Reading Insanity’s Archive

Reflections from four archival sites

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Abstract

Researchers in the international field of insanity studies are familiar with the patient case files of psychiatric institutions – ‘insanity’s archive’ – and use these in a variety of ways to discuss the illness from a range of viewpoints, including epidemiological studies and social histories of mental health. Their deep engagement with the contents has brought to light the richness of the resources and the possibilities they offer for further research. What has been less studied is the nature of the archive itself. Using the records from four colonial psychiatric institutions in Australia and New Zealand between 1860 and 1914, this article excites new questions about the very meanings of the archive and argues that research in the field has much to gain from both trans-archival and trans-colonial inquiry.

Introduction: Reading the Archive of Insanity

Public Record Office Victoria (PROV) is home to the patient casebooks of several nineteenth-century hospitals for the insane including the Yarra Bend Asylum/Hospital for the Insane (1848), Kew Hospital for the Insane (1872), and a number of other large and small institutions located across Victoria.[1] Researchers in the international field of insanity studies are familiar with the patient records of psychiatric institutions and use them in a variety of ways. Genealogists are also well acquainted with the stories of the insane contained in these books, and use them to find out more about the sometimes hidden histories of family members. Access to these patient records is not difficult under current laws. But outside the fields of history, genealogy or psychiatry, people sometimes express surprise at both their existence and their availability to researchers. Questions of ethics often arise at conference presentations, with puzzlement expressed at their provenance. Why were such records retained? What is their value?[2]

In an essay by the French philosopher and intellectual Michel Foucault, translated into English and published in the journal Critical Inquiry in 1995, around ten years after his death, the opening statement reads:

Perhaps some day we will no longer really know what madness was. Its face will have closed upon itself, no longer allowing us to decipher the traces it may have left behind. Will these traces themselves have become anything to the unknowing gaze but simple black marks?[3]
The present article outlines how the remains of madness in insanity's vast archive have been used to explore various fields of inquiry. The term 'insanity's archive' is understood to refer generally to the large, folio-sized clinical casebooks filled with patient admission notes and observations, admission registers, medical books, records of patient seclusion, and sometimes correspondence, among other materials that remain from nineteenth-century psychiatric institutions. This paper archive in Western countries sometimes dates back to the eighteenth century, but is mostly extant for the nineteenth, and tends to be more accessible to researchers than twentieth-century records, many of which remain closed under privacy laws. The sources are usually housed in official archival collections, mostly state-run repositories, but they are also sometimes located in hospitals themselves. In rare, but instructive, examples, the archival material may be found rotting in the basements or cupboards of disused institutions and rescued by the researcher.

Archives play a vital role in the lives of historians. Michael Moss outlines how official archives and repositories are bound up with the development of nations and national cultural identities, and how the collection and preservation of official information in documents has been paramount to formal government and modes of governance. Moss also shows that while national, government-funded archives and their contents were once regarded as sound bodies of historical fact, this view has begun to shift over time, with historians, including those in the French intellectual sphere of the Annales group in the mid-twentieth century, questioning the nature of archives and their productions. In other words, the very nature of evidence is under review: what did the archive capture in its web of information, and what did it leave out? Among the new kinds of source materials investigated in the twentieth century were oral records, and materials not preserved by officials. As something of an anomaly, however, the ‘asylum archive’, coming under the state’s purview, provided different challenges to historians in this period of archival assessment. Rather than a paucity of sources to describe mental illness, there are patient records in abundance, as these were historically required by law to be kept and maintained.

Foucault goes on, again referring to the traces of insanity's history inscribed in the archive: ‘Nothing will remain in the hands of cultural historians except the codified methods of confinement, the techniques of medicine’.[4] These remarks are useful as historians begin to interrogate and comment on the ways in which archives produce knowledge about the past.

The case records for the insane are, as South African historian Sally Swartz reminds us, ‘a complex discursive site’.[7] They provide more glimpses of these individuals than the circumscribed nature of their lives might at first suggest, and notwithstanding the power relations which frame their encounters with the institution. Despite their problems and limitations, the records offer the potential to ‘give voice to previously silenced stories’.[8] Yet what remains, to quote Foucault again, is ‘the speech of the excluded’, disembodied from the speakers themselves.[9] The evidence is highly constructed and mediated through the asylum’s own language.

