recommend that means should be taken for thinning the hospital by limiting it to the reception of the casual sick of patients requiring hospital treatment, of all invalids needing constant medical attendance and of confirmed lunatics . . . that there be a better classification and arrangement . . . and more especially the fever cases be put by themselves . . .

Being of the opinion that it would be of service to the lunatics as well as others in the hospital, to have some employment and that they might be usefully employed in tilling the ground . . . I would advise that vegetables for the use of the hospital be raised by their means . . . and cows be grazed . . . to furnish it with milk . . .

The recommendation in this report regarding gardening and animal husbandry is the first mention of any economic use being made of the large area of land occupied by the institution, which at this time amounted to about 11 acres. This part of Dr Scott's report

⁴¹ CSO 5/211 5272.

was no doubt received favourably by the colonial administration, ever anxious that the asylum should not be too large a drain on a very limited public purse. In time the farm was to become an important part of the asylum, providing many of its inmates with a valuable recreational outlet and allowing the asylum to become self-sufficient in many of its basic foodstuffs.

The problem of acute overcrowding stressed in the reports of Dr Officer and Dr Scott was less easily resolved, however. Mr Burnett's successor as Colonial Secretary, Mr Montague, wrote to Dr Officer on 26 December 1836⁴², to suggest that some of the patients not requiring constant medical attention could be moved to some empty convict road gang huts at nearby Sorell Creek. In reply on 27 December⁴³, Dr Officer endorsed the transfer of 136 convalescent patients to the huts at Sorell Creek, but stressed that this could only be considered a temporary measure until a more permanent solution was found, as the poor condition of the huts would not be conducive to the long term health or recovery of invalid patients. Such had proved to be the case when the patients were ordered to be transferred in that same year to another road station at Jerusalem (now Colebrook) by the Colonial Surgeon, Dr Arthur⁴⁴. This also proved unsatisfactory, and they were eventually transferred back to New Norfolk in 1839⁴⁵. The overcrowding problem at New Norfolk thus still remained.

The more permanent solution to acute overcrowding at the asylum was not to be found with Dr Officer in charge. He retired from his post at New Norfolk in 1838 to take up a post as Inspector of the Colonial and Convict Medical Department, and was succeeded by Dr C. G. Casey, with Dr MacDowell as his Assistant Medical Officer⁴⁶. It was they who oversaw the construction of a new wing to house female lunatic patients in 1840-41⁴⁷. This wing must have been that shown extending from the 'female' side of the quadrangular asylum complex on Archer's original plan for the addition of the asylum to the hospital (see Fig. 4). The plan of the hospital and asylum on the 1833 survey map of New Norfolk depicting the asylum section as only a quadrangle (see Fig. 3) indicates that construction of the asylum in 1833 had apparently stopped short of the addition of the two wings to the asylum building shown in Archer's plan. According to a letter from the Colonial Engineer's Office to the Colonial Secretary on 19 October 1839⁴⁸, estimates for the construction of this new wing had been prepared as early as 1836, but it took until

⁴² CSO 1/811/17340.

⁴³ *ibid.*

⁴⁴ CSO 22 61 308.

⁴⁵ *ibid.*

⁴⁶ CSO 5/211 5272.

⁴⁷ CSO 5/257/6706.

⁴⁸ CSO 5/211 5272.

1839 for them to be approved by the parsimonious Treasury Department. A report on the establishment at New Norfolk by Dr Arthur on 30 June 1842⁴⁹, mentions that construction was underway on another wing for the asylum to house 80 patients. It is likely that this was the wing extending from the 'male' side of the asylum quadrangle on Archer's plan.

By 1842 Dr MacDowell had resigned as Assistant Medical Officer at the asylum, to be succeeded by Dr F. Brock⁵⁰. A second Assistant Medical Officer, Dr J. Meyer, was appointed in 1845, to cope with steadily increasing admissions. In 1846 Dr Casey moved on to the office of Colonial Surgeon, and control of the asylum passed to Dr Meyer.

Despite the addition of the two new wings to relieve overcrowding in the asylum in 1840-42, conditions must still have been far from ideal for the patients housed there. This is borne out by a report of a riot amongst the inmates carried in the *Hobart Town Advertiser* in 1845⁵¹,

On Sunday last the township of New Norfolk was put in a state of great alarm in consequence of a report being circulated that the inmates of the lunatic asylum were in a state of rebellion and insubordination. On inquiry we learn that the District Constable was applied to for the aid of the Police Force to quiet the same. On arrival they found one of the wards completely in the possession of the lunatics, who were armed with sticks, missiles and weapons of various kinds, and they threatened destruction to every person who attempted to enter the ward . . . We learn that great damage has been done to the building . . . The cause has been attributed to some misunderstanding having originated as to the regulations of the establishment.

The reporter of the *Colonial Times*, in his description of the same incident⁵², was less reticent on the causes of the riot, describing friction between the patients and Dr Brock, who was said to be " . . . universally hated by the inmates in the establishment." The *Colonial Times* had carried a long editorial earlier in 1845⁵³, that had been highly critical of the administrators of the hospital, and had advocated the appointment of independent inspectors to oversee its operation. The riot was seen as vindicating these criticisms.

⁴⁹ CSO 22.61.308.

⁵⁰ Gowland *op. cit.*, p. 34.

⁵¹ *Hobart Town Advertiser* 25 & 29 April, 1845.

⁵² *Colonial Times* 29 April, 1845.

⁵³ *ibid.*, 4 January, 1845.

A further stream of criticism was directed at the asylum by the editor of the *Colonial Times* in 1847⁵⁴. This mostly took the form of a very strongly worded attack on the integrity of those in charge of the establishment. Allegations were also made of abuses of the strict process for committal to the asylum, the misuse of patient labour, the maltreatment of patients, the misappropriation of stores and produce from the farm and misconduct on the part of the warders. The personal nature of much of this attack, however, suggests that the allegations made in the article may have been at least partly vindictive, and consequently not well founded. A feature article appearing in the *Launceston Examiner* in 1865 finds little cause for complaint in the conditions or management of the asylum⁵⁵.

The only contemporary source originating from within the institution, which may be used to address the allegations of inefficiency and corruption, are the writings of a Mr A. Laing⁵⁶, who was employed at the asylum as a wardsman between 1856 and 1862. The importance of this source is that it is a personal, not an official, account of conditions in the asylum in the mid-19th century, and can thus be expected to be reasonably free of bias. Further, as many of the patients would have been illiterate, and most were suffering from debilitating mental conditions, Laing's personal account of conditions inside the asylum in the 19th century assumes an even greater degree of rarity and importance. Laing states that, during his period of employment,

... wonderful changes and alterations were effected in that institution, for the comfort and benefit of the insane patients and also for the officers and attendants who looked after them; all bolts iron bars and padlocks were nearly done away with, and panelled doors, iron-rimmed locks and large glass windows substituted in their stead, formerly the unfortunate creatures were kept nearly and treated as a menagerie of wild beasts, cuffed and beat about by their keepers, and instead of effecting a cure of the maladies, they were driven to the utmost despair and in many instances became ferocious and savage . . . The Medical Superintendent, Dr Huston . . . is a gentleman well qualified for the arduous and responsible duties he has to perform, he is benevolent, affable, courteous and gifted with great forbearance and patience, and will not permit or suffer any of his subordinate officers to use the slightest violence or threats on the patients. During the time I have served there I have known him dismiss instantaneously both officers and wardsmen for using violence towards the patients . . .

⁵⁴ *ibid.*, 10 December, 1847.

⁵⁵ *Launceston Examiner* 29 October, 1865.

⁵⁶ Laing, A. 1867. *Memories and Narrative of Events*. Unpublished manuscript held in the non-Government records collection of the Archives Office of Tasmania.

When Parliament were sitting in 1854 one of the Honourable members made a remark that the Lunatic Asylum at New Norfolk could be compared to nothing else but a bastille, and it ought to be burnt to the ground, as it was a disgrace to a Christian community, but I'll be bound if he has seen it lately he would be of a different opinion . . . and I am quite confident, it is kept as clean, and well ventilated with pleasure grounds and walks tastefully laid out, for the use of the patients to exercise themselves at their pleasure, and since they have a band of musicians formed to amuse them . . . and the gentlemen of New Norfolk send them in plenty of fruit in its season of all descriptions . . . and for one that recovered and turned out ten or fifteen years hence, there is at least ten if not more that regain their reason and return to society. They keep twelve of the very best milking cows to produce milk and butter for their use, and a great quantity of poultry to lay eggs and everything they partake of is of the very best quality, each have two suits of clothing and attend divine service regularly every Sunday . . .⁵⁷

Although Laing does not touch on issues of corruption specifically, Dr Huston's character and management of the asylum appear to be above reproach, and the patients are kept in as comfortable a manner as possible. Some of Laing's comments do hint at continuing problems with the quality of the convict wardsmen available to serve in the institution, however.

One aspect of the management of the asylum which was a real cause for concern, but which was not mentioned in any of the public attacks made on it, or Laing's personal account of conditions there, was continued overcrowding. The new wings added in 1840-42 were now also crowded, prompting an edict from Governor Dennison in 1848 that all invalids not in need of medical attention were to be transferred to an old soldier's barracks at Impression Bay, on the Tasman Peninsula⁵⁸. Most of the patients went of their own accord, but some refused. A letter from the Colonial Secretary to the Colonial Surgeon on 4 May 1848⁵⁹, authorised force to be used against the dissenters, who were eventually evicted. With the departure of these invalids, New Norfolk became exclusively a mental institution.

In 1849 Dr Brock was succeeded as Assistant Medical Officer by Dr G. F. Huston⁶⁰, who was later to assume the role of Medical Superintendant of the institution, when administrative control passed from the Crown to the Colony in 1855. Meanwhile, the institution continued to be run by Dr Meyer, who had taken up residence in Mr Burnett's

⁵⁷ *ibid.*, pp. 19-21.

⁵⁸ CSO 24/47 1615.

⁵⁹ *ibid.*

⁶⁰ Gowland, *op. cit.*, p. 44.

house 'Frescatti', adjacent to the asylum. The house passed briefly into Dr Meyer's ownership before being sold to another private owner⁶¹, but it continued in use as rented accommodation for staff at the asylum, until it was purchased by the institution in 1861.

3.0 1855-85: Board of Commissioners

Since 1841, the treatment of mental patients in the colony of Tasmania had been administered under the Lunacy Act (Act Vict. 10, No. 9) passed by the Crown in that year. A commentary by a Mr John Morgan of Hobart, on perceived inadequacies in this act and in the administration of the New Norfolk asylum, was printed, together with a supportive editorial, in the *Hobart Town Courier* in 1855⁶². Mr Morgan's main criticism of the act was that the clauses of the act relating to committal of patients were too open to abuse by officials. His criticisms of the New Norfolk asylum included the need for a proper system of visiting Commissioners to regularly inspect the asylum, the continued use of convicts as wardsmen, a lack of inquests into the causes of death of patients and a lack of proper account keeping at the asylum. The editor followed Mr Morgan's comments with an appeal to the newly formed Tasmanian Legislature to "... take up these matters in earnest ... as the New Norfolk asylum is presently to be handed over to the colony ..."

Coming after the previous public attacks on the administration of the asylum in 1845 and 1847, which had also recommended the setting up of a proper system of independent inspection, these comments must have stirred the new Tasmanian Parliament into action. When the asylum was handed over by the Home Government to the Colony on 18 October 1855⁶³, the Tasmanian Government immediately updated the old Lunacy Act to form the Insane Persons Hospital Act 1858 (Act Vict. 22, No. 23) and placed the asylum under the authority of a Board of Commissioners comprising:

Dr Officer	New Norfolk
Dr Radford	New Town
Dr Moore	New Norfolk
Dr Tarleton	New Norfolk Magistrate
Mr Hampton	Hobart
Mr Cramp	Hobart
Mr Sharland	New Norfolk

⁶¹ *Colonial Times* 27 December, 1853.

⁶² *Hobart Town Courier* 7 June, 1855.

⁶³ LC PP No. 11, 1859.

Dr Huston was also promoted to the position of Medical Superintendant of the establishment. Dr Huston was to serve the establishment until 1880, when he was succeeded by his assistant Dr Macfarlane. Dr Huston was to report to the Board, who in turn reported to Parliament. The first report of the Board, for the period 1855 to 1858, was tabled in Parliament in 1859. In this, both the land and buildings were described as inadequate for the purposes of the asylum⁶⁴. A recommendation was made for the purchase of an additional six acres of Crown Land and 20 acres of private land adjoining the asylum. The former is most likely to have been the block immediately to the north of the asylum marked 'Barrack Ground' on the 1833 survey map of the township (see Fig. 3), and the latter is most likely to have been the blocks to the northeast fronting the Lachlan Rivulet, and occupied by 'The Parsonage', Mr Burnett's house 'Frescatti' and Mr Sharland respectively.

It was some time before these recommendations were fully acted upon, however, and most of the actual land purchased was further removed from the asylum than envisaged. The house 'Frescatti', together with its three acres of land, was purchased for the sum of £1,000 in 1861⁶⁵, saving the institution the cost of renting the quarters for the Medical Superintendant, but incurring a cost of £300 for renovations in the following year⁶⁶. Two further purchases of 10 acres each were made in 1862⁶⁷ and 1867⁶⁸, respectively. The latter included a cottage.

An 1883 survey map of New Norfolk (Fig. 8) shows the holdings of the asylum as its original 11 acres, the three acres including 'Frescatti' and a total of approximately 33 acres on the eastern side of the Lachlan Rivulet, bounded by Mill Brook Road, Humphrey Road and Pelham Road, and bisected by Glebe Road. It is most likely that the two individual purchases of 10 acres each made in the 1860s are included in the total of 33 acres attributed to the asylum on the eastern side of the Lachlan Rivulet by 1883. A slightly earlier, undated survey map of New Norfolk⁶⁹, identifies the previous owners of parts of this land as W. S. Sharland, a member of the Board of Commissioners (approximately five acres), the Rev. W. Jerrard (approximately five acres), a Mr Wallon? (approximately 10 acres) and Thomas? Bell (approximately 10 acres). The Annual

⁶⁴ *ibid.*

⁶⁵ LC PP No. 5, 1862.

⁶⁶ LC PP No. 10, 1863 (Session 2).

⁶⁷ *ibid.*

⁶⁸ LC PP No. 15, 1868.

⁶⁹ Lands Office of Tasmania N 12, New Norfolk. This map is undated, but probably dates to the 1860s or 1870s. Its poor condition prevented accurate reproduction.



Report of the Board of Commissioners for 1886⁷⁰ notes the total holdings of the institution at 48 acres, a slight discrepancy with the 47 indicated by the 1883 survey map.

On the purchase of this new land across the Rivulet, the gardening and animal husbandry activities previously carried out adjacent to the asylum were removed across the Rivulet. This both freed up valuable land for expansion of the buildings of the asylum, and allowed for a considerable expansion of the scope of agricultural and pastoral activities carried out at the asylum. Following the purchase of the second 10 acre block in 1867, substantial farm buildings, including a barn and cow sheds were erected in 1868⁷¹, and the cottage included with the purchase of the land was used to house a farm overseer employed by the institution. By 1893, 30 acres of land were under cultivation⁷², much of this still irrigated by channels cut from a millrace supplying water to a flourmill, built in the early 1820s on the southern bank of the Derwent River by John Terry⁷³ (see Fig. 8).

In addition to expansion of the land occupied by the asylum, the period of administration by the Board of Commissioners, from 1855 to 1885, also saw major expansion and upgrading of the buildings of the asylum. However, it seemed that, despite the always valid and pressing need for the works argued in the Annual Reports of the Commissioners, this expansion was always in the face of opposition to the required expenditure on the part of the Government. This served to slow the process immensely.

By 1860 the Board had improved conditions for the patients in the buildings with minor alterations including: upgrading the lighting and ventilation in the female wards, erecting a separate kitchen and storeroom for the female division, converting the small cells in the male division of the asylum into larger wards, erecting a 150ft-long by 12ft-wide verandah around the internal wall of the male side of the enclosed courtyard, removing the high wall across the open end of the U - shaped courtyard and removing the dividing wall in the enclosed courtyard⁷⁴. The addition of the verandah around the internal wall of the enclosed courtyard had been recommended as long ago as 1836 in a report by the Colonial Surgeon, Dr Arthur (see above).

⁷⁰ LC/HA PP No. 8, 1887.

⁷¹ LC PP No. 7, 1869.

⁷² LC/HA PP No. 23, 1894.

⁷³ The millrace is shown on a survey map of the New Norfolk area dated February, 1826. Lands Department of Tasmania, 10 Buckingham.

⁷⁴ LC PP No. 6, 1861.

In 1860-61, the wing extending from the main asylum building in the 'Female Division' was extensively renovated, with the construction of a new day room for communal activities, measuring 60ft x 32ft, a 60ft x 19ft communal ward, and six small wards⁷⁵. A new kitchen, bath-house, laundry, drying room and matron's quarters were also included in the renovations (see Fig. 9). Recommendations for a communal hall to hold worship services in, and a new kitchen and bake-house for the 'Male Division', with the old kitchen to be converted into a bath-house, were also made in the Annual Report for 1861. The request for funds for the construction of a chapel was a repetition of a request made as long ago as 1833 in the report of a Board of Inquiry into the state of the institution (see above).

