

# Glenside Hospital: an historical perspective including its role in the management of depression



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Life Impact The University of Adelaide

# Plan of Presentation

- **Initial development of psychiatric services in S.A.**
- **Building(s) of Parkside/Glenside Hospital**
- **Patients and treatments**
- **More recent changes**

# South Australia

**1836 - Colony established**

**1839 - First suicides recorded**

- . 34 y.o. woman “killed herself in a state of temporary derangement”, after having attempted suicide twice**
- . 35 y.o. man “not being of sound mind, memory and understanding but lunatic and distracted”**

# South Australia

**1841 – “Board of Pauper Lunatics”**

**1845 – Colonial surgeon, Dr James Nash**

**“eight male and four female lunatics  
segregated in the gaol”**

# Adelaide Gaol 1841



# Response

**Governor – no funds**

**1846**

- **Royal South Australian Almanac questioned appropriateness of accommodating those with mental disorders in prison**
- **Public pressure, not professional advice, resulted in the provision of the first public colonial lunatic asylum in 1846**



# 1846 First S.A. Lunatic Asylum



Part of the original Parkside Lunatic Asylum, which for many years has formed the rear portion of the old homestead at the Monreith Estate, which is shortly to be cut up for building sites.  
Photo. Smith.

PUBLIC COLONIAL LUNATIC ASYLUM 1846 - 1852  
WOODEN HOUSE WITH 8 ROOMS & A COTTAGE LOCATED ON 1 ACRE OF GROUND WITHIN WHAT IS NOW GLENSIDE HOSPITAL GROUNDS APPROX 60 METRES WEST OF CONYNGHAM STREET ON GREENHILL ROAD. THE AREA WAS LEASED FROM MRS FREEMAN OF HOBART TOWN FOR 25 POUNDS PER ANNUM.

DO NOT DESTROY THESE

TWO GOOD TREES

THEY ARE RELICS FROM 1852

STERCULIA ROSEA








# First S.A. Lunatic Asylum – 1846-52

- **Inadequate by 1849 – Adelaide Times:**

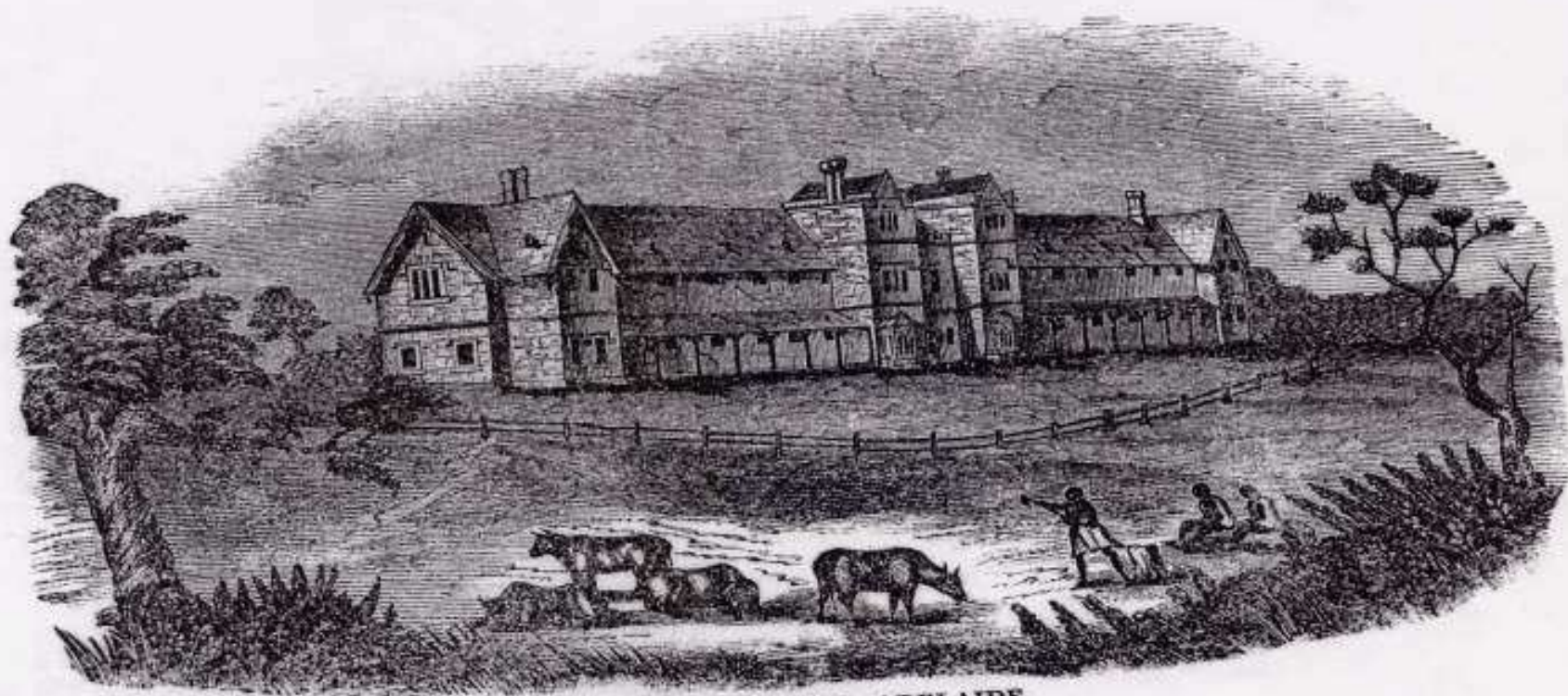
**“The general cry about this establishment is the want of accommodation corresponding with the great increase of patients on the lunacy list. The asylum is ‘chock full’ and nearly as many again are confined to gaol ... notwithstanding the many complaints on this subject, the government seem determined to grant only a deaf ear to them ...”**