In addition, historians are also beginning to question the illusion of ‘completeness’ of the official archive, an illusion which is disturbed by stories about where archival materials might be found. For example, Antoinette Burton notes that an archive might be a previously unexamined private collection of family histories.[10] Even where official records have been kept in a relatively meticulous fashion, there are ‘gaps in the record’.

This article first broadly describes the ways in which historians have engaged with the ‘asylum archive’, a term used by Jim Mills in his work on the ‘native-only’ asylums for the insane in India.[11] Drawing on these studies and on examples from my own recent work, I then illustrate a potential new strategy for this field of inquiry. The current popular theoretical conceit of ‘the archive’ underpins my argument and shapes my understanding of how to interpret the materials I use. The archive, far from being a neutral or stable site for historical investigation, is, as Ann Laura Stoler argues, now both ‘a place and a cultural space’.[12]

Owing in part to the extent and nature of these records, and also to the impetus of the social history of medicine in the 1970s and 1980s, historians have produced a large amount of scholarly literature about nineteenth-century mental institutions. The available primary source material for the study of insanity is more readily accessible and more often extant than the patient records of other kinds of hospitals for the sick. Therefore, it is something of an irony that the field of asylum studies can now tell us so much about groups of people who in their own time were hidden from view and away from the public gaze.

In other words, the very nature of evidence is highly constructed and mediated through the asylum’s own language.
Archives house not just ‘found histories’, but histories which are themselves shaped by their files and boxes, by the very administration of paper, as Thomas Richards contends.[13] This leads to a discussion about how we might theorise our encounters with the asylum archive through specific themes – looking beyond national or local repositories and developing a trans-archival research mode for the histories of psychiatry, or exploring the meanings of fragments and marginal notes. I end with a reflection on the archive as a ‘contact zone’, including thinking about the emotions in the researcher’s encounter with archival sources. Overall, the article self-consciously explores the use of the archive as a cultural space, with specific reference to the history of insanity as a field of study.

The ‘Asylum Archive’ and its Uses

Historians of the asylum have often privileged a quantitative research mode. By using and sampling the voluminous patient case material, historians in many Western contexts have examined topics such as patient populations, gender relations, medical diagnosis, class, and patterns of committal and discharge. Other historians have found ways to represent the lives of patients, and sometimes their families, through closer, qualitative readings,[14] and have been more interested in the construction of patient identities, power relations, the nature of the clinical case note, and, more recently, emotions in the clinical notes. In the first, quantitative, approach, the temptation to see the archive as complete, full of useful facts about institutions, the regimes and practices operating within them, and those committed inside their walls, is overwhelming. However, historians using the second approach have subjected patient case material to interrogation and critique. For example, several studies have shown how case notes are better understood as representations of individuals, how certain identities for patients were proscribed, and how patients were gendered, raced and classed in different and varied locations.[15]

Historians have not only taken distinctly different approaches to the case materials, they have also put them to a wide variety of uses. The extensive work in this field can therefore tell us about much more than simply the hospitals for the insane or even insanity itself. For instance, historians have built convincing studies of the social contexts of the insane, constructions of mental breakdown, everyday life inside institutions, patterns of industrialisation as evidenced through patient committal, the asylum as an institution of the welfare state, the role of families and their dealings with institutions, gender and social relations as expressed through the institutional regimes, among other topics.[16] Despite their obvious role as medical institutions, however, surprisingly little work has been done on bodily illnesses in the institutions, or on death rates – a point made by David Wright.[17] On the other hand, there is an emerging literature on ethnicity, and a new focus on Indigenous patients.[18]

Much of the recent scholarship has focused on colonialism and the archive, and on the way that the archive is ‘both the product of the uneven dialogics of the colonial encounter, and a space where the schema of colonialism [is] worked out’, as Tony Ballantyne suggests.[19] Ballantyne’s own explorations of archival practices have been presented to New Zealand archivists through their professional journal Archifacts. In ‘Rereading the archive’ he shows that a re-examination of the nature of archives can shed light on the actual colonial encounters of the past. In other words, the colonial archive was a mirror of social relations, and, far from being a complete and ‘true’ record of past events, it obscured some events and reified others.