The construction of the verandah around the internal walls of the enclosed courtyard that had begun in the 'Male Division' in 1860, was extended into the 'Female Division' in 1862⁷⁶. This was 202 feet long and 10 feet wide. Another minor renovation that occurred in this year was the conversion of the rooms formerly occupied by the head keeper into a ward, which allowed the separation of what were known as 'idiot' boys into their own ward.

In 1863⁷⁷, the conversion of the small cells, shown on Archer's plan of the asylum (see Fig. 4), into larger, communal wards, that had taken place in the Male Division prior to 1860, was also carried out in the Female Division. This work carried over into 1864⁷⁸. The conversion of the old kitchen, at the rear of the Male Division on Archer's original plan of the asylum (see Fig. 4), into a bath-house, and the construction of a new kitchen, which had been recommended by the Commissioners two years previously was also begun in this year, to be completed in 1866⁷⁹. As the asylum was the only receiving house for mental patients in Tasmania, the Commissioners also recommended the construction of a cottage to house female patients of a "superior class", to remove the necessity of them having to mix with those of the "lower classes". A similar cottage for "superior class" male patients had been constructed by 1859⁸⁰ (Plate 2). This request had to be repeated in 1865⁸¹, and again in 1866⁸², before the money was forthcoming to

⁷⁵ LC PP No. 5, 1862.

⁷⁶ LC PP No. 10, 1863 (Session 2).

⁷⁷ LC PP No. 23, 1864.

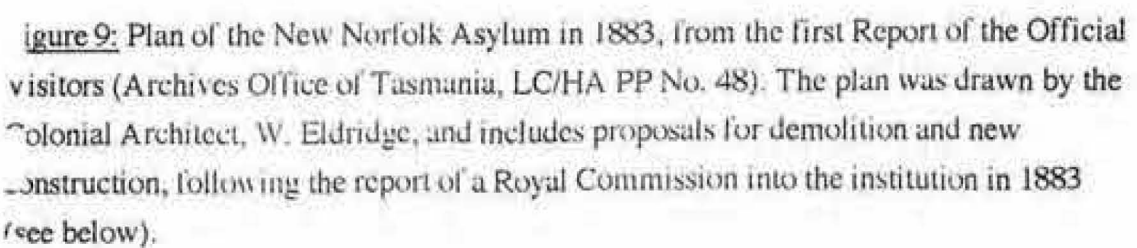
⁷⁸ LC PP No. 5, 1865.

⁷⁹ LC PP No. 3, 1867.

⁸⁰ *Cyclopedia of Tasmania* 1901, vol. 1, Maitland & Krone, Hobart. pp. 220-21.

⁸¹ LC PP No. 4, 1866.

⁸² LC PP No. 3, 1867.



begin construction in 1868-69⁸³ (Plate 3). The location of these buildings is shown in Figure 9. The costs of the patients in these two cottages were borne by fees paid by their relatives, which made them self-supporting in terms of the funding of the asylum.

The Annual Report tabled in Parliament for the year 1864 contains a long description of conditions existing in the asylum when it was taken over by the Board of Commissioners in 1855, and the improvements in conditions made to date by the Commissioners⁸⁴. It is worth quoting at length for its insight into the facilities available and approach towards treating the insane at New Norfolk in the mid-19th century,

The Hospital was placed in charge of the Commissioners in October 1855, when they found its condition very far behind that of similar institutions in the mother country. The internal accommodation of the several buildings were small, badly constructed, ill ventilated, dark and dismal . . . The yards and grounds were subdivided by high walls, and the spaces allotted for exercise and outdoor recreation were of the most limited character. In the Female Division . . . the patients were crowded to the number of 100 in two small yards of less than a quarter of an acre each. In the Male Division . . . the quiet and convalescent patients being confined to the limited space in front of the Hospital, the unquiet to two small enclosed yards, together not more than half an acre in extent, and these closed in and deprived of all cheerfulness . . . There was absolutely no provision for the separate accommodation and treatment of patients from the better classes of society.

Amusements of any kind as a feature in a curative system of treating the Insane appeared never to have been thought of . . . And while there was an utter want of cheering or mollifying influences inside the Hospital walls, the patients were never taken outside them, unless it might be in the exceptional cases of men belonging to a working party going out to some kind of labour.

The principle of the treatment of the patients was generally one of coercion, which in the case of the excited or refractory was carried out by the familiar resort to the strait waistcoat.

Generally the state of things which has been described has given place to a different one. The old dark and dismal cells have been mostly pulled down, and cheerful, airy sleeping-places built on their site. Large, well-lighted and ventilated day rooms and corridors have been erected. Verandahs have been added to both Male and Female Divisions . . . Walls have been pulled down to throw open the

⁸³ LC PP No. 7, 1869.

⁸⁴ LC PP No. 5, 1865.

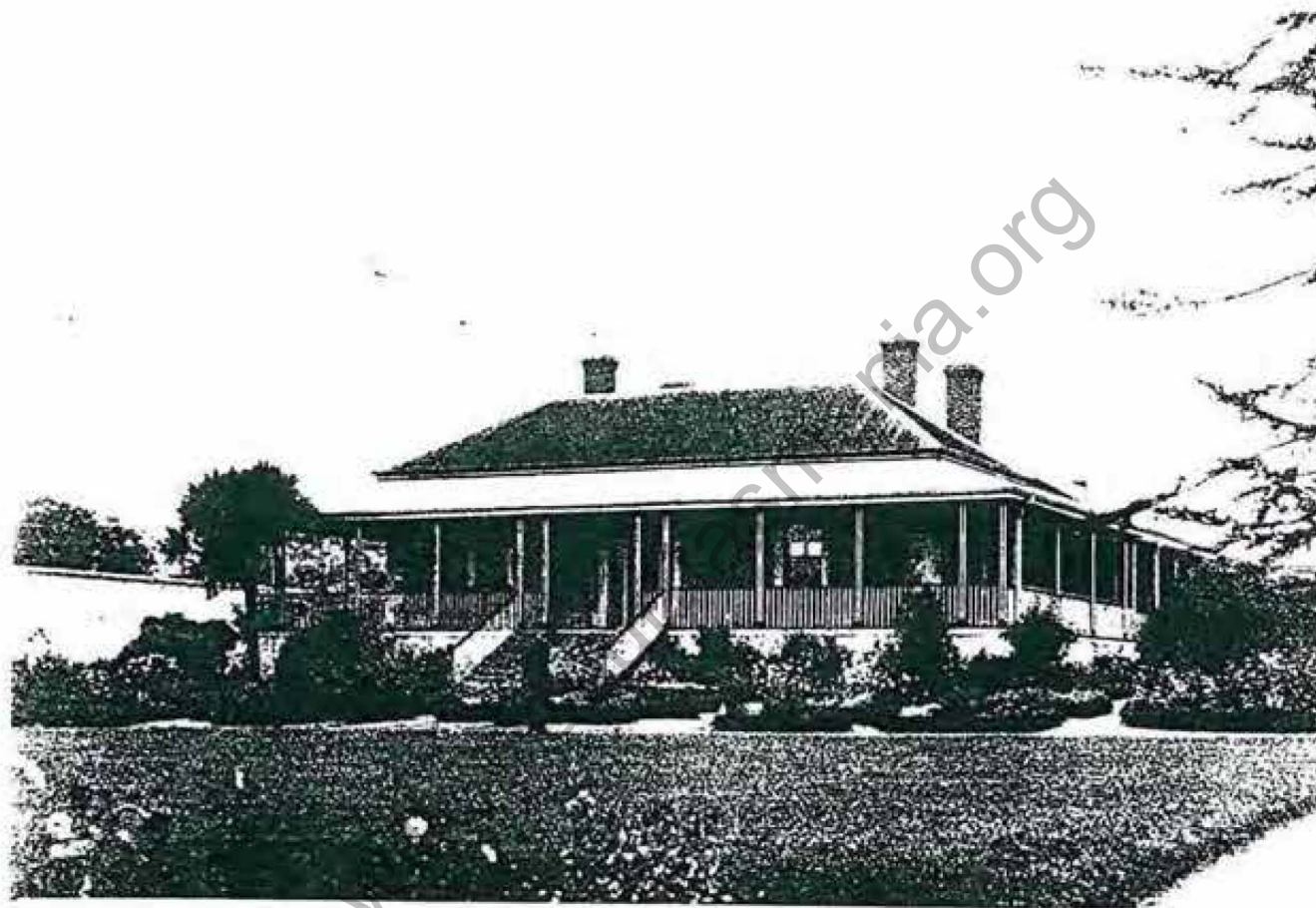


Plate 2: The Gentlemen's' Cottage constructed by 1859 and photographed in the early 1900s. The photograph was printed in the *Tasmanian Mail* of November 22, 1902 (Archives Office of Tasmania).

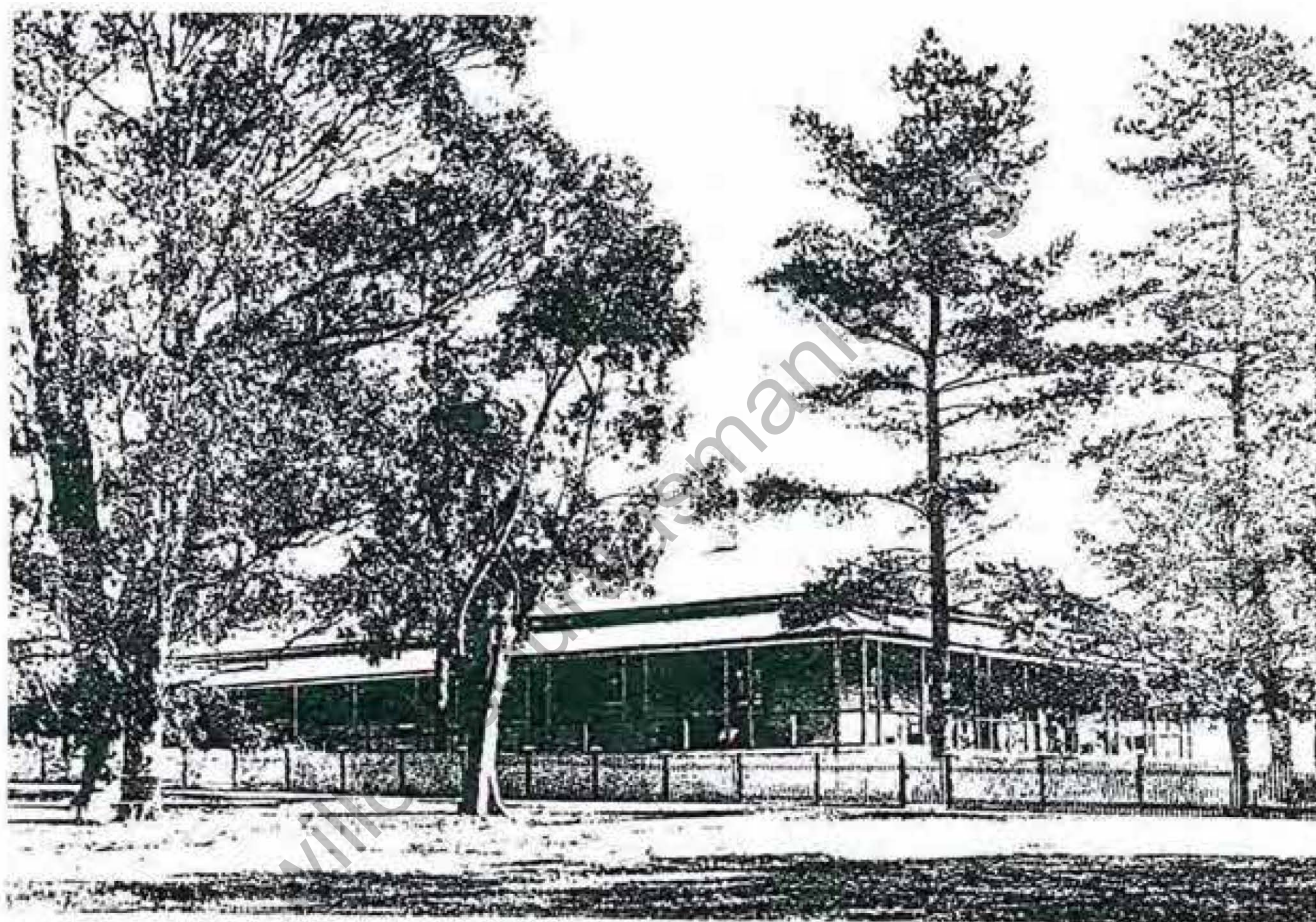


Plate 3: The Ladies' Cottage built in 1868-69 and photographed in the early 1900s. The photograph appeared in a pictorial feature on the New Norfolk Asylum, published in the *Tasmanian Mail* of November 22, 1902 (Archives Office of Tasmania).

whole of the grounds in each division respectively to the patients, and these have been tastefully laid out in flower gardens, walks, grass plots &c . . .

A commodious cottage has been erected for the better class of male patients, containing six good sleeping apartments . . .

Amusements progressively increasing in their variety have been introduced; at first dancing parties . . . Music followed, a good organ having been obtained from England . . . The visits of professional persons to New Norfolk have been taken advantage of whenever it could be consistently done, by having performances within the Hospital walls; and summer walks and pic-nics have helped to dispel the melancholy to which the Insane are prone when kept in one unvarying routine of life . . .

Books, pictures, domesticated birds, and other animals that can be conveniently cared for, are introduced into the establishment with a view of calling out the latent faculties and kindlier feelings of the patients; and in those instances in which a musical taste exists, if it can be inexpensively gratified, provision is made for its indulgence . . .

Divine Service is attended by nearly all the patients; and it is gratifying to state that it is participated in by very many in a manner which evinces their sense of its solemn import . . .

The general effect of the changes which have been introduced in the management of the Hospital has been most encouraging to the Commissioners, and such as to induce them to relax no exertion to conform the institution, as closely as circumstances and the means within their reach will enable them to do, to the example of kindred institutions in Europe in which improvement has been carried farthest. They have found that a humanising system of treatment has tended to prove day by day that methods which did not harmonise with such a system are as unnecessary as they are harsh. General quietude and contentment prevail; and even in the refractory wards acts of violence are exceptional, whereas they were at one time of almost daily occurrence, and the necessity for restraint or seclusion has diminished to insignificance. Personal restraint is unknown unless in the case of patients of violently destructive propensities, for whom a jacket is used with loose but continuous sleeves . . .

But the Commissioners are far from desiring to represent the state of the institution as realising all that they should wish it to be. They have urgently represented to the Executive Government the necessity of a similar provision to that which has been made for the better class of males being also provided for the corresponding class of females . . . It is the duty of the Commissioners to renew their representation on this subject to the Executive; the demand which they make may

be postponed but it cannot be averted . . . This subject was brought under the notice of the Executive Government so long since as in 1859 . . .

With the very inadequate funds placed at their disposal, the Commissioners have in the past year removed the ill-ventilated cells in the Female Division, and erected in their place airy and cheerful though, unavoidably, small rooms . . . The Commissioners understood that a sufficient sum had been set apart for the erection of a new kitchen and the conversion of the present one into bath rooms, also for the removal of the latrines in the front division. But they subsequently learned with regret that the sum available was not sufficient for these and for other improvements averted to in their report for 1863, and they therefore urgently press that they may not be overlooked in the ensuing session of Parliament. The Hospital will be defective in primary requirements while it remains without good bath rooms, and the apparatus for hot and cold water as well as shower baths, and while proper accommodation is wanting for the keepers and attendants, especially in the Female Division, and also for the large supply of stores which it is necessary to keep on the spot for an establishment which is upwards of twenty miles inland.

The last paragraph in particular, illustrates that, while the Commissioners were able to make much progress in modernising those aspects of treatment which did not require much money to implement, they faced considerable reluctance on the part of the colonial administration to allocate funds for even minor capital works. The Commissioners' efforts were thus effectively hamstrung by their own bosses.

In instituting all of these changes for the better treatment of patients in the asylum, the Board had been influenced in no small way by one of its members, the Roman Catholic Bishop of Hobart, R. W. Wilson. Immediately on his appointment to the Board, Bishop Wilson inspected the asylum and wrote to the Colonial Secretary on 8 March 1859⁸⁵ informing him that he had,

. . . long been impressed with the unfitness of this place as a *curative hospital* [original emphasis], or one at all suitable for affording that comfort even the incurable have a right to receive . . .

To expect that a fair proportion of cures should be effected in such a dismal place, fit only for a prison house for the worst class of felons, would be as unreasonable as to expect grapes on thorns.

⁸⁵ LC PP No. 10, 1859 (Correspondence).

asylums around the colonies, such as Yarra Bend and Ararat, in Victoria, Tarban Creek (now known as Gladesville Hospital) in New South Wales and Woogaroo in Queensland, cottages were added to existing asylums to emulate the 'Pavilion System' of accommodation⁹⁰. A proposal by the Visiting Inspectors of the New Norfolk Asylum to construct cottage wards on the 'Pavilion System' in their 1886 report⁹¹, was considered too expensive, however, and with the exception of the Ladies' and Gentlemens' Cottages constructed in the 1860s, this philosophy of accommodating the insane was fully implemented at the New Norfolk Asylum until the construction of the separate, dispersed wards of the Royal Derwent Hospital, in the 1960s.