# Planning for a new asylum

- **Contention re location reported in the Adelaide Times, 1849:**
  - **“Sagacious heads of local government”**
  - **“logicians who never learnt to consider any side of the question but that which best forwarded their own interest”**



**“But to speak seriously, we would ask why do not our officials, who know nothing of such matters themselves, ask the opinion of persons competent to advise ... The want of fit localities cannot be pleaded as an excuse for the present unaccountable choice, but the reasons given above we fear are too strong for Government to be argued out of them for common sense”.**



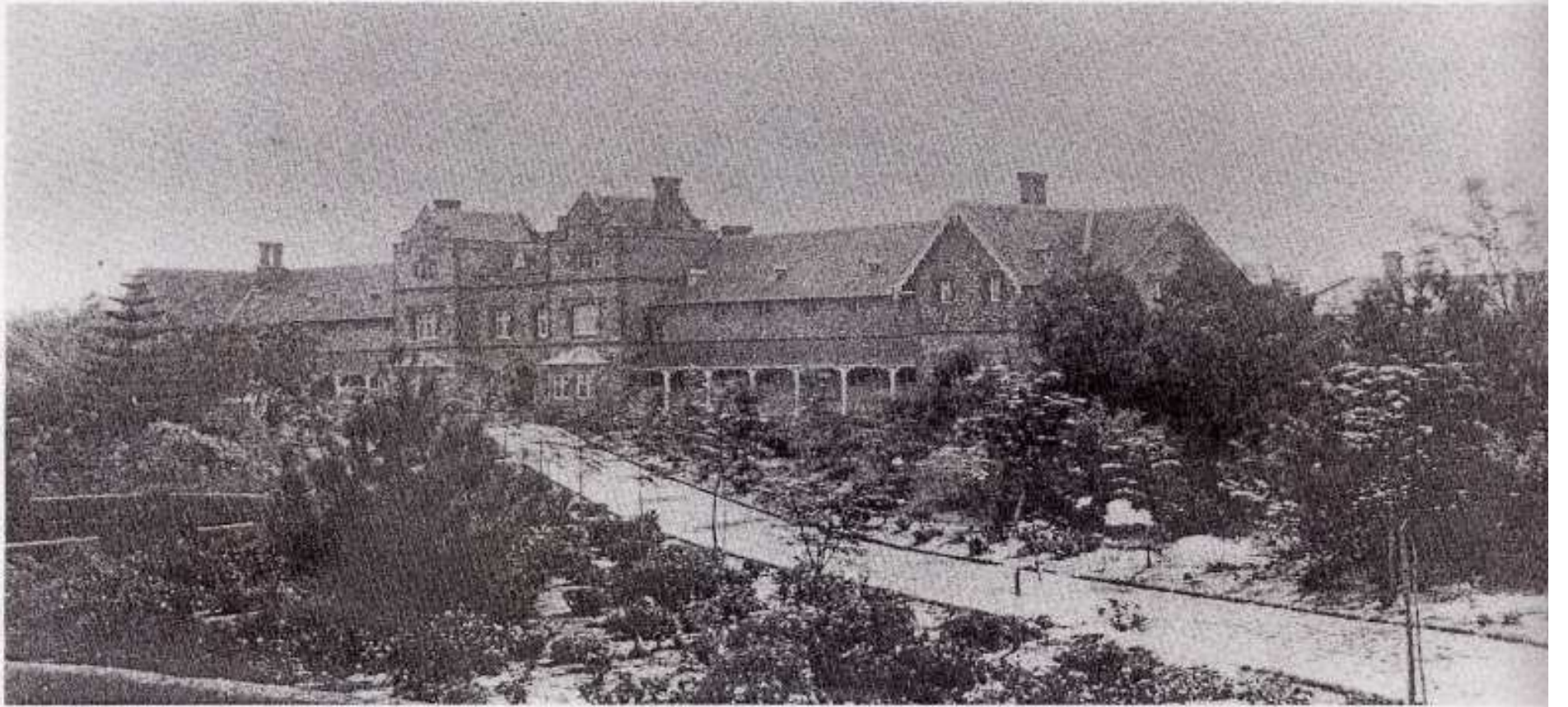
LUNATIC ASYLUM, ADELAIDE.  
1852 - 1902  
GOODHUGHES ALMANACK



# 1852 Colonial Lunatic Asylum - North Terrace



ADELAIDE LUNATIC ASYLUM 1852 - 1902 S-E ASPECT CIRCA 1900



*Hospital for the Insane, North Terrace, about 1875*  
COURTESY, STATE LIBRARY OF SOUTH AUSTRALIA SSL:M B58544