These ideas are important because we can locate the nineteenth-century ‘asylum archive’ inside this discussion about colonialism: this period saw the dramatic rise of the institution in the West and its export to colonial settings, as the significant work now being produced on the broad field of the history of psychiatry in colonial settings attests. Indeed, Mills implicates the institutions for the ‘native’ insane in India in the very work of colonialism; it was through official colonial writing that non-white patient identities were produced. Historians writing about Aboriginal patients in British Columbia, Indian and African inmates in South African institutions, Māori inmates at Auckland Asylum, and the Chinese and ‘others’ in colonial Victoria, have all made similar claims.[20] We can also see how white, European patients were captured by colonial institutional frameworks and knowledge. In addition, the archive of materials produced by colonial asylums is like other, similar official archives in that it reproduces the power relations of the past.[21] Although now a fairly commonplace idea, this is an important point, given the reliance by historians in the field on these records, but the only too rare admission of their almost peculiar status as clinical notes taken by observers of persons who were relatively powerless.
Examining Australasian Asylum Archives

I now look at one specific case study of four psychiatric institutions in colonial Australia and New Zealand. My research in this field has developed over time. My doctoral work focused on gender and, primarily though not exclusively, on one colonial public hospital for the insane in Victoria – the Yarra Bend Asylum, later Hospital for the Insane, which, from the 1850s, was located on Melbourne’s Yarra River. The records of the asylum are held at PROV (VA 2839). In my book Reading madness I focused on the ways in which textual representations of madness produced ideas about the illness, and specifically, how gender was used as a mode of asylum classification and organisation.[22]

By the late nineteenth century the Yarra Bend Asylum was overcrowded, leading authorities to discuss the problems of a heterogeneous institution. In so doing they drew attention to racial and bodily differences in the asylum population. My study focused on the construction of clinical records and how these were used to shape patient identities.

My interest in the nature of patient case records then led me to explore the engagement of families with four different mental hospitals in Australia and New Zealand between 1860 and 1914. These public institutions were the Yarra Bend Asylum/Hospital for the Insane (established 1848), Gladesville Hospital for the Insane (1869), Goodna Mental Hospital (1865) and Auckland Hospital for the Insane (1853). Asylum archives – in particular, patient case records and ancillary materials – located at PROV, State Records New South Wales (Western Sydney Records Centre), Queensland State Archives (Brisbane) and National Archives of New Zealand (Auckland Branch) formed the basis of my study. Using a sample of 215 patients and their families, I was able to situate individuals and families in their time and place.[23]

I started my research by attempting to locate families in the archival records. Rather than taking a sample of patients and hoping to find their families, I began with source materials created through the engagement of families with institutions, as I hoped these would lead me to patient cases. I quickly faced a challenge, since each archival repository is arranged differently, though parallels between archives and their organisation of asylum materials also exist. In the entire qualitative selection of cases and families in my study, there is a concentration of cases from the 1880s to the 1900s, which in part reflects bureaucratic procedures in the four colonies, as well as subsequent archival practices. In fact, my study shows that utilising the different archival systems of each site also throws light on asylum recordkeeping practices, and particularly, later notions of the relevance of specific records, which may have shaped collections and their survival. Recordkeeping in different jurisdictions is subject to changes over time. Different governments create policy surrounding the preservation of health institution records, for instance, and the closure of psychiatric institutions in the latter part of the twentieth century has occasioned some debate about such records and the ethical issue of researchers gaining access to these. As Moss shows, archivists have also had to contend, in their local contexts, with issues of funding for archives and repositories, as well as with pressures of space.[24] Some patient materials from former institutions were found to be damaged or lost during relocations. In addition, one suspects that some records were deemed less relevant by former archivists, who may have made selections based on their own notions of what would be pertinent to later research.

Lunatic Asylum Yarra Bend, Block Plan, showing the arrangement of buildings on the site (each building numbered), PROV, VPRS 7664/P1 Unregistered Maps and Plans, Unit 73. Reproduced with the permission of the Clerk of the Legislative Council, Victorian Parliament.