Following the completion in 1869 of the cottage for "superior class" female patients⁹², a recommendation was made by the Board for a separate building for 'idiot' boys, the number of which must have outgrown their quarters within the main asylum building. The parsimonious response of the Government was to suggest their removal into the cottage formerly occupied by the Assistant Medical Officer. This suggestion was carried into effect in 1870⁹³.

A rebuttal of concern expressed by the Government regarding steadily rising running costs of the institution, occupied much of the Annual Report of the Board tabled in 1870⁹⁴. The Commissioners went to great length to demonstrate that the running costs of the New Norfolk Asylum, calculated per patient, actually compared very favourably with a large sample of similar institutions in England, America, Europe and Australia (Appendix 1). The weekly maintenance per patient was calculated at 10s 9½d.

The Annual Report for 1872 again focussed on Government concerns about the high running costs of the institution⁹⁵. A continually high admission rate per head of population in Tasmania, exerting a continued pressure on available accommodation at the asylum, was explained by the Board in terms of the high proportion of "lower class" elements in Tasmanian society. This generalisation is not elaborated on at length in the Commissioner's report, but it is clear that they were referring to the high proportion of convicts that had been transported from the bottom strata of English society to Tasmania. The colony could thus have been expected to have had a relatively high rate of the mental

⁹⁰ *ibid.*, pp. 123-27.

⁹¹ LC/HA PP No. 8, 1887.

⁹² LC PP No. 7, 1870.

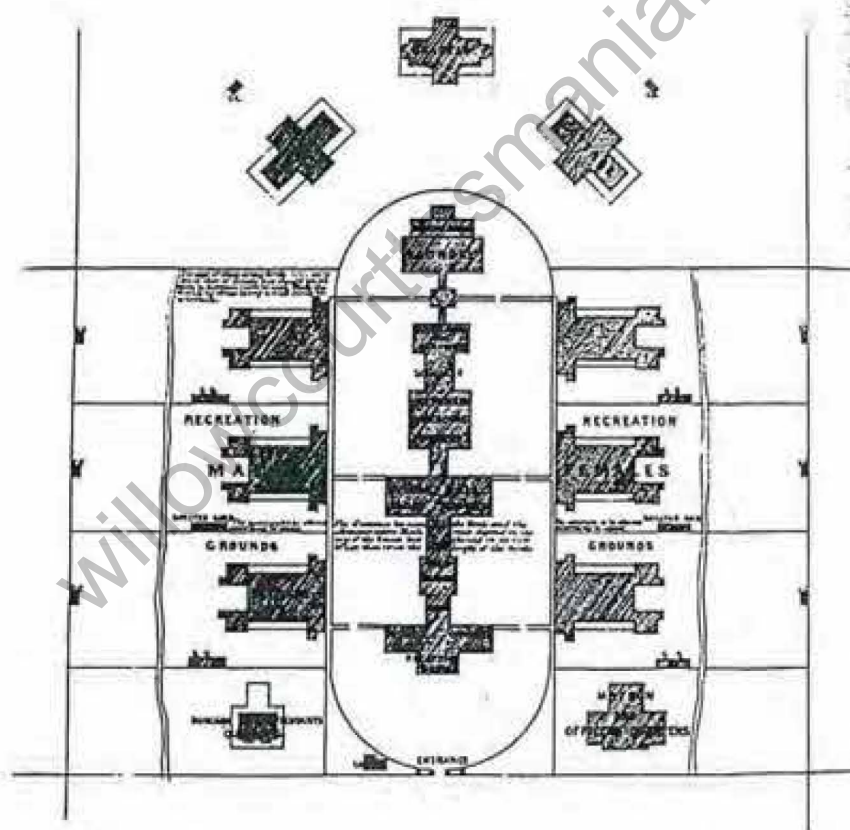
⁹³ LC PP No. 7, 1871.

⁹⁴ *ibid.*

⁹⁵ LC PP No. 6, 1873.

DESIGN FOR LUNATIC ASYLUM

FOR
296 or 450 Patients
PAVILION AND COTTAGE SYSTEM COMBINED
Scale 1/25 feet to an Inch



NOTE, The 'Pavilion' Buildings on this Plan are the same as that shown on Plan figured C.I. The 'Cottage' Buildings as that on Plan figured A.I.

R. G. SUTER M.A.
ARCHITECT
BRISBANE

Figure 10: Sketch of the layout of an asylum designed according to the 'Pavilion System' of dispersed, separate wards (Drawn by R. G. Suter and published in the Queensland Parliamentary Papers, 1869. Reproduced in Kerr 1988: 122).

illness, as these strata were held to be more prone to such afflictions by virtue of their poor diets, poor living conditions, restricted access to medical facilities and the hard labour which was their lot.

The continuing high rates of admissions forced the Board to recommend further extensions to the female accommodation and extensions to the Gentlemen's Cottage in 1878⁹⁶. A new dormitory was added to the female accommodation in 1879⁹⁷, but the request for extensions to the accommodation in the Gentlemen's Cottage had to be repeated until funds were finally voted for construction to be undertaken in 1881⁹⁸.

These additions to the buildings barely kept pace with admissions, however, and overcrowding continued to be a problem, as attested by the Commissioners in the 1881 Annual Report for the asylum⁹⁹. In this year another problem caused by a shortage of money for the institution surfaced again. In 1876, it had been necessary to increase the wages of the male attendants to prevent a drain of labour to the tin mines in the north-west of Tasmania¹⁰⁰. A further increase was found necessary in 1881; up to £46 p.a. for male attendants, and £40 p.a. for female attendants.

After the persistent pressure of the Board of Commissioners for improved and extended accommodation for patients of all classes at the asylum, a Royal Commission to Inquire into "... the present condition of asylums for the insane" in Tasmania was appointed by the Colonial Government in 1882¹⁰¹. Upon the visit of the Royal Commission to the asylum in 1883 the Board reported to it that: all of the buildings at the asylum were in poor condition and overcrowded, with the laundry, bath-houses and stores deficient in space and appliances, there was a shortage of secure accommodation for both males and females, the attendant's quarters were deficient for both males and females, and accommodation for the Assistant Medical Officer and 'idiot' boys were urgently required¹⁰².

The report of the Royal Commission was delivered in 1883¹⁰³. The general findings of the Royal Commission were that,

⁹⁶ LC PP No. 5, 1879.

⁹⁷ LC PP No. 5, 1880.

⁹⁸ LC PP No. 5, 1882.

⁹⁹ *ibid.*

¹⁰⁰ LC PP No. 5, 1877.

¹⁰¹ LC PP No. 8, 1883.

¹⁰² LC PP No. 7, 1884.

¹⁰³ LC PP No. 43, 1883.

The site at new Norfolk appears to be, in many respects, admirably suitable . . . But the asylum enclosure itself is neither so attractive and pleasing in appearance as it should be, nor it so extensive as it requires to be to afford scope for those amusements, recreations and occupations which the medical faculty regard as desirable, if not necessary, for the mental improvement and recovery of the insane . . .

The buildings at New Norfolk, with some exceptions, are of a very unsatisfactory character, being in many respects ill-adapted for the purposes for which they are used . . .

Finally, as regards the buildings . . . at new Norfolk, we must express our strong conviction that the efficiency and success of the treatment adopted is very much hindered and lessened by the impossibility of properly classifying the patients . . .

The main recommendations of the Royal Commission were that new male and female 'Refractory' buildings, to accommodate an extra 100 patients should be erected, that much of the 1833 asylum quadrangle should be demolished, that a new 'idiots' asylum should be built and that a new kitchen, laundry and administration block should be built. These proposed changes are illustrated on an 1833 plan that accompanied the 1886 Annual Report for the asylum (see Fig. 9). The proposed 'Refractory' buildings, 'idiots' asylum, kitchen and laundry were constructed over the following years, although the location of the new male 'Refractory' building was different to that shown on the 1883 plan (shown as Ward B in Fig. 11). The new administration block was not built until c.1940, and the 1833 asylum quadrangle was not demolished until 1965.

The Government acted on the report of the Royal Commission by appointing a Select Committee to further examine conditions at New Norfolk¹⁰⁴. The findings of this Committee substantiated the findings of the Royal Commission, but went further in, unjustly, appointing blame to the Board of Commissioners, and recommending the construction of a new asylum in Hobart. The Commissioners replied by demanding another enquiry be held before impartial authorities on the treatment of the insane from the mainland¹⁰⁵. The report of this enquiry¹⁰⁶ placed responsibility for the poor condition and overcrowding of the New Norfolk Asylum squarely back on the Government,

¹⁰⁴ LC PP No. 12, 1883 (Session 2).

¹⁰⁵ LC PP No. 7, 1884.

¹⁰⁶ LC PP No. 38, 1884.

In many parts the buildings are in bad condition of repair and this, as well as the want of fittings and of appliances for serving meals etc., induces us to think that an unwise parsimony has for some time been exercised in the control of the institution . . .

Their [the Board of Commissioners] recommendations with regard to the buildings and also to the wages of the staff and other matters have not received immediate attention or been approved by the Government . . .

Some [staff] are in bad health, others old and infirm and many are drawn from a class whose services would not be accepted in the neighbouring colonies for the discharge of such responsible duties . . .

Many of these criticisms of the deficiencies in the facilities and administration of the asylum were repeated in the public arena in a lengthy feature article by the Correspondent of the *Tasmanian Mail*, in 1888¹⁰⁷. The third Inquiry had recommended an expenditure of £30,000 to rectify the problems at the asylum. Predictably, a lesser sum of £12,000 was voted in 1885¹⁰⁸, for major renovations and additions to the asylum, including, a new 'idiots' cottage, a new administration building and two new buildings for what were termed 'refractory' patients. 'Refractory' patients were those who were violent and uncontrollable, and who consequently had special requirements for their accommodation, such as a higher degree of security and separation from other classes of patients. This class was to have a separate building for each sex. Based on the findings and recommendations of all three inquiries, this amount was far from adequate to address the long-term problems at the asylum.

In addition to the new buildings, there was to be a major change in the administration of the asylum. The second of the three recent inquiries had cast doubt on the effectiveness of the system of the Board of Commissioners in administering the asylum. Given the difficult circumstances they had been working under, particularly regarding lack of funding, this criticism was perhaps unwarranted, but the Commissioners had made themselves unpopular with their continuous and outspoken criticism of Government fiscal policy in administering the asylum and a new system of administering the asylum was instituted in 1885.

¹⁰⁷ *Tasmanian Mail* 4 & 11 February, 1888.

¹⁰⁸ LC/HA PP No. 7, 1886.

4.0 1885-1937: Visiting Inspectors

Legislation to abolish the Board of Commissioners was passed by the Government in 1885 (Act Vict. 49, No. 35), and their executive power was transferred to the Superintendent of the asylum, who had been Dr Macfarlane, since 1880. Dr Macfarlane served as Superintendent until 1915. The role of the Board was taken over by Visiting Inspectors appointed by the Government to conduct regular inspections of the asylum.

The first news the Inspectors had to report was that construction had begun on the new separate 'idiots' building, located in the northern corner of the asylum complex (see Fig. 9), in 1886¹⁰⁹, and the new female 'refractory' building in 1887¹¹⁰. The 'idiots' building was completed in 1888¹¹¹ (Plate 4), and the female 'refractory' building in 1889¹¹² (Plate 5). Construction did not begin on the new male 'refractory' building until 1891¹¹³, and this was completed in 1893¹¹⁴ (Plate 6). The proposed location of the two 'refractory' buildings is shown in Figure 9, however the location of the male building was moved prior to construction (it is shown as Ward B on a 1940 plan of the asylum complex, Fig. 11).

Another change made at the asylum at this time was the closing in 1890 of Grey and Burnett Streets to public access, where these passed the asylum (see Fig. 9). This was done to prevent the nuisance of sightseers and curious members of the public upsetting the patients in the asylum with their "gawking"¹¹⁵. The public esplanade along the Lachlan Rivulet was closed in the following year for the same reason¹¹⁶.

Also in 1890 the Inspectors recommended that a teaching program be instituted at the asylum for the training of the patient attendants in the care of mental patients¹¹⁷. This is the first mention in any of the records of the institution of any form of specialised training for the non-medical staff at the asylum. It was to take the form of a series of lectures and examinations delivered by the medical staff at the institution, with progress through the program bringing higher rates of pay for the attendants.

¹⁰⁹ LC/HA PP No. 8, 1887.

¹¹⁰ LC/HA PP No. 9, 1888.

¹¹¹ LC/HA PP No. 6, 1889.

¹¹² LC/HA PP No. 7, 1890.

¹¹³ LC/HA PP No. 10, 1892.

¹¹⁴ LC/HA PP No. 23, 1894.

¹¹⁵ LC/HA PP No. 9, 1891.

¹¹⁶ LC/HA PP No. 10, 1892.

¹¹⁷ LC/HA PP No. 9, 1891.

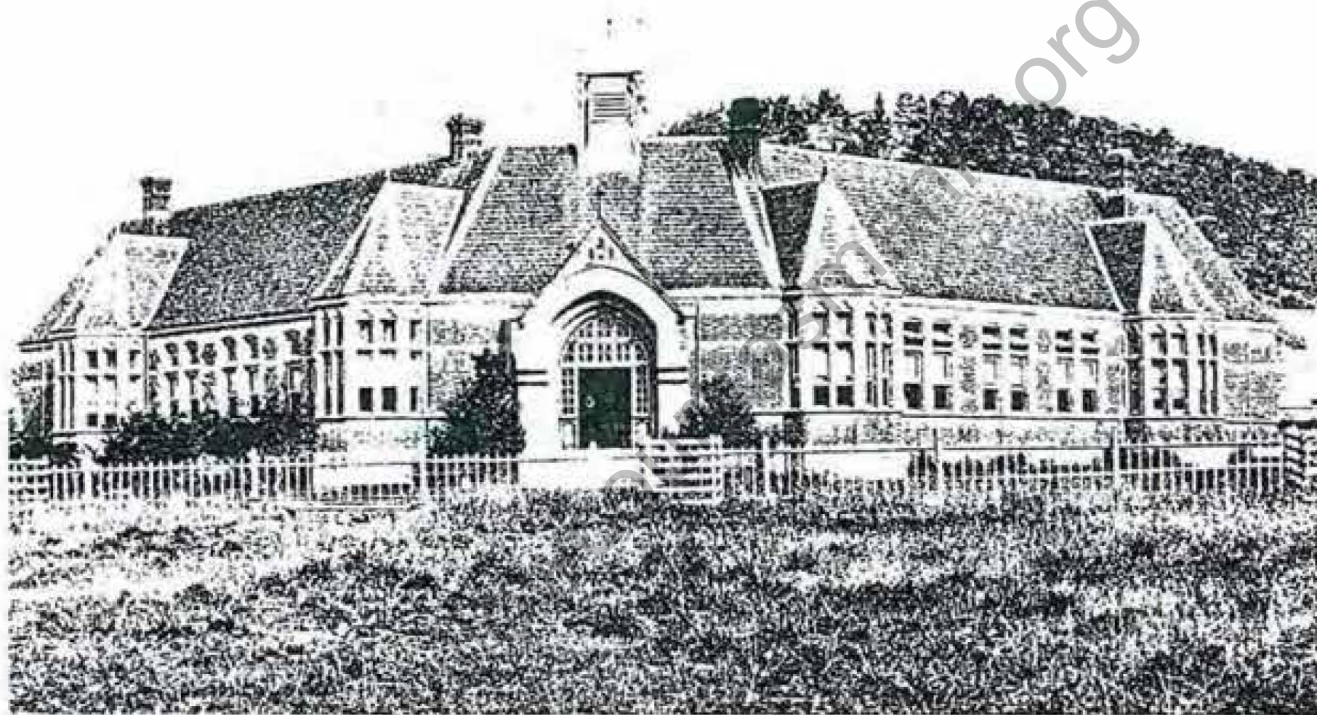


Plate 4: 'Idiots' building constructed 1886-88. This photograph was published in a pictorial feature on the New Norfolk Asylum in the *Tasmanian Mail* of November 22, 1902 (Archives Office of Tasmania).



Plate 5: Photograph of the Female 'Refractory' Building, constructed 1887-89, published in a pictorial feature on the Asylum in the *Tasmanian Mail* of October 3, 1896 (Archives Office of Tasmania).