# Colonial Lunatic Asylum - Gate House North Terrace



## Frederick Sinnott, 1862

**Its system of management seems quite in accordance with modern and enlightened views of the management of the insane, except that there appears to be lack of means of recreation and employment. Force is entirely disused, there not being a single straight jacket or similar relic of barbarity. A large number of the lunatics work in a vineyard, orangery, and garden of about 10 acres in extent ...**

# Frederick Sinnett, 1862

- **Space problems:**

**“The Lunatic Asylum is not large enough for the requirements of the place. On the occasion of my visit, there were 171 patients, and the Colonial Surgeon said that they had been obliged to put some of them to sleep in the corridors...”**

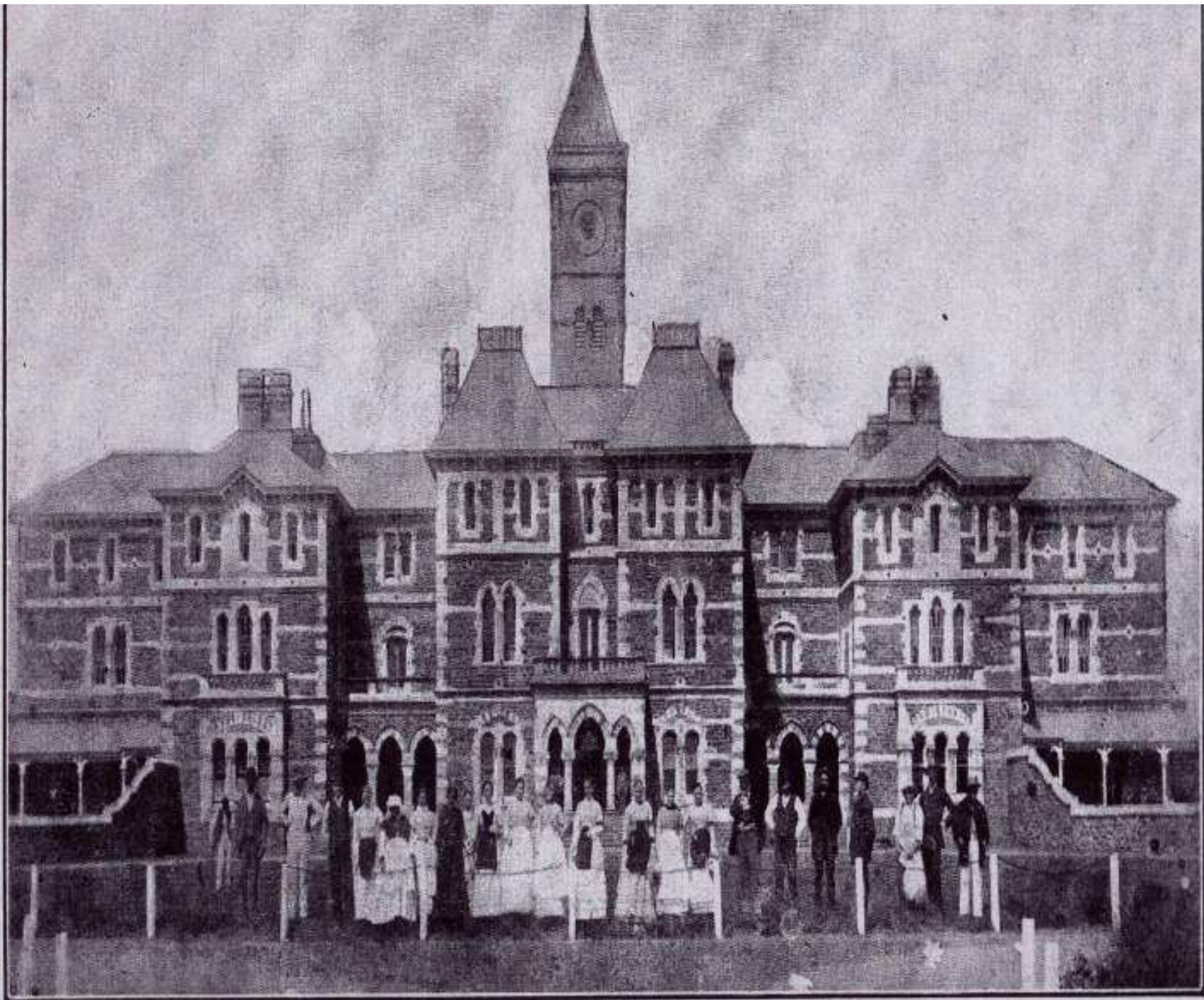


# Development of Parkside Lunatic Asylum

- **Royal Commission 1864**
- **Not less than 80 acres and no more than 4 miles from city**
- **“Easy access to the public in general”**
- **£35,448**

# Parkside Lunatic Asylum

- **Contract let 1867**
- **Architect Robert George Thomas**
- **Based on Brentwood asylum in Essex**
- **Opened in 1870**