Differences between the four archival collections dominated my selection of sources and therefore the themes explored in the study. At the New South Wales State Archives in Western Sydney, I used two letter files for Gladesville Hospital, ‘Letters from patients, 1864-1924’ and ‘Letters concerning patients, 1863-1914,’ to select sixty individuals for tracing.[25] The letter files provided more examples from later decades. Unlike the other archival collections, the New South Wales records offered extremely rich letter material. For Yarra Bend I selected sixty cases by choosing individuals mentioned in ‘Maintenance Bonds (1851-1884)’ and in ‘Applications for Leave of Absence (1899-1923).[26]
List of buildings erected, or proposed to be erected for the Lunatic Asylum Yarra Bend (numbers correspond to those shown in preceding illustration), PROV, VPRS 7664/P1 Unregistered Maps and Plans, Unit 73. Reproduced with the permission of the Clerk of the Legislative Council, Victorian Parliament.

These records included less letter material, and, as with other institutions, cases of patients admitted in the 1860s were very sparse; in some cases, no patient case note detail at all was possible. At the Queensland State Archives I used patient casebooks from Wolston Park/Goodna Hospital to locate thirty-five patients and their families. Here, letters were contained inside casebooks at the front of each book, and not separated out as with other archival records in the study. At Goodna, the availability of adjunct records for searching was limited.

In New Zealand, the National Archives branch at Auckland houses a similar range of asylum archival materials to those already mentioned. However, there are some gaps in the run of casebooks in the period and the loose patient case files have been separated from the patient casebooks. There was not an obvious separate cache of letters, and no discharge or leave register was useful enough to act as the basis of my selection. Instead, I used the ‘Record Book of Maintenance Investigations, c.1890-99’, which contains references to patients committed in an earlier period. Aside from its useful material about the families, friends and employers of women and men admitted to the asylum, it also provided a series of references to individual patient cases.

These selections proved serendipitous in several ways. My methodology of working across archival and institutional sites, with their different recordkeeping systems, informed my research, and highlighted how the archive produces research as much as it enables it. It also confirmed the importance of consulting ancillary and fragmentary materials. These findings, and how they contributed to the shaping of my study, are discussed further below.

Trans-archival Inquiry for Histories of Psychiatry

Among the many histories of asylums and their populations there has until recently been a strong tendency to dwell on one archival domain, with researchers more able to countenance using a robust and stable sample of patient cases and records from one institution. Nonetheless, these studies do model the possible connections between institutional sites. David Wright has recognised that the records of Western institutions have parallels across places and has called for greater record linkage between institutions, going beyond and outside their specific archives, in order to make sense of patterns of patient committal in social settings. Wright also argues for a closer examination of forms of admission certification in different places, suggesting that this approach would enable researchers to develop a deeper appreciation of the relationship between institutional worlds and families.[27] However, looking across institutional sites might also tell us more about both the archives and their practices. In my specific study of families and institutions in colonial Australia and New Zealand, this approach has enabled new insights into differing institutional practices and the values that were placed on them.

For example, it was really only possible to interpret maintenance payments and their collection in two of the archives mentioned, Auckland and Yarra Bend, owing to the paucity of available records. This was despite the fact that there was an ongoing official anxiety, expressed through parliamentary papers and reports, about the low returns, and the institutions’ own attempts to retrieve monies owed.
At Auckland, the records of maintenance payments were more detailed than elsewhere, and provided descriptions of families and police pursuit of unpaid fees. Here I found many stories of families that would have remained invisible had I not used the maintenance books to trace families and relied only on a random sample of patients from casebooks. However, while there is rich content for Auckland, in other archives maintenance books are either ledgers which provide lists rather than commentaries, or are non-existent. At PROV, the records of maintenance bonds provided me with a different view of families, in part due to the practices at Yarra Bend in the period. Any relative or friend of the committed person could apply to the Inspector-General of the Insane for care and control of a patient held at an asylum.[28]

We do know that each institution made attempts to collect maintenance, but many families were simply unable to meet these payments over longer periods of time.[29] Even when the historical record is limited, the asylum archives afford insights into poverty and wealth and the myriad reactions to asylum confinement, including avoidance of responsibility and family struggles over responsibility. They also tell us about the interactions between different agencies, including the role of the police in the matter of institutional committal.