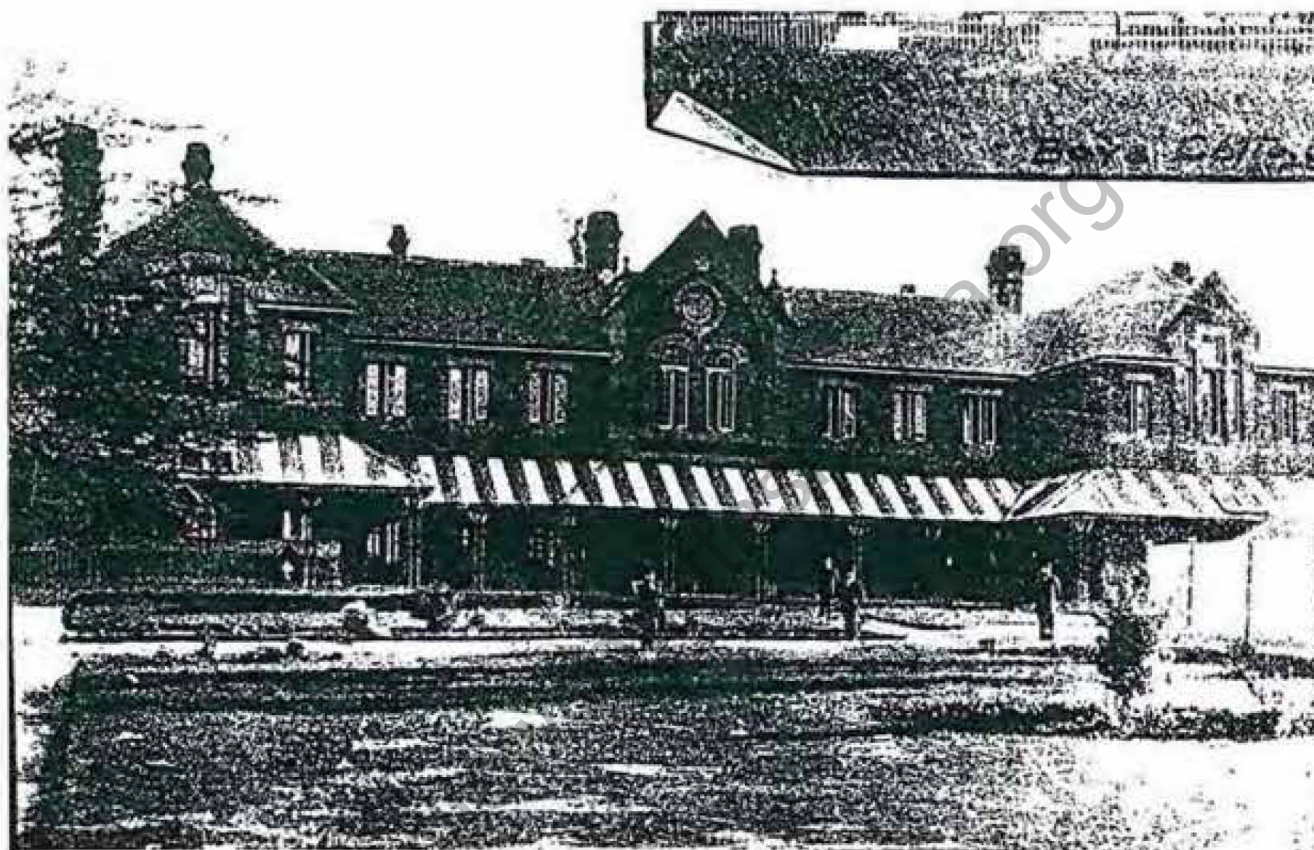


Plate 6: Photograph of the Male 'Refractory' Building, constructed 1891-93, published in a pictorial feature on the Asylum in the *Tasmanian Mail* of October 3, 1896 (Archives Office of Tasmania).

The year 1891 saw the further expansion of the landholdings of the institution¹¹⁸, with the purchase of the cottage 'La Maison', opposite the asylum, on the western side of Humphrey Street (see Fig. 9). 'La Maison' was to be used as a convalescent home for women. A further purchase of adjoining land was also made in the area that had been formerly occupied by 'The Parsonage' (see Fig. 9). The total of these acquisitions was approximately 17 acres, and brought the total area of land occupied by the institution to 65 acres.

Although the money voted for new buildings at the asylum as a result of the 1883 Inquiries had been well and truly spent, many of the needs identified by these inquiries still had not been met. One of these was for the construction of a new steam laundry and kitchen complex to serve the whole asylum. Additional funds were finally voted for this in 1891¹¹⁹, but construction did not get underway until 1901¹²⁰. A 1940 survey plan of the asylum complex (Fig. 11) shows this occupying the northern and eastern sides of the old asylum quadrangle built in 1833. In addition to this development, the new dormitory buildings had not completely solved the overcrowding and classification problems of the asylum, prompting the Inspectors to recommend the addition of a second wing to the recently completed Female 'Refractory' Building, in their 1894 report¹²¹. Delays in obtaining the necessary Government funding meant that construction of this also did not begin until 1901¹²². In addition to these new buildings, the asylum was able to benefit from the use of locally-generated electricity for heat and light for the first time in 1902¹²³. Previously, heat had been supplied by piped steam from the boilers supplying the kitchen and laundry, and light had been supplied by oil lamps. The asylum was not connected to the Tasmanian hydro-electric grid until 1922-23¹²⁴.

Between the years 1895 - 1901 and 1902 - 1910, there were no Annual Reports of Inspectors tabled in Parliament, however, their 1911 report again speaks of overcrowding at the asylum. This was due, in part, to the fact that, since the closure of the Port Arthur penal establishment in the 1870s, a large number of insane convict persons from there had been housed in the asylum at Cascades, in Hobart¹²⁵, but this was closed in 1890 and the remaining patients were transferred to New Norfolk; now the sole asylum

¹¹⁸ LC/HA PP No. 10, 1892.

¹¹⁹ *ibid.*

¹²⁰ LC/HA PP No. 55, 1902.

¹²¹ LC/HA PP No. 67, 1895.

¹²² LC/HA PP No. 55, 1902.

¹²³ *ibid.*

¹²⁴ LC/HA PP No. 34, 1923-24.

¹²⁵ Gowland, *op. cit.*, p. 106.

operating in Tasmania. The Inspectors also made recommendations for more accommodation for both sexes, and a communal recreation hall¹²⁶. The Inspectors also report on the construction of a new nurses' home (Plate 7). The location of this is shown in Figure 9.

Following the recommendations made in their 1911 report, the Commissioners made more detailed recommendations on the future building requirements of the asylum in 1915¹²⁷. Their recommendations included:

- An Administration Block;
- A Recreation Hall;
- A Central Kitchen with Mess Hall;
- Male and Female Sick Wards; and,
- Male and Female Admission Wards.

The recommendation for an administration block dates to the Inquiry of the Royal Commission in 1883 (see above). The Inspectors also proposed that an additional purchase of land be made from "Millbrook Estate", located on the northeast side of Mill Brook Road (see Fig. 9).

The recommendation for the purchase of "Millbrook Estate" was repeated in the following year¹²⁸, and another request for new buildings, including: admission wards, convalescent wards, operating theatre, laboratory and recreation hall was made in the Inspectors' 1917-18 report¹²⁹, without any action resulting. It seemed the change in administration in 1885 had not solved the problems in the running of the asylum, it had merely highlighted where the real problem lay; a lack of financial support for the institution on the part of the Government.

Some planning for future expansion of the asylum was evident in 1919-20, however, when 345 acres were purchased from the "Millbrook Estate"¹³⁰. Plans for some of the proposed new buildings were drawn up but reduced funding as a result of the First World War considerably delayed construction¹³¹.

¹²⁶ LC/HA PP No. 53, 1912.

¹²⁷ LC/HA PP No. 51, 1916.

¹²⁸ LC/HA PP No. 46, 1917.

¹²⁹ LC/HA PP No. 38, 1918.

¹³⁰ LC/HA PP No. 29, 1920-21.

¹³¹ LC/HA PP No. 29, 1921-22.

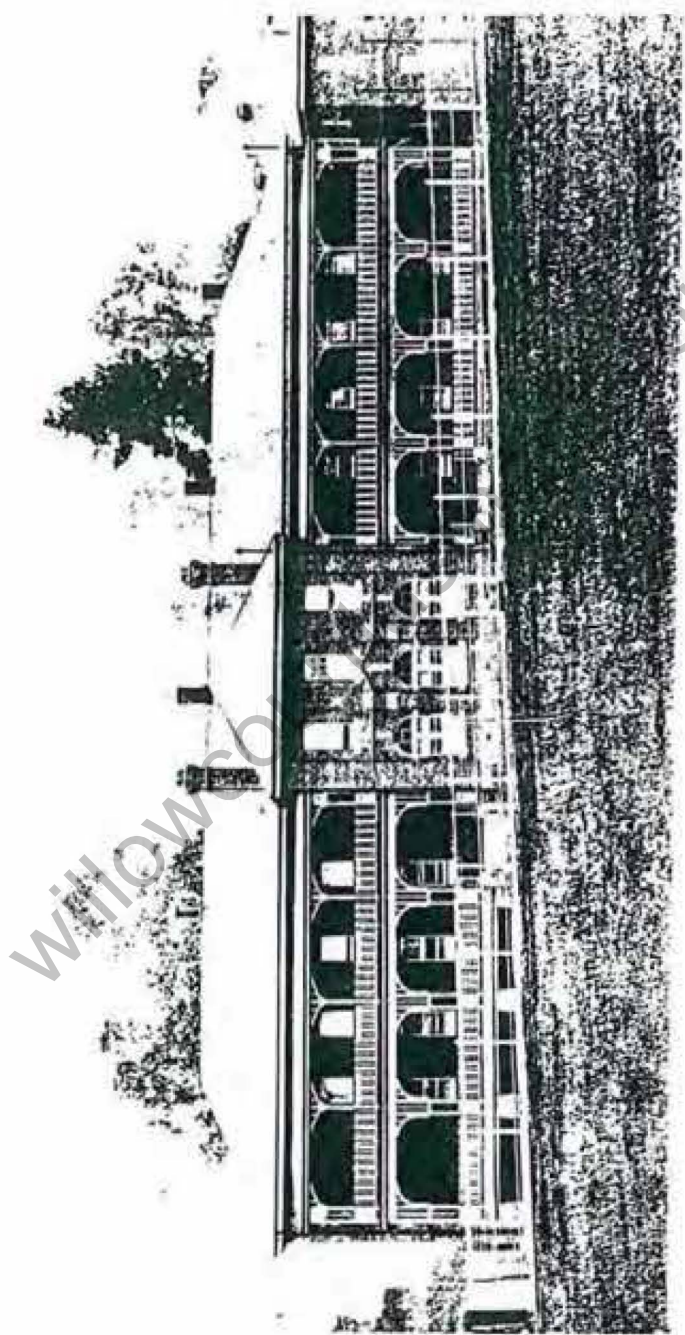


Plate 7: New Nurses' home constructed in 1911-13 and photographed in 1913 (Crabbe 1966, p. 71)¹³².

¹³² Crabbe, D.M. 1966. *History of the Lachlan Park Hospital*. Manuscript, NS 1495/1, Archives Office of Tasmania

In 1928-29 the house 'Millbrook Rise' which had been purchased as part of the "Millbrook Estate" was converted for use as a retreat for nervous disorders. The location of this house is shown on Figure 13. Construction had also finally begun on two of the new dormitory buildings recommended by the Inspectors in their 1915 report. These are shown on land formerly occupied by the recreation ground in Figure 11, and were later to become known as Derwent and Esperance House (see Fig. 13). The construction of these two buildings took a long time. They were not occupied until 1936-37¹³⁴, by which time construction had also finally begun on two more of the new dormitory buildings recommended in 1915. These were completed in 1939 and were located adjacent to Derwent and Esperance House (see Fig. 11), and were to become known as Franklin and Glenora House (see Fig. 13).

Another major change in the administration of the asylum took place in 1937, involving a change in its identity. As a result the reports of the Inspectors ceased to be tabled in Parliament in that year. The plan of the institution drawn in 1940 (Fig. 11), shows some further developments that took place at this time, however. The long-awaited administrative building had finally materialised, the idiot's asylum built in 1888 was now being used as a female hospital and three other new buildings, Wards C, G and L (later to be Carlton, Bronte and the site of Myrtle House, respectively) had been built (Fig. 11).

5.0 1937-68: Lachlan Park Hospital

The year 1937 saw a major change in the identity of the asylum. For the first time reference to an asylum, to insanity or to mental disease was removed from the name of the institution, and it became known as the Lachlan Park Hospital¹³⁵. This name remained in use until the old asylum complex was included as part of the newly created Royal Derwent Hospital in 1968. Previously the institution had been known, from 1829 as the Lunatic Asylum, New Norfolk, from 1855 as the Hospital for the Insane, New Norfolk, from 1915 as the Mental Diseases Hospital, and from 1937 as Lachlan Park Hospital. The introduction of the word 'Hospital' into the title in 1855, after the administration was taken over by the Board of Commissioners, reflects the aims of that body to develop the institution into a place where mental patients could be cured, rather than merely housed, as is implied with the earlier use of the term 'asylum' in the name of

¹³³ LC/HA 11 No. 15 (1929-30).

¹³⁴ LC/HA 11 No. 2 (1937).

¹³⁵ This discussion of the administrative history of the asylum is based on information contained in the Archives Office of Tasmania Government Agency Records Series Title List, TA 465, Royal Derwent Hospital.

the institution. The dropping of references to mental diseases and insanity with the name changes to Lachlan Park Hospital, and later Royal Derwent Hospital, reflect an attempt to distance the institution from the social stigma that attached to these terms, and possibly from some of the less socially palatable aspects of the history of the place.

Some of the changes in identity of the place can also be linked to the many changes that took place in the administrative structure of the institution. As noted above, the institution was controlled directly by the Governor's Office of the colony, as the representative of the Crown in England, until 1855, after which time the Board of Commissioners was introduced as the administrative agent of the newly formed Parliament of Tasmania, who assumed control of the institution from the Crown. The replacement of the Board of Commissioners with the Visiting Inspectors in 1885, also saw administrative control of the institution pass to the Charitable Grants Department of the Tasmanian Government. Thereafter, administrative control of the institution was passed to the Public Health Department in 1903, the Hospital for the Insane Department in 1907, the Mental Diseases Hospital Department in 1915, back to the Public Health Department in 1920, the Division of Mental Hygiene in 1945, the Division of Mental Health in 1956, the Division of Psychiatric Services in 1963, and finally to the Hospital's own Board of Management in 1968. With the exception of the last change, these changes were really only changes in name of the same, or related bodies, although the legislation relevant to the administration of the institution was also updated several times. In 1915 the Insane Persons Hospitals Act 1858 (Act 22 Vict., No. 23) was augmented by the Mental Diseases Hospitals Act 1915 (Act 6 Geo., No. 8). In 1937 the 1858 Act was finally revoked.

In addition to many administrative changes in the mid-to late 20th century, the asylum complex was to see a massive expansion and modernisation program in its facilities and buildings. Many of the old buildings of the asylum were renovated, some were demolished and others were added. In addition, the many buildings of the Royal Derwent Hospital Complex, which eventually occupied much of the 345 acres of the "Millbrook Estate", were constructed. The decision to undertake this massive expenditure was in response to the 1949 report of a Parliamentary Standing Committee on Public Works¹³⁶, which concluded that,

... the conditions [at New Norfolk] under which many of the patients are housed and the staff living conditions are reminders of the worst features of penal institutions of a century or two ago.

¹³⁶ Gowland, *op. cit.*, pp160-65.

and recommended the erection of a new service block as the first step in the construction of a proposed new hospital. Records of this phase of expansion are to be found in dated construction and renovation plans produced by the Public Works Department of Tasmania.¹³⁷

The first of the new buildings on the eastern side of the Lachlan Rivulet, which were eventually to form the Royal Derwent Hospital, were a new boiler house, workshop and kitchen. Begun in 1952-53, and completed by 1954-1955. Their location is shown in Figure 1. The temporary kitchen building from the Royal Derwent Hospital was brought in to serve as a kitchen while the new kitchen was being built. The temporary building was converted in 1973 to serve as the Industrial Therapy Building for the western, or Willowport (WC), campus (Fig. 13).

The first of the wards for the new Royal Derwent Hospital (RDH) campus, Wards 1 and 2, were constructed in 1957 (Fig. 13). Each was designed to house a maximum of 30 patients with those in Ward 2 comprising 'chronic' cases. The following year, another ward, Ward 3, was constructed to house 'epileptic' patients. Wards 4, 5, 8 and 9 were added in 1959 (Fig. 13). Ward 4 was designed to house 'epileptic' patients, while Wards 5, 8 and 9 were designed for 'chronic' patients. A new nurses' home was added to the RDH campus in 1961 (Fig. 13) the old nurses' home on the WC campus, being converted for the use of male staff at the institution.

Some of the old buildings on the WC campus were modernised in 1964-65, including the Ladies' Cottage and Glenora House. The old Ladies' Cottage building was now reserved for the use of adolescents of both sexes. A new building was also added to the WC campus, known as Alcheringa (or Myrtle) House, designed to house children (Fig. 13).

A number of the old buildings of the WC campus were also demolished at this time (see Fig. 12) in response to the reports of two separate inquiries conducted in the early 1960s, both of which found the condition of these buildings unsuitable for the continued habitation of patients¹³⁸. The old Gentlemen's Cottage, Male Refractory Building, Female Refractory Building, Matron's Quarters and the rear quadrangle of the original asylum building were removed to make room for new constructions. The old Nurses' Home was also scheduled for demolition but this was retained for the use of male staff.

¹³⁷ Except where otherwise noted, the post 1937 construction history of the asylum complex is derived from dated plans archived in the Plan Room of the Department of Public Works, Tasmania.

¹³⁸ Gowling *op. cit.*, pp. 171-77.