# Mr Dickson & Dr Cleland 1878



# Nursing Staff

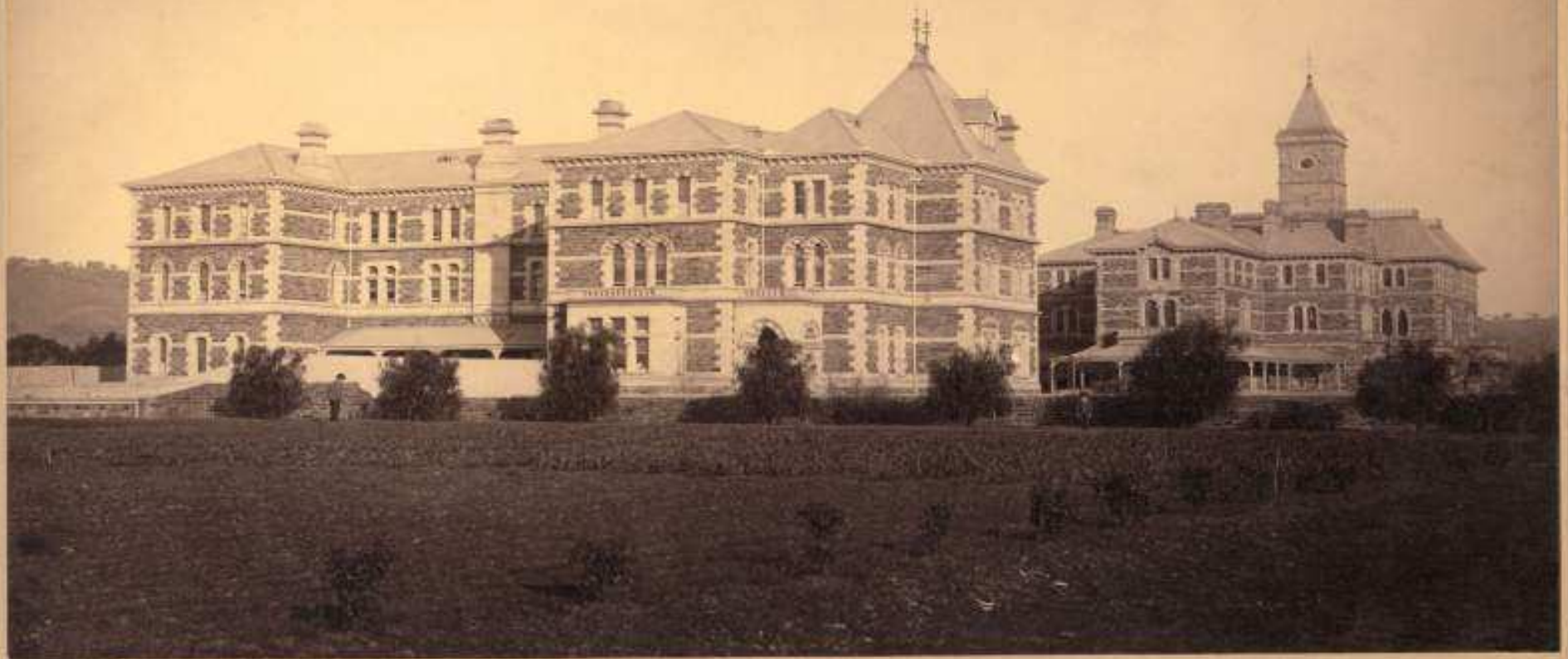
- **Miss Harriet Lucy**
- **First Matron 1871 to 1901**