Correspondence files also shed light on institutional differences. Families made their way into the asylum archive in letters and other fragments of communication with the authorities. These files can tell us a great deal about how families used an institution – and in some cases a family had more than one experience of it. Patients also wrote letters to family and friends outside the institution. The collection of patient and family letters at Gladesville Hospital provides an especially rich source of information about family dynamics; letters I located for Goodna patients and their families were similarly useful. Yet letters, although they can reveal much about family relationships, interactions with authorities, and the impact of institutionalisation, also present problems. The sizeable cache of letters suggests a great deal of ‘interaction’ that was largely symbolic.[30] Further, these letters were not always sent – a common aspect of legal, institutional practice. But it is clear that their contents were frequently communicated to family members and used in the processes of discharge and patient appraisal.

The patient case files reveal much about the varied practices across colonial institutions despite the similarity of laws regulating asylum confinement. For example, in some instances we can explore the intersections between family and clinical descriptions of mental breakdown. At Auckland, patient casebooks from the 1880s show that a specific section of the notes on the patient was set aside to detail family observations collated from the committal documents, as well as separate notes on the family history. The sister-in-law of May H described her in 1909: ‘says patient has always been of a melancholy morbid disposition’. May’s brother’s comments were set out in the asylum’s style, showing that he had responded to questions at her committal. May had been born in Auckland, and spent all of her life in New Zealand. She was ‘originally dull’, had a ‘good memory’ and a ‘strong will’, but was ‘placid, not affectionate nor energetic’. She had ‘no vices’ and ‘no cause for grief’ but she had been ‘absent minded for six months’. Her brother speculated the cause of her illness was a ‘solitary life’.[31]

In Sydney, Gladesville cases gathered similar details from family members, employers and friends. However, unlike the Auckland cases, these were transferred from separate committal papers and copied into patient case files as marginal notes, some more substantial than others. The shaping of Gladesville cases with marginal notes that form part of the clinical record provides an interesting point of comparison with the notes collected at Auckland.

Example of a letter from a patient requesting the release of a patient, in this case his wife, PROV, VPRS 7570/P1 Applications for Patients’ Leave of Absence, Unit 1, Bundle 2.
Here the family seeps into asylum practices and becomes part of the clinical observation, both intruding into it and also occupying a role in it, performing what historians have described as a dialogue between families, patients and institutional authorities. [32] Letters are sometimes separated from patient cases in archival collections, such as those for Gladesville. Others are stored inside patient case books but protected from deterioration by clear plastic, such as those in the Queensland records of Goodna Hospital. These archival interventions remind us of the very ‘fleeting registers in the colonial record’. [33] How might researchers ever fully know or understand their meanings?

Fragments of Families and Marginal Notes

Some scholars have argued convincingly that the gaps and absences in archival material are as significant as the material remains. Emma Spooner, also writing about families and asylum archives, has explored the way in which families appeared and disappeared in the records of the Auckland Asylum between 1870 and 1911. Families were dislocated, she shows, not only geographically and emotionally, but also through the later archival practices of separating their letters from patient casebooks. These dislocations are not problems that historians can ignore, or smooth over, in their attempts to construct narratives about families and institutions, however tempting this might be. [34] Overall, the fragmentary nature of the archival evidence is revealing. We only find out about patients and their families through their presence in the institutional record. When their lives were no longer defined through institutional protocols, or when they sought to evade these, the historical trail goes cold. Our knowledge about what happened to individuals who had been struggling to stay well during periods of trial leave is also limited, and highly mediated by the sources.