Most of the remainder of the wards comprising the RDH campus were constructed in 1965-66, including: Ward 6, for 'chronic' cases, Ward 7 for 'refractory' cases requiring a higher level of security, Ward 10 for 'refractory' cases, Ward 11 for 'chronic' cases and Ward 12, which housed the admission ward, some of the clerical and nursing administration, the reception of medical records, and the hospital pharmacy (Fig. 13). Other buildings constructed on the RDH campus in 1965-68 included: an occupational therapy centre, a patient's amenities centre, laundry, chapel and a store building (Fig. 13). Further changes also occurred on the WR campus in 1965-68, including the construction of a new maximum security block for females, known as Allonah House (Fig. 13), and a new maximum security block for males, known as Carlton House, involving use of an earlier structure, built sometime before 1940, and shown on the 1940 plan of the institution as Ward C (see Fig. 11). Other changes included: new hospital block, known as Lyphons House, a new ward known as Lachlan House, constructed in the area left vacant by the demolition of the 1833 asylum quadrangle, the building used as a female hospital, now known as Olga House, was extensively renovated and a new school, patient's amenities centre and occupational therapy centre were constructed (Fig. 13). The years 1965-69 also saw the commencement of a housing development 'Turriff Lodge', built for the Health Department between the RDH campus and the New Norfolk-to-Hobart Road (Fig. 13). Work continued on this throughout the 1970s.

Unfortunately, no statistics on patient population, admissions, death rates or recovery rates are available with which to test the effectiveness of the new RDH hospital complex as a better environment for the treatment of mental illness, over the old hospital complex. However, the indication of the role of properly designed buildings in the effective treatment of the insane, which was an important issue throughout the entire history of the institution, can be got from statistics collected from Annual Reports for the period 1855 to 1943 (Appendix 2).

The rate of growth in the patient population of the institution is shown in Figure 14. After a sharp rise in the late 1850s, when the institution was taken over by the Board of Commissioners, the rate of increase remains relatively steady, reflecting steady growth in the population of Tasmania. It is this steady increase in patient population at the asylum that provided the continual impetus for expansion of the facilities of the asylum. The fact that the population growth rate remained relatively constant also strengthens the argument that explanations for sudden, major changes in the recovery rate of patients may be found elsewhere, such as improvement in the buildings and facilities at the asylum.

BUILDINGS TO BE DEMOLISHED.

1. A. WARD
2. B1 WARD
3. I. WARD
4. K1 WARD
5. R. WARD
6. BOILER HOUSE, LAUNDRY, ETC.
7. MATRONS' COTTAGE
8. PART EXTERNAL WALL.

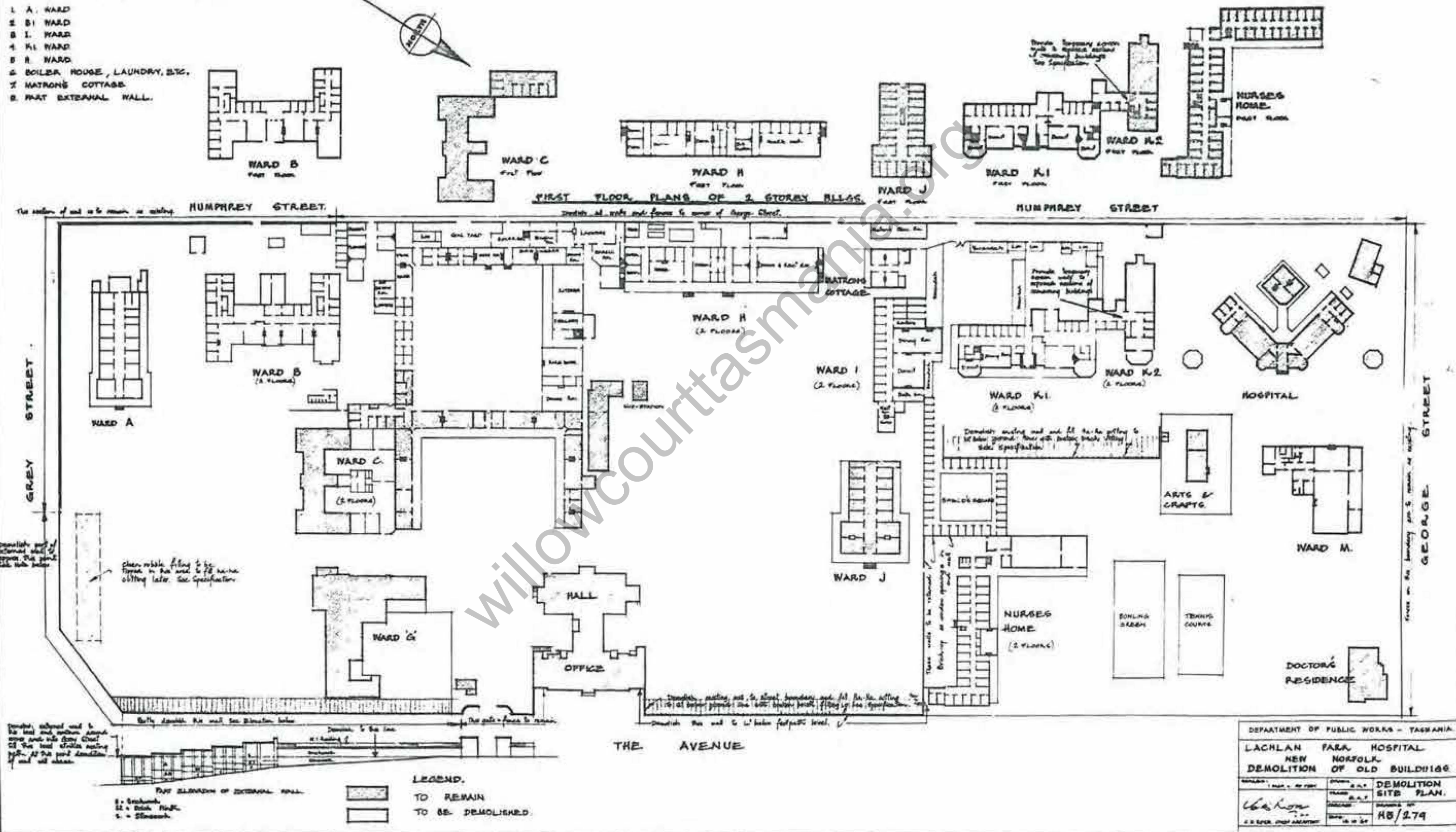


Figure 12: PJ 1 - The WC campus in 1964 (Public Works Department of Tasmania, C 7d No. 38675), showing buildings to be demolished.

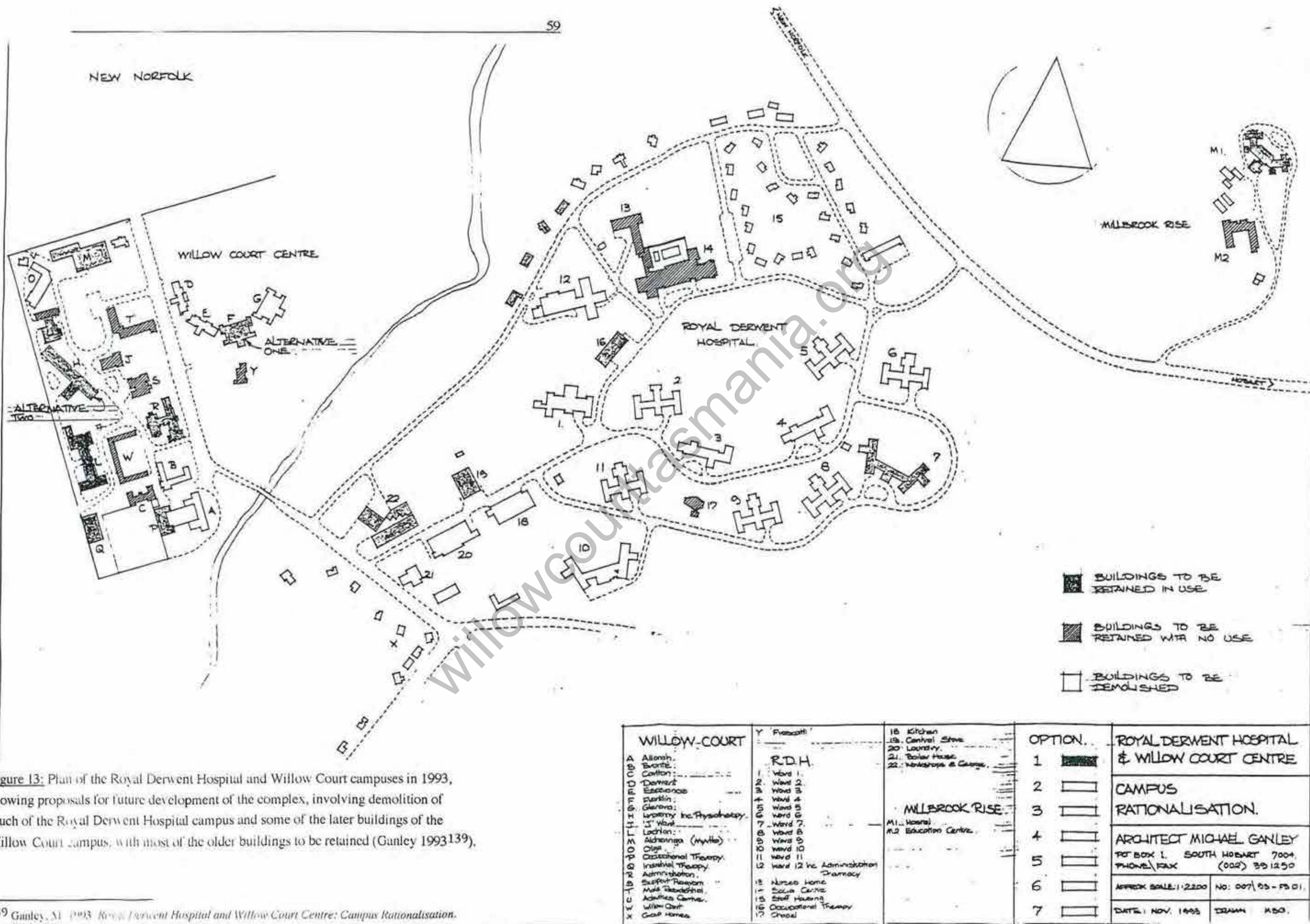


Figure 13: Plan of the Royal Derwent Hospital and Willow Court campuses in 1993, showing proposals for future development of the complex, involving demolition of much of the Royal Derwent Hospital campus and some of the later buildings of the Willow Court campus, with most of the older buildings to be retained (Ganley 1993:139).

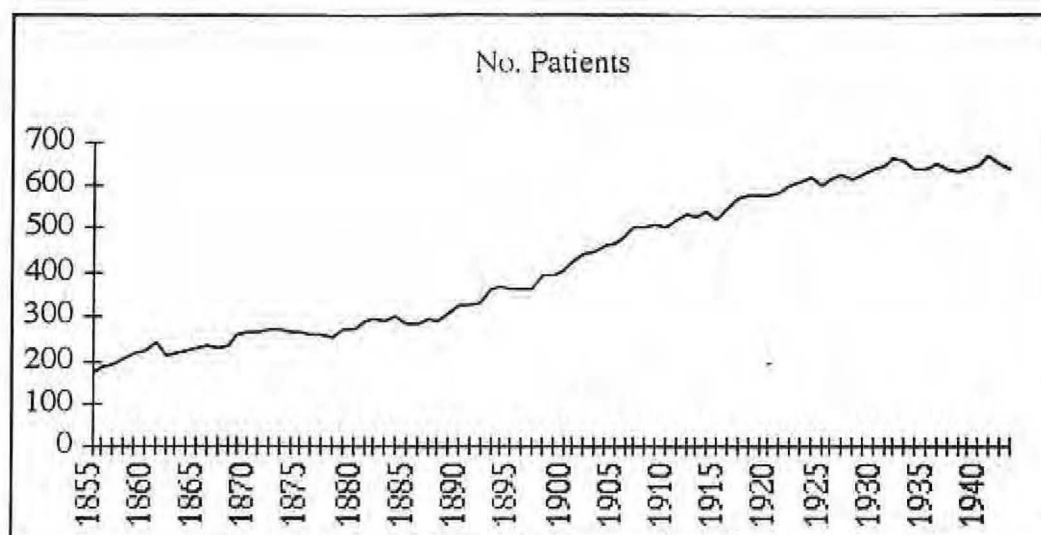


Figure 14: Growth of the patient population of the New Norfolk Asylum, 1855-1943.

This steady rate of increase is also reflected in the statistics for new admissions for the period (Fig. 15). The sharp increase from the 1930s can be linked to the construction of the four new accommodation blocks Derwent, Esperence, Franklin and Glenora Houses.

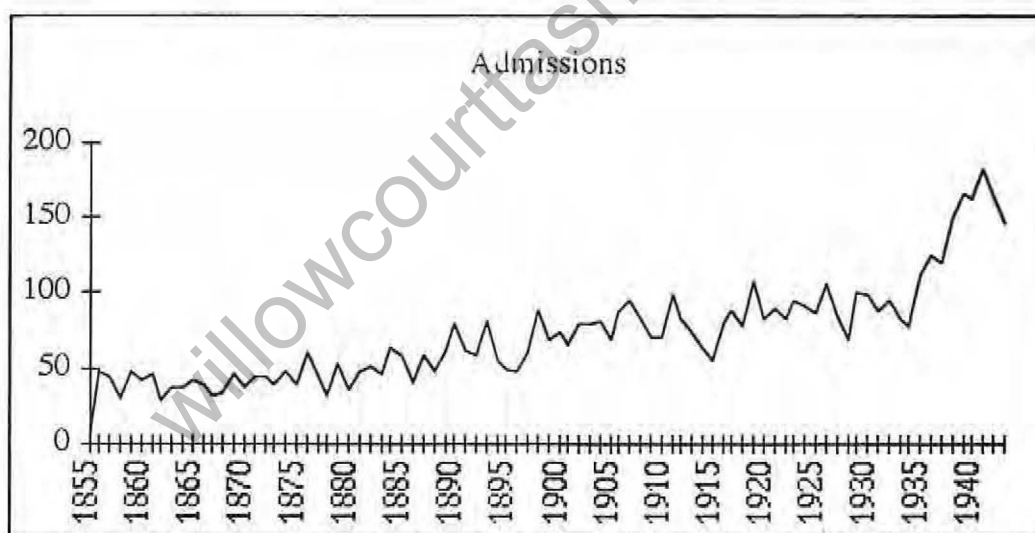


Figure 15: Growth in patient admission to the New Norfolk Asylum, 1855-1943.

The statistics for changes in the recovery rate of patients at the asylum can be closely linked to the episodes of new construction and improvements in patient conditions discussed above. The peak in 1855 may be attributed to the takeover of the institution by the Board of Commissioners, and their introduction of a system of treatment aimed towards actually curing the patients. Subsequent highs through the 1860s and 1870s, late 1880s and 1890s are suggestive that the new buildings erected by the Board during these

periods were having a beneficial effect in the patients housed in them. The significant rise in the recovery rate from the 1930s again correlates to the four new accommodation blocks built at this time. The low in 1881-82 would have provided much fuel to the recommendations of the 1883 Royal Commission, and subsequent inquiries, for improved accommodation at the asylum. It may have been expected that, with the construction of the new hospital in the 1960s, and the demolition of some of the old, a further significant increase in the recovery rate would have been evident.

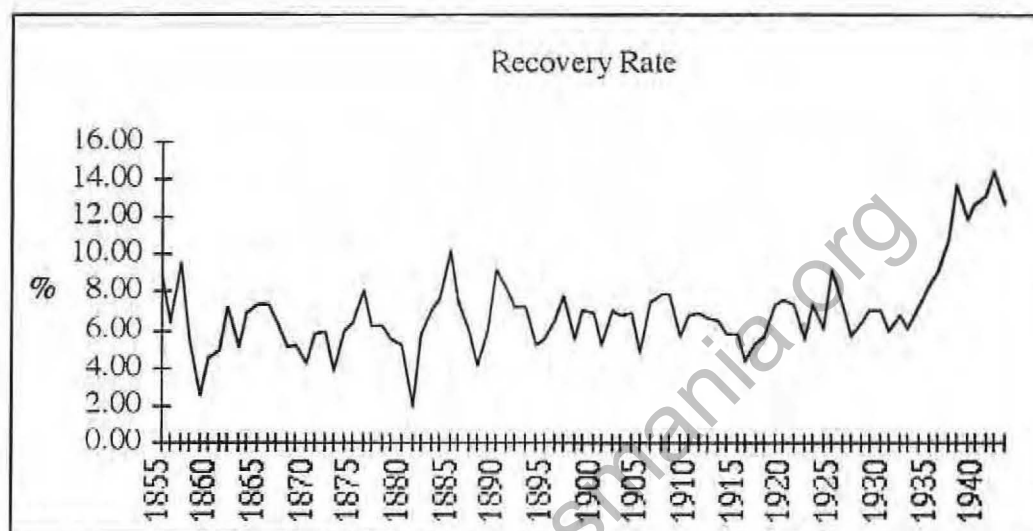


Figure 16: Changes to the recovery rate of patients, expressed as a percentage of the total patient population, at the New Norfolk Asylum, during the period 1855-1943.