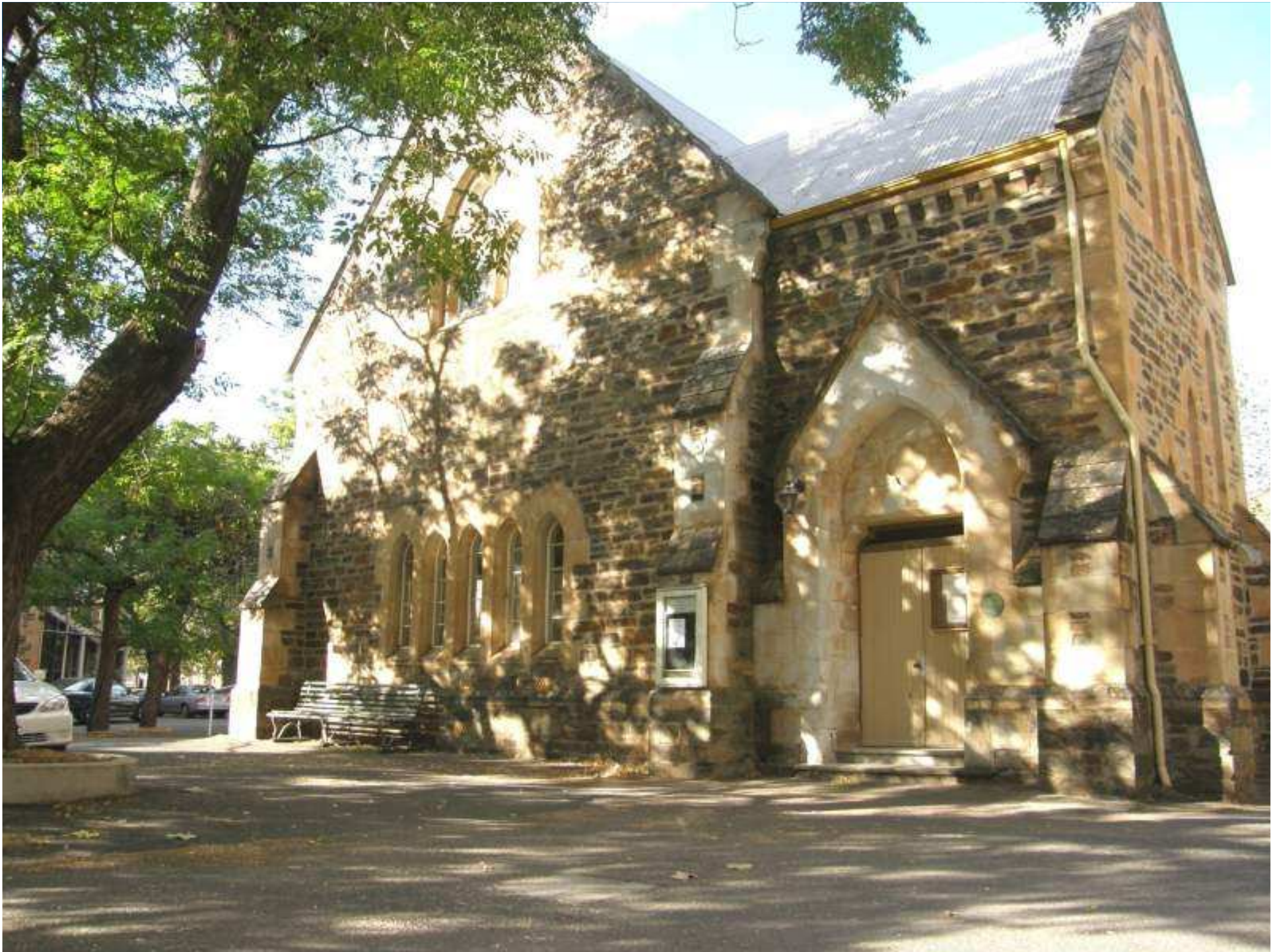


# Women's Wards 1880

THE ELMS (ADDITONAL WARDS FOR WOMEN) c 1920









# Chapel & Dining Room for Women 1880



WOMENS DINING ROOM & CHAPEL 1963









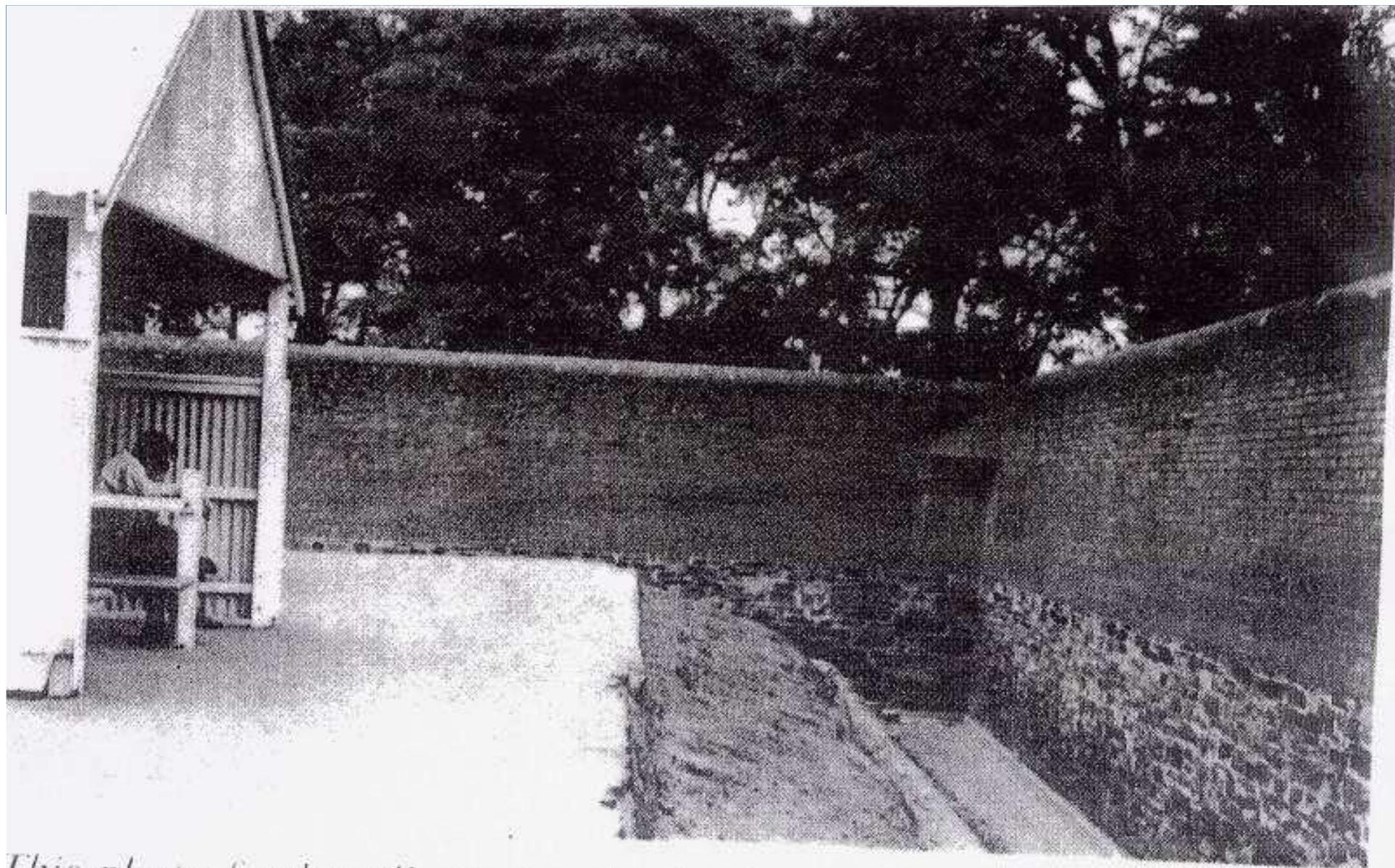
**1885 (Opened 1888)  
Male Criminal and Refractory ward; Z-ward**