Historians suggest that nineteenth-century families or kin supported each other at times of bereavement and illness, partly because welfare and other forms of aid were more limited, particularly in the colonial context. [35] In a similar vein, a recent collection of historical essays about Canadian families argues that because ‘institutional frameworks remained relatively weak well into the twentieth century’, the family must be seen as a ‘primary locus for the social construction of marginality and deviancy’ and as a site for the regulation of behaviour. [36] Certainly Stephen Garton’s study of New South Wales showed that there was a correlation between being ‘single’ and being admitted to the asylum. [37] Similar findings in other contexts including New Zealand suggest to some historians that families could be useful in containing ‘madness’ or preventing institutionalisation. [38] Moreover, families took a range of forms and so did their relationships with colonial institutions. [39]

Yet the archives also reveal that families were fractured and damaged by the experience of mental breakdown. Married patients, adult children and those with extended family were among those admitted to asylums. Garton’s study, my own research, and the findings of other historians all conclude that, in many instances, families at some point became unable to continue to care for sick relatives, either through economic pressures or because they feared violent or very disturbing behaviours. [40] Information gleaned from family members at committal shows that individuals were often tolerated in the household for long periods of time, as in the 1883 case of Margaret D, who was known to be violent, and had been suffering from what appeared to be a delusional state for around a year. [41] Margaret had been admitted to asylums on previous occasions, unlike Jane H whose husband waited only three days before taking her to Gladesville after she had made repeated attempts to commit suicide. [42] Edmund H had also been showing signs of mental disturbance for several months in 1893 when he was taken to the asylum, most likely by the police. He had threatened members of his family, and had not been able to work to provide for his wife and children. [43]
Some patients were released into the care of family members on trial, only to return very quickly when their presence at home became difficult, burdensome, or inappropriate. The asylum authorities kept a fairly close eye on family situations, and were required by law to monitor trial absences. In 1902, Elizabeth J’s husband wanted her home, and made an application for her leave-of-absence from Yarra Bend, noting that he knew she was not ‘recovered’. Elizabeth had several absences over a number of years but remained in the asylum, most likely suffering from dementia.[44]

While many colonial families were atomised, with individuals distant from kin, and while the experience of mental breakdown often exacerbated these patterns, exaggerating family discord, conflict and unease, there is still plenty of evidence of communication between families and asylums in all four colonies during the period under investigation. Sometimes there are fragmentary sources of information about patients’ relatives living in other parts of the colonies. Elizabeth M was an inmate for some years at Auckland Asylum until her death in 1896. In 1889 Auckland police wrote to the asylum about Elizabeth’s son who lived at Westport and worked as a labourer. The asylum had sought the assistance of the police to obtain maintenance payments. The police were able to confirm that the family was unable to make any contributions, but wrote that another of her sons lived in Melbourne, although the family had ‘not heard from him for some years’.[45] John L, also an inmate at Auckland, had a brother named Henry contracted to the Colonial Sugar Company in Sydney. In 1898 Henry made contact with the institution and was ‘ordered’ to make a weekly payment.[46] Another Auckland inmate had been a Chief Justice in New Guinea; he had also lived in Melbourne, spending time in an inebriate institution there, and when discharged in 1904 was to ‘go home to Australia’.[47] On a few occasions patients were taken home by family members who travelled from other colonies to collect them.[48]

Conclusions: The Archive as a ‘Contact Zone’

Without fully knowing or appreciating the past decisions of archivists who have worked hard to preserve these historical materials, or understanding the daily work of asylum and institutional administrators themselves, the historian is left with a sense of partiality about the past of the psychiatric institution and its recordkeeping. These fractured accounts and sometimes only fragmentary narratives of insanity also serve to remind us of our own reactions and experiences with archival research. Antoinette Burton and Florencia Mallon both argue that the archive becomes a ‘contact zone’ when the researcher encounters the source materials it houses. [49] Researchers themselves become ethnographers in the archive, with their decisions about methodological practice intimately bound up with their own positions on archival research praxis and their subjective choices.[50] We too make choices based on what we wish to find out, or on what moves us, both explicity and inexplicably, among the many records we locate.

Researcher William Gibaud, based at the University of York, explored the archive of insanity as an emotional arena in his undergraduate dissertation work, conducting an email survey of international historians and users of archives as part of this process.[51] I responded to this questionnaire with some trepidation, realising that I too had emotional responses to this material in an academic context, and that I perhaps pursued some lines of inquiry based on my responses. This has occurred even though I have mostly worked hard to preserve a sense of distance from the source material, which can be challenging to read. As John Weaver comments, writing about the subject of suicide research, it can be virtually impossible to represent what really happened, given the way that archives are only glimpses of lives lived long ago.[52] Instead, I wrote about the emotions of the people in the past, preferring to explore ‘emotion’ as a category of analysis that we might use to evaluate how mental breakdown was a problem for those who encountered it.