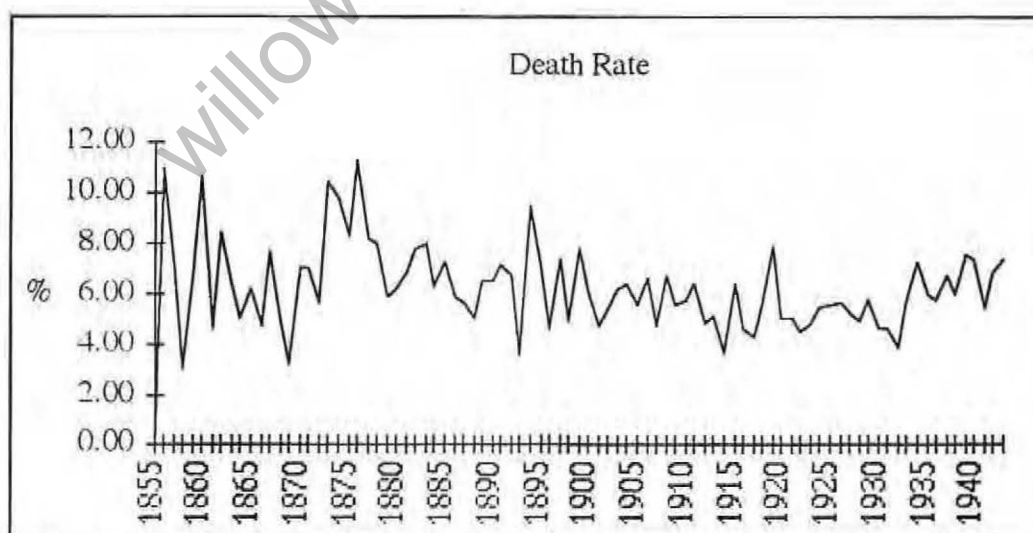


Figure 17: Changes in the death rate of patients, expressed as a percentage of the total patient population, at the New Norfolk Asylum during the period 1855-1943.

The death rate for patients at the asylum remains more constant than the recovery rate, although a slight downward trend hints at gradually improving conditions for the patients throughout the history of the New Norfolk Asylum, as the population was steadily increasing. The death rate was probably less influenced by improvements to the buildings and facilities at the asylum than the recovery rate, as there would always have been a certain proportion of incurable patients, who would have lived out their entire lives at the asylum.

6.0 1968-Present: Royal Derwent Hospital

The name Royal Derwent Hospital was granted to the new institution by Royal Decree in 1868, and was accompanied by a transfer of administrative control from the Government Department of Psychiatric Services to the institution's own Board of Management, giving the institution a high degree of autonomy in its affairs, while it still relied heavily on Government funding. The new Royal Derwent Hospital incorporated the old Lachlan Park Hospital complex on the opposite side of the Lachlan Rivulet.

Following these administrative changes, construction activity at the new asylum complex slowed from its peak in the 1960s. Much of the work carried out in the 1970s consisted of renovations to some of the older buildings, and alterations to some of the newer constructions. Wards 8 and 10 on the RDH campus had minor alterations made to them in 1971 and 1972 respectively, as did Bronte House and Esperence House, on the WC campus. The building that had housed a temporary kitchen while the new one was being constructed in the 1950s, was converted into an industrial therapy workshop for the WC campus in 1973, and in 1974 Franklin House and Glenora House were extensively renovated, with Derwent House following in 1976-78. Some restoration work was also carried out on the 1830 hospital building, now known as 'Willow Court' in the 1970s, but a plan for its complete redevelopment as an administrative centre for the complex was shelved.

The last major construction at the complex was a new Nurses' Education Centre, built adjacent to the 'Millbrook Rise' building in 1980 (Fig. 13), while the program of upgrading of the wards continued throughout the 1980s. Lyprenny House, on the WC campus, had alterations made in 1980, and Wards 5 and 11 on the RDH campus were also upgraded at this time. Further renovations were made to the 'Willow Court' Building in 1981. In the following years the Nurses' Home on the RDH campus was converted to house patients, with the nurses presumably now living off-campus, Esperence House and Lachlan House, on the WC campus, had alterations made to them

and Wards 1, 2, 10 and 12 on the RDH campus were upgraded. The last major work on the complex was a renovation of Alcheringa (or Myrtle) House, on the WC campus, in 1990.

Following the recent development of the philosophy of community-based care for mental patients, most of the patients at the Royal Derwent Hospital have now left to be incorporated back into the community. Only a few now remain in the oldest buildings of the complex, on the western side of the Lachlan Rivulet. The new hospital built on the eastern side of the Rivulet in the 1960s now lies almost entirely deserted, awaiting some form of redevelopment.

7.0 Construction Chronology

The information presented in this summary of building activity at New Norfolk Asylum is extracted from the history of the asylum presented above. In the historical discussion, the buildings are located on plans of the asylum, drawn in 1830-33, 1883, 1940 and 1993. These plans are reproduced to the same scale in this summary to illustrate graphically the process of development of the institution.

?-1830

- Original invalid barracks, exact location unknown.

1830

- New invalid hospital constructed.

1833

- New asylum building attached to new invalid hospital.

1834

- Construction of 'Frescati'.

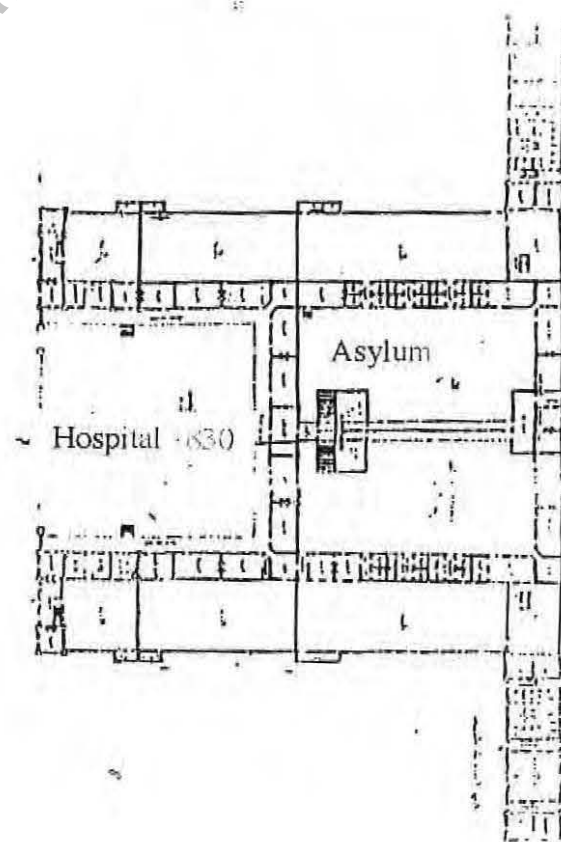
1840-41

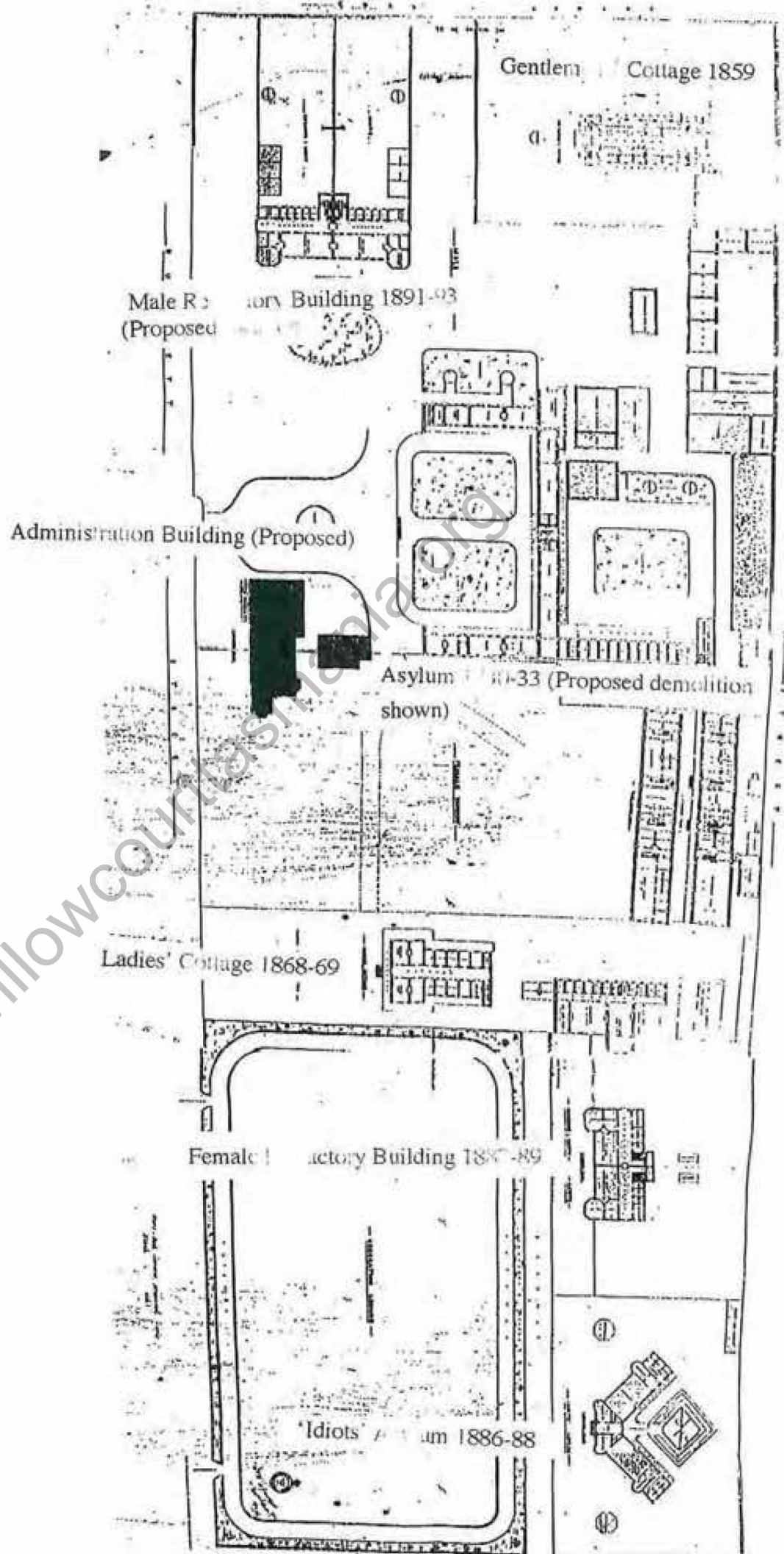
- New wing added to female side of the asylum building.

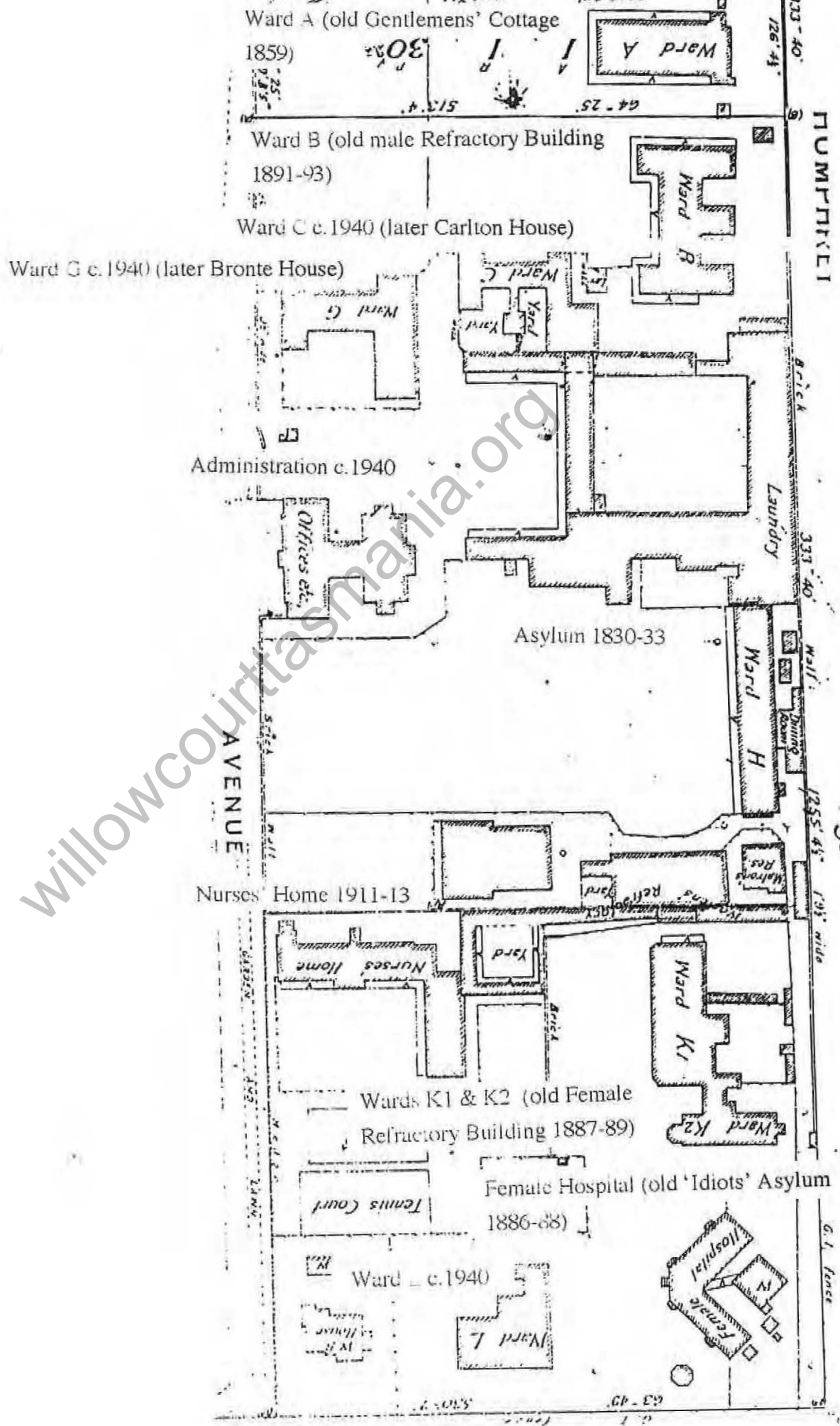
1842

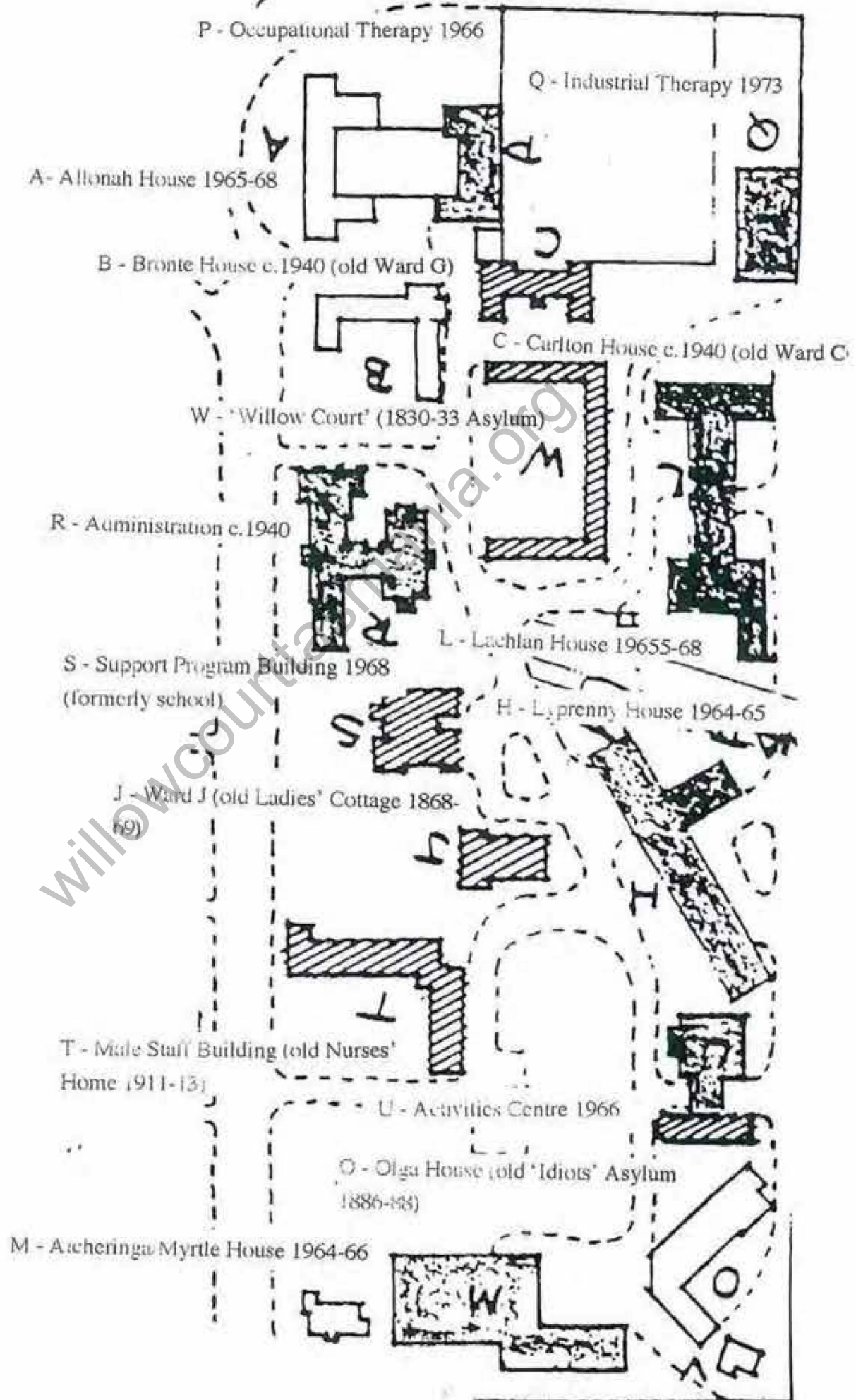
- New wing added to male side of the asylum building.