*This photo further illustrates the depth of the Ha-Has in this and other wards.*









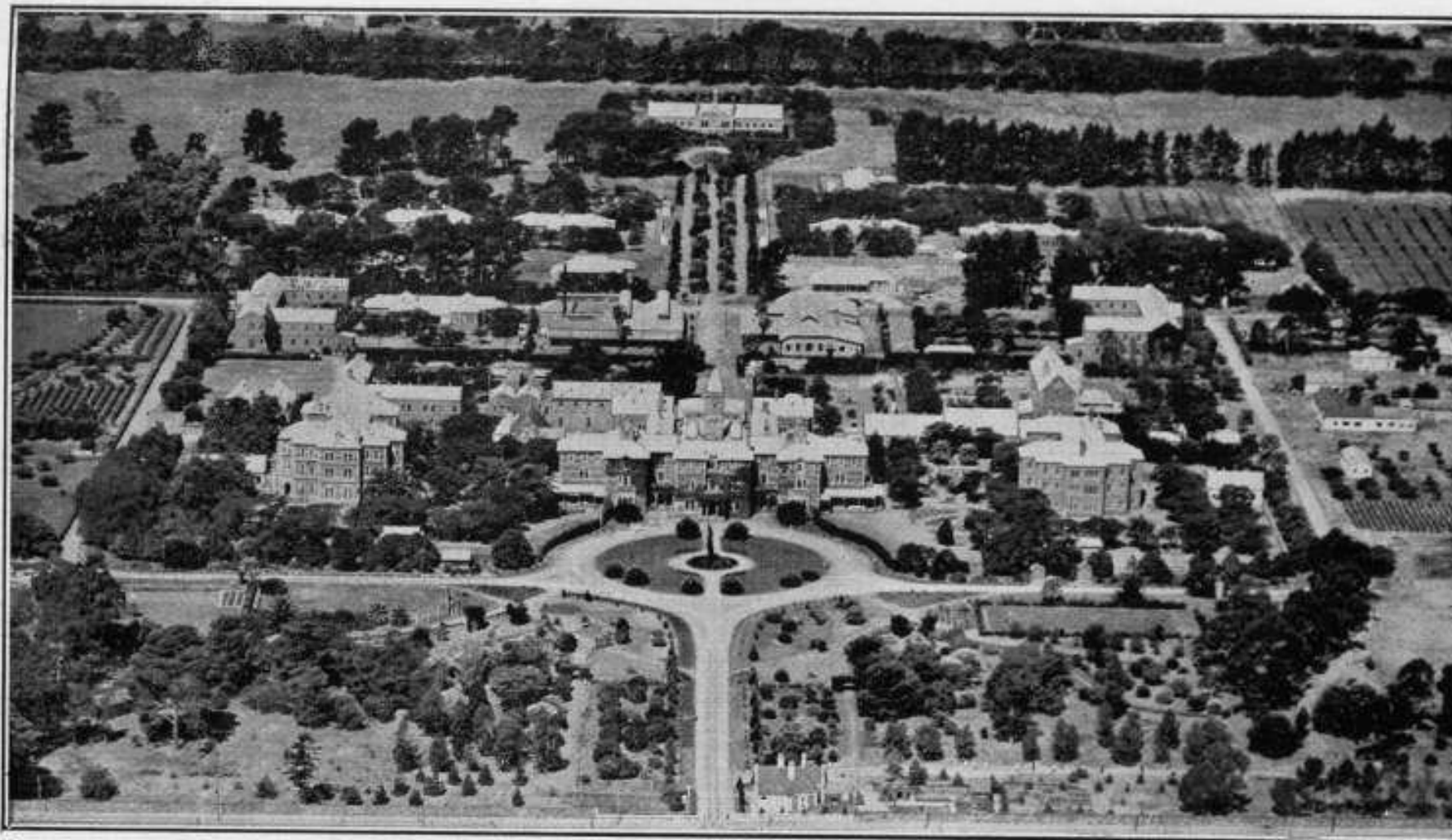








# Parkside Mental Hospital (Pre war )



An Aerial View of Parkside Mental Hospital



# Admin Quadrangle 1940's



# Men's E Ward 1963



MENS E WARD HALLWAY WITH OVERFLOW BEDS 1963



# IDSC Children X- Ward 1963



X WARD DORMITORY FOR YOUNGER CHILDREN NOV 1963









# The Observer, 1876

**“Of the patients themselves we need say but little. It is a painful sight to behold a single fellow-creature whose reason is dethroned, but to see a whole courtyard full of such unfortunate sufferers is a scene to awaken the sympathies of the most apathetic. .... the average time for the restoration to sanity of recoverable patients was from eight to twelve months.”**