For the researcher, finding a short letter to go with a longer series of clinical notes can evoke an excited sense of ‘completeness’, even while it tells only a little more about an individual’s history. A robust series of letters, but a very brief patient case, on the other hand, can be frustrating. Historians endeavour to make sense of the sources in the archive, patching together these shards to tell stories in a narrative fashion. In the histories of psychiatry and insanity, the voices of the subjects are both already highly mediated by virtue of their status as patients in a clinical setting, but they also hold remarkable detail, some of it physical, and some of it emotional. In this way, asylum archival sources – insanity’s archive – are rich with possibility in the telling of history.

This article has explored several ideas about archival research practices. I have been asking whether the provenance of sources can make a difference to their meanings and their utility, I have suggested that it is by looking across both institutional and archival sites.
that we might generate some perceptive angles on this archive of insanity, and I have also argued that we must make use of the fragments and acknowledge their nature as elements of the research and writing process. It is in this field of study, the history of mental breakdown, that archives have been both core to historical praxis and also severely under-analysed as objects in their own right. Finally, historians enter into this world of illness inside the space of the archive, and sift through the sadness and pain of the past within the neutral and ordered context of the public records institution. It is in this disjunction, or conjuncture, that we find the meaning of the archive – in the silence, rustling, sorting and adjusting of the decaying paper of the past to understand our present interventions in it.

Endnotes

[1] See the holdings of Public Record Office Victoria (PROV) and PROVguide 59, ‘Education, Health and Welfare – Mental Health Records’. This research has been funded by the Royal Society of New Zealand’s Marsden Fund. The article was presented as a paper at the Australian Historical Association Conference, ‘Locating History’, University of Melbourne, July 2008; and was reworked for presentation as a seminar to the Department of History and Art History, University of Otago, Dunedin, New Zealand in May 2009. I offer thanks to the participants at both events and to the excellent advice provided by two anonymous referees of this article.


[8] ibid., p. 156.


[25] State Records New South Wales, AGY-65 Gladesville Hospital, series 5035 and 5034.


[28] PROV, VPRS 7570/P1, F99/1789, Bundle 2, Letter 2 July 1899.


[30] I would like to thank Stephen Garton for reminding me about this more than once, and at important moments in my project.

[31] National Archives New Zealand, Carrington Hospital, YCAA 1048/11, Patient case files, no. 95.


[39] Historians of the family have been more interested in examining family fluidity in recent times. The few existing histories of families in the colonies (such as M Gilding, The making and breaking of the Australian family, Allen & Unwin, Sydney, 1991, and P Grimshaw, C McConville & E McEwen (eds), Families in colonial Australia, Allen & Unwin, Sydney, 1985) indicate that families were indeed likely to be more ‘fluid’ than their old-world counterparts. Further, it is important to note that there were changes in the shape and nature of the family over the course of the nineteenth century. Class is also important to this discussion. Poorer families, members of which had to travel and separate for employment, were more likely to be fractured and geographically distant, and this has implications for this study.


[41] State Records New South Wales, Gladesville Hospital, Medical casebooks, CGS 5031, 4/8172, folio 80.

[42] State Records New South Wales, Gladesville Hospital, Medical casebooks, CGS 5031, 4/8176, folio 64.

[43] State Records New South Wales, Gladesville Hospital, Medical casebooks, CGS 5031, 4/8181, folio 137.

[44] PROV, VA 2839, VPRS 7570/P1, Application for Patients’ Leave of Absence; VPRS 7400/P1, Case Books of Female Patients, Unit 13, folio 4.

[45] National Archives New Zealand, Carrington Hospital, YCAA 1048/5, Patient case book, folio 68; YCAA 1026/7, Patient case files, no. 366.


[48] As in the case of William B whose brother came from Victoria for him. Members of his family had previously visited him in the lockup, prior to his asylum committal. State Records New South Wales, Gladesville Hospital, Medical casebooks, CGS 5031, 4/8182, folio 207.