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1859

- Recent completion of the Gentlemens' Cottage.

1860

- Completed upgrading of rooms in the female section of the asylum building.
- Front wall removed to open out the front yard of the invalid hospital building.
- Separate kitchen and store room for female division erected.
- In the male division, the cells on the north side of the back yard converted to apartments opening onto a corridor, with a 150ft x 12ft verandah attached.
- The dividing wall in the back courtyard of the asylum building removed.

1861

- A new day room 60ft x 32ft, 60ft x 19ft ward and six small rooms attached to north side of main building in the female division.
- A matron's cottage erected in the central area of the main building.
- New kitchen, bath-house, laundry, drying room and store in the female division completed.

1862

- A verandah 202ft long and 10ft wide for the female division of the main building completed.
- The quarters formerly occupied by the head keeper are converted into a separate ward for 'idiot' boys.
- The Superintendent's quarters, 'Frescati' are extensively renovated.

1863

- Conversion of the old wooden cells in the female division of the asylum building.

1864

- Completed conversion of old wooden cells in the female division.

1865

- New kitchen in the male division nearing completion, with the conversion of the old kitchen into a male bath-house in progress.

1866

- New kitchen in the male division completed, with the conversion of the old kitchen into a male bath-house nearing completion.

1868

- Construction of Ladies' Cottage commenced.
- New barn, cow sheds and other farm buildings erected.

1869

- The Ladies' Cottage completed.

1879

- A new dormitory is constructed in the female division.

1881

- Six bedrooms, two sitting rooms and a bathroom are under construction at the Gentlemens' Cottage.

1886

- Construction is begun on a new 'idiots' cottage.

1887

- New 'idiots' cottage nearing completion.
- Construction in progress on new female 'refractory' building.

1891

- New male 'refractory' building commenced.

1892

- New male 'refractory' building nearing completion.

1893

- New male 'refractory' building completed.

1901

- A second wing for the recently completed female 'refractory' building under construction.
- New steam laundry and kitchen progressing.

1911

- A new nurses' home in the course of construction.

1913

- New nurses' home completed.

1928-29

- Two new dormitory buildings for male patients in the course of construction on the site of the old recreational ground (Derwent and Esperence House).
- "Millbrook Rise" set up as a hostel for mental patients.

1935-36

- The two new male dormitory buildings nearing completion (Derwent and Esperence House).

1936-37

- The two new male dormitory buildings completed (Derwent and Esperence House).
- Construction on two more male dormitory buildings, adjacent to the two just completed, begun (Franklin and Glenora House).

1939

- Franklin and Glenora House completed.

c.1940

- New Administration Building erected on the WC campus.

1952

- New Boiler House, RDH campus.

1953

- New Boiler House, RDH campus.
- New Kitchen Block, RDH campus. A temporary kitchen building from the Royal Derwent Hospital was brought in to serve as a kitchen while the new kitchen was being built. The temporary building was converted in 1973 to serve as the Industrial Therapy Building for the WC campus.
- New Workshop Building and Garage, RDH campus.

1954

- New Boiler House, RDH campus.
- New Kitchen block, RDH campus.

1955

- New kitchen block, RDH campus.

1957

- Construction of Wards 1 and 2, RDH campus.

1958

- Construction of Ward 3, RDH campus.

1959

- Construction of Wards 4, 5, 8 and 9, RDH campus.

1961

- Construction of new Nurses' Home, RDH campus.

1964

- New Mixed Adolescent's Block (Lachlan House), WC campus.
- New Children's Block, (Ward M/Alcheringa House/Myrtle House), involving use of existing structure.
- Renovation of Ward G (Glenora House), WC campus.
- Demolition of old buildings on WC campus, including Back Division of Willow Court, Male Cottage, Male and Female Refractory Buildings and Matron's Cottage.

1965

- Construction of Wards 6, 7, 10 and 11, RDH campus.
- New Medical Administration Building and Admission Ward (Ward 12, RDH campus).
- New Occupational Therapy Centre, RDH campus.
- New Patient's Amenities Centre, RDH campus.
- New Store Building, RDH Campus.
- New Female Maximum Security Block (Ward A/Allonah House), WC campus.
- New male maximum security block, (Ward C/Carlton House) WC campus, involving use of existing structure.
- New Children's Block, (Ward M/Alcheringa House/Myrtle House), involving use of existing structure, RDH campus.
- New Mixed Adolescent's Block (Ward L/Lachlan House), WC campus.
- New Laundry, RDH campus.

1966

- New Chapel, RDH campus.
- New Hospital Block (Lyprenny House), WC campus.
- New Medical Administration Building and Admission Ward (Ward 12, RDH campus).
- New Occupational Therapy Centre, RDH campus.
- New Female Maximum Security Block (Ward A/Allonah House), WC campus.
- New male maximum security block, (Ward C/Carlton House) WC, involving use of existing structure.
- New Patient's Amenities Centre, RDH campus.
- New Children's Block, (Ward M/Alcheringa House/Myrtle House), involving use of existing structure, RDH campus.
- Renovation of female hospital (Ward O/Olga House), WC campus.
- New Patient's Activities Centre Building, WC campus.
- New Occupational Therapy Building, WC campus.
- New Laundry, RDH campus.

1967

- New Hospital Block (Lyprenny House), WC campus.
- Construction of Ward A (Allonah House), WC campus.
- New Patient's Amenities Centre, RDH campus.
- Five houses for Turriff Lodge housing development, RDH campus.
- New Chapel, RDH campus.
- New Laundry, RDH campus.

1968

- Construction of Ward A (Allonah House), WC campus.
- New Hospital Block (Lyprenny House), WC campus.
- New Chapel, RDH campus.
- New School, WC campus.

1969

- Five additional houses for the Turriff Lodge housing development.
- Alterations to the Old Nurses' Home.

1971

- Alterations to Ward 10, RDH campus.
- Alterations to Ward B (Bronte House), WC campus.

1972

- Upgrading of Ward E (Esperence House), WC campus.
- Reconstruction of Ward 8, RDH campus.

1973

- New Industrial Therapy Workshop, WC campus. This involved the conversion of the old Temporary Kitchen Building, moved to the site in 1953.

1974

- Renovations to Ward F (Franklin House), WC campus.
- Renovations to Ward G (Glenora House), WC campus.

1975

- Restoration of the south-west pavilion of the 'Willow Court' building.

1976

- Renovations to Ward D (Derwent House), WC campus.

1977

- Renovations to Ward D (Derwent House), WC campus.

1978

- Renovation of Ward D (Derwent House), WC campus.
- Restoration work to the verandahs of the 'Willow Court' building.
- Turriff Lodge housing development continuing.

1979

- Turriff Lodge housing development continuing.

1980

- New Nurses' Education Centre, "Millbrook Rise" campus.
- Restoration work to the central block of the 'Willow Court' building.
- Alterations to Ward H (Lypenny House), WC campus.
- Upgrading of Wards 5 and 11, RDH campus.

1981

- Renovations to doors and windows of the 'Willow Court' building.
- Renovation of the central block of the 'Willow Court' building.

1982

- Conversion of Nurses' Home to patient accommodation, RDH campus.
- Alterations to Ward E (Esperence House), WC campus.

1983

- Upgrading of Ward 1, RDH campus.
- Additions to Ward 2, RDH campus.
- Upgrading of Boiler House.
- Conversion of Nurses' Home to patient accommodation, RDH campus.

1984

- Additions to Ward 2, RDH campus.
- Conversion of Nurses' Home to patient accommodation, RDH campus.

1985

- Upgrading of the sprinkler systems, ventilation and lighting in the 'Willow Court' building. This involved some demolition of existing structures.
- Alterations to Ward L (Lachlan House), WC campus.
- Alterations and additions to Ward 10, RDH campus.
- Additions to Ward 2, RDH campus.

1986

- Additions to Ward 2, RDH campus.
- Alterations and additions to Ward 10, RDH campus.

1987

- Restoration to the external finishes of the 'Willow Court' building.
- Alterations and additions to Ward 10, RDH campus.
- Additions to Ward 2, RDH campus.

1988

- Alterations to Ward 2, RDH campus.

1989

- Alterations to Ward 12, RDH campus.

1990

- Renovation of Myrtle House (Ward M/Atcheringa House), WC campus.

8.0 Individual Building Histories

This section contains information presented in the history and construction chronology of the institution, above, arranged according to separate sections for each building.

Additional information is added from dated Public Works Department Plans, and from Ganley 1993. Information is presented only for those buildings presently on site.

Royal Derwent Hospital Campus

Ward 1

Constructed in 1957 for 30 patients, this was the first of the new single-storey wards of the Royal Derwent Hospital Complex. It has been significantly upgraded since, with the addition of two solariums in 1983.

Ward 2

Constructed in 1957 as a ward for 30 'chronic' patients, this ward has not been upgraded since and retains its original appearance throughout. Additions to the building were made in 1983-87.

Ward 3

Constructed in 1958 to a single-storey plan. This ward was dedicated to the care of 'epileptic' patients.

Ward 4

Constructed in 1959 to a similar design as Ward 3, this ward also housed epileptic patients.

Ward 5

Constructed in 1959 to house 'chronic' patients, this ward shares the same design as Ward 2.

Ward 6

Constructed in 1965 to house 'chronic' patients. As with Ward 5, this ward has a similar design to that of Ward 2.

Ward 7

Constructed in 1965, this building was designed as a secure ward to house 'refractory' patients. The building has since been modified slightly by subdividing the day-room, re-organising the wards and re-arranging the duty office.

Ward 8

Constructed in 1959, this building is another 'chronic' ward, similar to Ward 2. This ward was renovated in 1972.

Ward 9

Built in 1959 to house 'chronic' patients, this ward is again similar in design to Ward 2.

Ward 10

Built in 1965 as a secure ward for 'refractory' patients, this building has the same design as Ward 7. Alterations to this ward were carried out in 1971, 1980-81 and 1985-88.

Ward 11

Another 'chronic' ward built in 1965 to the same design as Ward 2. It was later used as a substitute while the New Norfolk District Hospital was being upgraded.

Ward 12

Constructed in 1965-66. This ward houses the 'Admission Ward', some of the clerical and nursing administration, the reception area, medical records, and the hospital pharmacy, in addition to 16 patients. The pharmacy was a later addition in 1968-69. Further alterations were carried out in 1989.

Nurses' Home

Constructed in 1961, this four-storey building houses 53 residents. It was converted to patient accommodation in 1982-84.

Social Amenities Centre

Constructed in 1965-67, this building houses a 260-seat theatre, gymnasium, dining area, kitchen, library and 25m open-air swimming pool.

Laundry

Constructed in 1966-67, this building consisted of extensive remodelling of an earlier laundry building.

Kitchen

Constructed in 1953-55 and renovated in 1967.

Occupational Therapy Centre

Constructed in 1965-66.

Boiler House

Constructed in 1952-54 on the RHH campus, this building replaced an earlier boiler house located in the rear of the 1833 asylum building. Alterations to improve the coal supply and ash disposal system were made in 1961, 1965-66 and again in 1983. No. 1 Boiler was replaced in 1968 and No. 2 Boiler in 1970. The location of the old boiler house at the rear of the 1833 asylum building represents the only significant possibility for site contamination at the hospital complex, through fuel residues remaining buried on-site. Millbrook House currently occupies this location.

Maintenance Workshop and Garage

Built in 1963, this building was added to in 1964-65 and 1980-83, with extensive renovation including reroofing being carried out in 1973-76.

Central Stores

Built in 1965.

Chapel

Constructed in 1966-68 as a multi-denominational place of worship for the patients.

Millbrook House Campus

Millbrook House Hostel

An older house redeveloped in 1928-29 as a hostel for 34 patients, this building is situated on the grounds approximately 1km from the Royal Derwent Hospital complex.

Millbrook Education Centre

Constructed in 1980 as a nurses' education centre.

Willow Court Campus

Allonah House (B and A)

Constructed in 1957-68 as a high security ward for female 'refractory' patients. Its design follows that of a prison with small cell-like rooms with small-paned windows.

Bronte House (W and B)

Constructed in 1961 as a building for 'imbeciles'. Minor renovations carried out in 1971.

Carlton House (Ward C)

Constructed around 1940, this five-storey brick building was designed as a high security ward for the 'factory' patients. It has an exercise yard attached. It was extensively rebuilt in 1965-66, making use of the existing structure.

Derwent House (Ward D)

This two-storey ward for male patients was constructed in 1937 and substantially renovated in 1976-78.

Esperanto House (Ward E)

Constructed in 1937 to a similar plan and purpose as Derwent House. This building was extensively upgraded in 1972 and 1982.

Franklin House (Ward F)

Constructed and for male patients in 1939, this building was extensively renovated in 1974.

Glenora House (Ward G)

Constructed in 1939 to a similar plan and purpose as Franklin House, this building was extensively renovated in 1964-65 and again in 1974-76.

Lypenny (Lustings) Hostel (Ward H)

Constructed in 1966-68 as a two-storey block of multibed wards, this building was extensively altered in 1980 and now also houses physiotherapy facilities.

Ward J

The ground floor of this building was built in 1868, with a second storey being added in 1903. The building was built to a high standard of finish throughout, and is listed by the National Trust. Its original use was as the 'Ladies' Cottage. Some modernisation was carried out in 1961 and the roof was repaired in 1970.

Lachlan House (Ward L)

Constructed around 1964-65, the building comprises multibed wards for adolescent patients only. Some renovation was made in 1985.

Alcheria House (Myrtle House Ward M)

Constructed in 1964-66 and upgraded in 1990, this building houses a children's ward.

Olga House (Ward O)

Originally constructed 1886-88 as an 'idiots' asylum, this building was being used as a female hospital by 1940. It was extended in 1966.

Male Residential Building

Constructed in 1911-13 as a nurses' home, this two-storey building retains one of the more aesthetically pleasing external appearances of those in the hospital complex. It was altered in 1970, and now houses male staff.

Support Program Building (formerly Hospital School)

Constructed in 1968 as a school, this building currently has an administrative function.

Residents' Activities Centre

Constructed in 1966, this building originally related to the adjacent Occupational Therapy building. The building is now let on a long-term basis to the local Free Masons.

Rehabilitation (Industrial Therapy)

This building originally functioned as a temporary kitchen for the Royal Hobart Hospital, and was transferred to the Royal Derwent Hospital in 1953 for the same function, while a new kitchen was being built on the RDH campus. It was converted in 1973 to house occupational therapy equipment for joinery and carpentry.

Rehabilitation (Occupational Therapy)

Constructed in 1966, this building houses space for light industrial work, in addition to doubling as space for entertainment and social activities for the patients in the high security Allonah and Carlton Houses.

Administration Building

Constructed in 1940, this two-storey brick building has a hall/gymnasium attached to its rear, which now serves as additional office space, after alterations carried out in 1966-67.

Group Homes (10)

Ten of these were built in 1967-69 to a standard design to house up to 4 patients.

Willow Court

Originally constructed in 1830, this building is classified by the National Trust and is listed on the Register of the National Estate. It is historically significant as the oldest mental institution building remaining in Australia. In the 1960s a series of plans were drawn up for the complete renovation of this building, but this never went ahead. Instead

piecemeal maintenance works have been conducted on the south-west pavilion in 1975, the verandahs in 1978, the central block and the doors and windows of the building in 1980-81, and the external finishes in 1987. The sprinkler system, ventilation and lighting were also upgraded in 1985. The building was originally designed as an invalid hospital. An asylum building attached to the rear of the building in 1833 was demolished in 1965.

'Frescatti'

Constructed in 1834, this cottage formed the Medical Superintendent's Residence associated with the hospital and asylum.

9.0 Statement of Significance

In managing heritage places, the assessment of cultural significance of a place is the basis for formulating management policy and recommendations for that place. The assessment of cultural significance is in turn based on whether the site satisfies criteria in certain categories. The categories used to assess the cultural significance of the New Norfolk Asylum below are based on those used in the Tasmanian Historic Cultural Heritage Act (1995). These categories are based closely on those defined in the ICOMOS Burra Charter and used by the Australian Heritage Commission.