# The Observer, 1876

**“At the side of the court is a haha fence, with a wall, from the bottom of the fosse, of 14 feet, and from the exterior of 3 feet. Within this court we met lunatics whose glaring eyes and horror-stricken countenances told but too sadly of those intervals of raving madness which our conductor described as giving so much trouble to the attendants; the idiot, whose vacant stare and expressionless features bespoke the blankness of his mind; the imbecile, who followed us with a vacillating gait and a timid glance; the wretched monomaniac, who cursed us in language the dread import of which he knew not; the religious mono-maniacs, of whom strange fancies we were informed; and the miserable melancholiac, whose dejection was intensely painful even to the glance.”**



# Bed numbers in 1878

- **Adelaide 233**
- **Parkside 274**
- **Total 507 for 252,000 population**
  - i.e. 201 per 100,000**
  - c.f. <30 per 100,000 now**

# Early social therapy

- **Olives, oranges, almonds**
- **Vines, mulberry trees**
- **Sericulture (Magnanarie)**

# Physical treatments at Glenside

- **Medication**
- **ECT**
- **Leucotomy**



# Early medications

- **1871**      **Chloral**
- **1870s**    **Bromides**
- **1882**    **Paraldehyde**
- **1903**    **Barbiturates**

# Chloral

Dr A S Paterson, 1871

**“The new remedial agent, *Chloral Hydrat*, has been used extensively during the year, and has been found to answer well. It has been very serviceable in the restlessness of general paralysis and senile dementia. It procures sleep in acute mania better than any other drug which I have tried; but, except in one case, I do not think it has exerted any favourable influence on the progress of the disease”.**

# Other treatments

**1929      Malaria treatment for GPI**

**1930      Arsenical treatment for syphilis**

**1938      Insulin shock  
Cardiazol IV**





- **First ECT in Australia, 1941**

**Dr Hugh Birch, MJA, 1942, pp 675-678**

# ELECTRICAL CONVULSIVE THERAPY.

By H. M. BIRCH, M.R.C.S., L.R.C.P., D.P.M. (England), F.R.A.C.P.  
*Superintendent of Mental Institutions, South Australia; Lecturer in  
Psychological Medicine, University of Adelaide.*

and Bini demonstrated that a strong current passing through the head causes unconsciousness, followed by an attack of convulsions. Fleming, Golla and Grey Walter have extended this research further, and at the present time several manufacturers in England are providing apparatus for electrical convulsive therapy is indicated.

workers, convulsive therapy by electrical current has several advantages over the intravenous use of drugs such as "Cardiazol". However, in 1935, a report from Australia, yet, from the information given in the literature, it is believed to offer no

## Physics.

The electroencephalogram is a record of the differences in brain potential, which can be used for diagnostic purposes. Moreover, direct stimulation of the exposed cortex by strong faradic currents causes convulsions. In experimental work which Hughlings Jackson of many years ago made, he deduced, from clinical observations, that the experiment made by him was revolutionary and remarkable. It was Cerletti and Bini who first used extremely strong electrical currents to stimulate the head to stimulate the brain.

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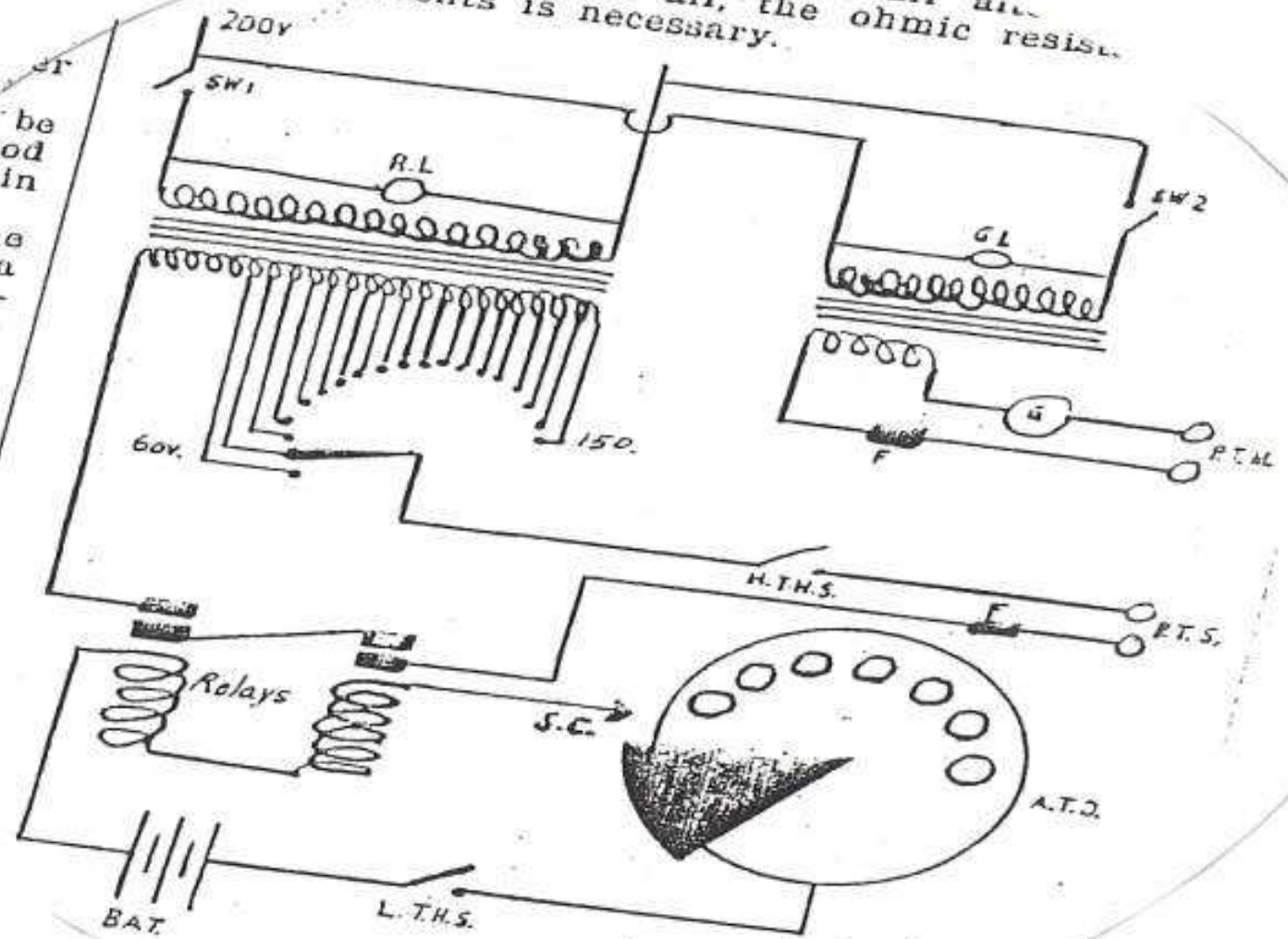