1. Does the site demonstrate significant aspects of the pattern and evolution of Tasmanian history?

The fact that the New Norfolk Asylum has retained its use as a mental institution from the late 1830s to the present, means that it has the longest continuous history of any mental institution in Australia. The fact that buildings have been added to the institution continuously throughout this long history, and very few of these have been removed or substantially altered, mean that the physical record of the development of the institution retains an unusually high degree of integrity. This means that the institution is highly significant in being able to demonstrate patterns in the evolution of the philosophy of building for the insane, from the 'Linear' asylums of the early 19th century, through the 'Cottages' of the later 19th century, to the 'Pavilion System', which was finally implemented at New Norfolk in the 1960s. The influence of the convict system is also detectable in the early architecture of the asylum. New Norfolk is the only place in Tasmania where these developments in building for the insane are preserved in a continuous sequence and, with the possible exception of parts of the Gladesville Hospital in Sydney, the only place in Australia.

2. Does the site demonstrate rare, uncommon or endangered aspects of Tasmania's historic heritage?

The New Norfolk Asylum buildings are the only fully preserved mental institution buildings remaining in Tasmania. The asylum building at the Port Arthur Penitentiary remains as an incomplete shell only, while the Cascades Asylum has only archaeological traces remaining. While parts of 19th-century mental institution buildings are preserved in other places in Australia, at the Gladesville Hospital in Sydney, for example, the New Norfolk Asylum is rare and highly significant as the only example of an entire 19th century mental institution preserved in its original layout and setting in Australia.

3. Does the site have the potential to yield information contributing to an understanding of Tasmanian history?

Through its rich documentary record, the New Norfolk Asylum has the potential to contribute to an understanding many aspects of Tasmania's, and Australia's history, including: changing philosophies for the care and housing of mental patients, from merely housing them to actually attempting to treat and cure their illnesses; changes in Government provisions for the care of the mentally ill, from the control of the English Crown, to control by the Tasmanian Parliament, to semi-autonomous institutions; the development of Tasmania's health system, from its origins as part of the convict system to public hospitals; and changes in public attitudes to the mentally ill, from providing a spectacle to 'gawk' at to public concern for their proper housing and treatment.

4. Is the site representative of the characteristics of a class of heritage places?

Because of the length and continuity of the history of the New Norfolk Asylum, and the high degree of completeness of its historic fabric, the place was, and is, unique in its own right in the history of Tasmania, and Australia. The place is therefore in a class of its own.

5. Does the site contain aspects of creative or technical achievement?

The buildings of the New Norfolk Asylum preserve aspects of the theory of design of early 19th-century convict barracks buildings, in their front-entry style, constructed around the internal walls of a courtyard. They also preserve an unbroken record of the development of theories for treating and housing the insane, from the 1830s to the present.

6. Does the site have social, cultural or spiritual associations for any cultural group?

The asylum at New Norfolk has a special significance for many Tasmanians. Since the 1830s, the asylum has been supplied with staff from the township of New Norfolk, and despite the unfortunate nature of the association, many ex-patients and their families retain a strong personal link to the place.

7. Does the site have an association with any person, group or organisation important in Tasmanian history?

The architect responsible for the design of the earliest buildings at the asylum, John Lee Archer, was influential in the development of early Tasmanian architecture. The remaining section of the 1830s asylum building represents one of the few remaining examples of his work, and of early Tasmanian institutional architecture.

Statement of Cultural Significance

In summary, the long, continuous history of the New Norfolk Asylum, and the high degree of completeness of the physical fabric of the place means that the institution is highly significant in being able to demonstrate the evolution of the philosophy of housing and treating the insane throughout the 19th and 20th centuries. The philosophy of building for convicts is also detectable in the early architecture of the asylum. New Norfolk Asylum is unique as the only place in Australia where these developments in asylum design are preserved in a continuous sequence and in their original layout and setting. The New Norfolk Asylum is thus nationally significant for our understanding of changing philosophies for the care and housing of mental patients, in addition to our understanding of changes in Government provisions for the care of the mentally ill, the development of Tasmania's health system and, changes in public attitudes to the mentally ill. The place also has significance for the people of the township of New Norfolk, and the many ex-patients and their families who retain a strong personal link to the place. Finally, it is one of the few remaining examples of the work of the important early Tasmanian architect, John Lee Archer.

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Maps held in the Lands Department of Tasmania

County of Buckingham No. 10, 1826
New Norfolk N/33, 1833
New Norfolk N/11, 1883
New Norfolk, N/12. This map is undated, but probably dates to the 1860s or 1870s.
New Norfolk Asylum N/12B, 1940

Drawings held at the Department of Public Works, Tasmania.

The records section of the Department has a large collection of dated construction plans from the period 1940-present.

Appendix One

Comparison of running costs of New Norfolk Asylum with other asylums in England, Europe, America and Australia (LC PP No. 6, 1872).

COMPARATIVE Cost of Maintenance of Insane Patients.—From Reports by Dr. MANNING, New South Wales, Dr. PALBY, Victoria, and Dr. PATTERSON, South Australia.

ASYLUM.	No. of Patients.	Weekly Maintenance.	ASYLUM.	No. of Patients.	Weekly Maintenance.
		£ s. d.			£ s. d.
Bristol, Borough, 1867.....	291	0 12 0	Oxford and Berks, County, 1867....	473	0 10 4
Caermarthen, County, ditto.....	129	0 14 4	Sheshire, ditto.....	474	0 9 1
Hull, ditto.....	123	0 9 6	Somerset, ditto.....	490	0 9 3
Stafford, New, ditto.....	195	0 9 11	York, N. Riding, ditto.....	450	0 10 6
Glamorgan, ditto.....	227	0 11 5	Lincoln, ditto.....	502	0 8 8
Cumberland, ditto.....	239	0 10 0	Sussex, ditto.....	610	0 9 4
Northumberland, ditto.....	275	0 10 2	Herts., Herts., and Hunts, ditto.....	534	0 8 7
Cambridge, ditto.....	229	0 9 2	Worcester, ditto.....	540	0 8 0
Bucks, ditto.....	301	0 9 0	Essex, ditto.....	554	0 10 3
Denbigh, ditto.....	311	0 8 0	Birmingham, Borough, 1867.....	567	0 7 8
Nottingham, ditto.....	329	0 8 8	Hants, County, 1867.....	580	0 8 5
Derby, ditto.....	342	0 9 11	Gloucester, ditto.....	560	0 8 8
Suffolk, ditto.....	373	0 8 8	Lancashire, Rainhill, ditto.....	657	0 9 10
Norfolk, ditto.....	362	0 8 8	Devon, ditto.....	690	0 9 6
Durham, ditto.....	383	0 9 8	Kent, ditto.....	755	0 10 8
Leicester, ditto.....	391	0 8 8	Lancaster, Moor, ditto.....	836	0 7 10
Cornwall, ditto.....	400	0 8 9	Surrey, Old, ditto.....	914	0 9 4
Warwick, ditto.....	401	0 8 10	Lancashire, Prestwick, ditto.....	902	0 9 4
Dorset, ditto.....	411	0 7 1	York, W. Riding, ditto.....	1124	0 9 10
Wiltshire, ditto.....	412	0 8 0	Hanwell, ditto.....	1003	0 10 1
Salop, ditto.....	422	0 9 7	Culney Hatch, ditto.....	2026	0 10 2
Monmouth, ditto.....	452	0 9 0	Ireland,		
Stafford, Old, ditto.....	481	0 8 11	Average in 1869 was.....	—	0 9 0
<i>Scotland.</i>			<i>France.</i>		
Perth District, 1845.....	—	0 9 4	Quatre Mars.....	—	0 7 3
Fife and Kinross, ditto.....	—	0 9 4	St. Yon.....	—	0 7 0
Haddington, ditto.....	—	0 9 6	St. Anne's.....	—	0 12 0
Montrose, Royal.....	—	0 8 0	Ville Errand.....	—	0 7 6
Glasgow, Pauper, 1860.....	—	0 10 0	Evreux.....	—	0 7 1
<i>America.</i>			<i>Germany.</i>		
Washington, 1861.....	—	1 0 10	Hamburg.....	—	0 7 0
New Jersey, ditto.....	—	0 16 8	Frankfurt.....	—	0 11 8
Massachusetts, ditto.....	—	0 15 0	Guttingen.....	—	0 8 0
New York, ditto.....	—	0 18 8	Meerenberg.....	—	0 8 8
Pennsylvania, ditto.....	—	0 15 0	Giuliana.....	—	0 6 3
			(Exclusive of Salaries of Medical Officers and Chaplains.)		
<i>AUSTRALIA.</i>			<i>Tasmania.</i>		
Parramatta, New South Wales, 1870..	—	0 11 3	New Norfolk, 1871.....	272	0 10 0½
Gladesville, ditto.....	423	0 12 6	Or, deducting Fees paid.....	—	0 9 1½
Tarban, ditto, 1868.....	620	0 10 0			
Melbourne, Victoria, 1870.....	1840	0 13 2			
Ararat, ditto.....	341	0 14 11			
Carlton, ditto.....	102	0 13 0			
Beechworth, ditto.....	303	0 13 4			
Adelaide, South Australia, 1870.....	308	—			
Parkside, ditto.....	104	0 11 4½			
Or deducting Fees, exclusive of house rent.....	—	0 10 2½			

Appendix Two

Patient population data for New Norfolk Asylum between 1855 and 1943. Extracted from the Annual Reports of the institution.

Year	Male	Female	No. Patients	Male Adm.	Female Adm.	Admissions	Male Rec.	Female Rec.	No. Recov.	Male Death	Female Death	No. Deaths	% Recov.	Rate % Death Rate
1855	101	72	173	4	4	8	8	4	12	16	0	0	8.84	0.00
1856	102	86	188	24	24	48	7	7	8	13	10	16	6.36	11.02
1857	104	89	193	36	36	72	45	18	5	23	6	11	9.66	7.14
1858	108	95	203	20	10	30	10	10	3	13	6	1	5.58	2.00
1859	115	105	218	32	17	49	49	6	1	7	10	8	2.62	6.74
1860	119	101	220	27	15	42	42	9	3	12	14	14	4.58	10.09
1861	125	111	236	24	22	46	46	7	7	14	8	5	4.91	4.56
1862	110	98	208	18	18	36	36	7	10	17	11	9	2.20	8.47
1863	115	102	217	23	23	46	46	10	3	13	8	8	5.10	6.27
1864	113	110	223	18	19	37	37	11	7	18	9	4	6.92	5.00
1865	118	111	229	27	16	43	43	11	9	20	11	6	7.35	6.25
1866	125	110	235	26	13	39	39	13	7	20	6	7	7.30	4.74
1867	119	111	230	19	13	32	32	11	6	17	14	6	6.49	7.63
1868	125	113	238	24	10	34	34	10	4	14	8	5	5.17	4.80
1869	140	118	258	36	11	47	47	14	2	16	7	3	5.25	3.28
1870	141	121	262	23	15	38	38	6	7	13	16	5	4.33	7.00
1871	139	127	266	21	23	44	44	8	8	18	13	9	5.81	7.10
1872	144	129	273	29	15	44	44	10	9	19	14	4	5.99	5.68
1873	141	127	268	19	30	39	39	5	7	12	17	15	3.91	10.42
1874	131	136	267	26	23	49	49	13	6	19	33	8	6.01	9.89
1875	127	135	262	17	17	34	34	9	11	19	13	12	6.31	8.11
1876	132	128	260	35	24	59	59	10	16	26	20	16	8.13	11.25
1877	138	123	261	34	19	53	53	14	11	19	14	11	6.21	8.17
1878	134	119	253	33	14	47	47	7	11	18	16	7	6.29	8.01
1879	138	131	269	30	23	53	53	11	7	18	15	4	5.99	5.90
1880	139	136	275	30	16	46	46	7	9	16	13	7	5.23	6.21
1881	145	142	287	28	5	33	33	5	2	7	17	6	2.08	6.82
1882	147	147	294	32	20	52	52	9	11	20	21	6	5.78	7.80
1883	146	141	287	31	16	47	47	12	12	20	20	7	7.12	8.01
1884	144	158	302	30	34	64	64	17	11	28	44	9	7.65	6.28
1885	134	150	284	34	24	58	58	18	17	35	10	15	10.23	7.31
1886	138	140	281	25	16	41	41	13	11	24	7	12	7.45	5.90
1887	137	157	294	35	24	59	59	12	9	21	19	1	5.95	5.67
1888	134	157	291	25	25	49	49	12	2	14	3	3	4.12	5.00
1889	140	167	307	40	22	62	62	15	7	22	19	5	5.96	6.50
1890	158	165	323	33	26	59	59	19	18	37	16	10	9.20	6.17
1891	154	172	326	36	27	63	63	19	13	32	21	10	8.23	7.30
1892	157	173	330	29	30	59	59	14	14	28	12	14	7.22	6.70
1893	159	165	324	60	19	79	79	12	20	32	9	7	7.17	3.97
1894	195	172	367	31	24	55	55	12	10	22	26	14	5.31	9.48
1895	189	176	365	25	25	50	50	9	14	23	22	7	5.54	6.99
1896	194	169	363	27	21	48	48	8	19	27	11	8	6.57	4.62
1897	188	172	360	31	30	61	61	18	15	30	19	12	7.84	7.36
1898	209	184	393	43	46	89	89	9	18	27	11	13	5.60	4.98
1899	210	185	395	35	35	70	70	12	21	33	23	13	7.10	7.74

Year	Male	Female	No. Patients	Male Adm.	Female Adm.	Admissions	Male Rec.	Female Rec.	No. Recov.	Male Death	Female Death	No. Deaths	% Recov.	Rate	% Death Rate
1900	215	190	405	34	40	74	18	15	33	11	18	29	6.89		6.05
1901	234	192	426	39	26	65	7	19	26	13	10	23	5.30		4.68
1902	240	198	441	46	34	80	20	17	37	17	11	28	7.10		5.37
1903	242	208	450	37	42	79	20	16	36	18	15	33	6.81		6.24
1904	239	222	461	38	44	82	16	22	38	25	10	35	7.00		6.45
1905	242	223	465	39	31	70	15	11	26	21	9	30	4.86		5.61
1906	241	242	483	46	42	88	24	19	43	24	14	38	7.53		6.65
1907	252	248	500	50	45	95	26	21	47	12	16	28	7.90		4.71
1908	255	245	500	47	36	83	26	20	46	18	21	39	7.89		6.69
1909	261	245	506	35	36	71	14	19	33	15	17	32	5.72		5.55
1910	255	250	505	36	35	71	21	18	39	21	12	33	6.77		5.73
1911	264	257	521	56	43	99	21	22	43	26	14	40	6.94		6.45
1912	269	265	534	44	40	84	21	20	41	19	11	30	6.63		4.85
1913	269	261	530	44	30	74	20	19	39	16	15	31	6.46		5.13
1914	274	263	537	34	30	64	16	19	35	13	9	22	5.82		3.66
1915	269	253	522	31	25	56	16	18	34	20	17	37	5.88		6.40
1916	280	265	545	42	38	80	13	15	28	18	11	29	4.48		4.64
1917	282	288	570	42	47	89	22	14	36	18	10	28	5.46		4.25
1918	277	296	573	38	40	78	19	18	37	24	12	36	5.67		5.51
1919	290	288	578	63	44	107	27	23	50	23	31	54	7.30		7.88
1920	286	292	578	40	44	84	28	23	51	16	17	33	7.70		4.98
1921	292	292	584	44	46	90	27	29	56	17	17	34	7.42		5.04
1922	302	297	599	38	46	84	18	22	40	12	19	31	5.56		4.54
1923	305	303	608	49	36	85	24	28	52	22	12	34	7.40		4.64
1924	303	315	618	47	45	92	22	21	43	27	12	39	6.06		3.49
1925	303	300	603	46	40	86	30	33	63	16	22	38	9.14		5.52
1926	307	305	612	52	54	106	21	32	53	27	14	41	7.38		5.71
1927	310	313	623	44	41	85	22	18	40	19	18	37	5.65		5.23
1928	304	311	615	37	33	70	20	34	44	23	11	34	6.42		4.96
1929	314	308	622	61	39	100	32	19	51	19	23	42	7.66		5.82
1930	326	309	635	53	46	99	22	30	52	19	15	34	7.08		4.63
1931	333	313	646	46	43	89	22	22	44	17	17	34	5.99		4.63
1932	340	321	661	53	42	95	29	23	51	17	12	29	6.75		3.84
1933	342	313	655	44	39	83	23	22	45	19	23	42	6.08		5.68
1934	328	308	636	37	41	78	23	29	52	28	24	52	7.28		7.28
1935	318	318	636	55	57	112	36	26	62	29	16	45	8.29		6.02
1936	318	329	647	57	69	126	29	41	70	28	17	45	9.06		5.82
1937	318	325	643	60	61	121	42	39	81	25	26	51	10.71		6.75
1938	313	318	631	82	68	150	56	51	107	23	24	47	13.70		6.62
1939	317	323	640	90	76	166	55	41	96	31	30	61	11.91		7.57
1940	308	333	641	73	87	162	50	52	102	34	25	59	12.70		7.35
1941	320	347	667	82	100	182	48	63	111	23	23	46	13.07		5.42
1942	315	337	652	68	96	164	54	64	118	19	37	56	14.46		6.86
1943	313	327	640	78	68	146	50	50	100	30	28	58	12.72		7.38