FIGURE I.  
 200 volt switch, main trans...





4. Hands of patient and staff must not contact the electrodes when current is being passed.
5. Take all other precautions.

## E.C.T MACHINE ( Dr. BIRCH ORIGINAL )

Designed & constructed by Dr. H. M. Birch & Prof. Kerr Grant.

Its' design was based on machines used in Europe at the time.

First used in August 1941 to give the first series of E.C.T. in Australia.

Similar models were manufactured & used in other parts of Australia.

This was last used in the late 1950's.

# MJA, 1942

**“According to the early workers, convulsive therapy by electrical means had many advantages over the intravenous injection of such drugs as “Cardiazol”. However, inquiries some twelve months ago showed that no apparatus could be obtained in Australia, yet, from the rather meagre technical information given in the various journals, the construction seemed to offer no insuperable difficulty.”**

**“Accordingly, an attempt was made to construct this apparatus, which, **when completed**, was submitted to Professor Kerr Grant, of the physics department of the University of Adelaide. The construction from the view-point of physics, as an electrical mechanism, was passed by Professor Kerr Grant, to whom I am greatly indebted for the valuable assistance given.”**



# MJA, 1942

**“The apparatus, after going through the experimental stage with rabbits as subjects, has now been in use at Parkside mental Hospital during the past nine months for the production of convulsive seizures in patients suffering from severe forms of mental disorder. It is confessed at once that the preliminary use on the patients was accompanied by much apprehension – not, as with “Cardiazol”, on the part of the patient, but on the part of the operator. Had I been in need of shock therapy for schizophrenic or manic-depressive illness, I feel quite certain that the psychogenic “shock” to me would have been all that was necessary.”**

# MJA, 1942

**“No pain or unpleasantness is experienced, and the behaviour of patients, who had previously been most resistive to “Cardiazol”, quietly submitting to repetitions of electrical treatment, is most remarkable. This absence of apprehension – nay, acute terror in some cases – is, in my opinion, one of the several advantages of electrical convulsive treatment.”**

# Results

**“Already as the result of these forms of treatment, there has been an outstanding falling off in the number of cases of chronic melancholia and mania”.**

**Annual Report, 1942**



# Cautious optimism in MJA

**“extreme caution was necessary, especially as the apparatus was constructed by myself, a mere amateur, and not by any electro-medical company”.**

**“At first, patients were selected for whom the prognosis was practically hopeless and who had resisted all other forms of treatment”.**

# Cautious optimism in MJA

**“In psychological medicine especially we have all seen the advent and passing of new forms of treatment, and it may be that electroconvulsive therapy will suffer a similar fate”.**

**“With regard to the merits of this form of treatment as viewed from the standpoint of complete recovery, I prefer to wait until time and further experience allow definite facts to be presented”.**

- 
- **First psychosurgery in Australia, 1945**

**Sir Leonard Lindon**





# First leucotomy

**The patient was a 30 year old female who had spent the previous five years in hospital and was extremely difficult for the nursing staff to manage, and despite intensive care with the treatments available at the time, improvement was never maintained. Nine months later she was discharged as competent and recovered. Since then she has married, had children and coped with life outside hospital.**

# Significant Changes

- **Changes of name:**
  - **Parkside Lunatic Asylum 1870 – 1913**
  - **Parkside Mental Hospital 1913 – 1967**
  - **Glenside Hospital 1967 –**
- **Wall reduced in size – 1961**
- **Integration of sexes – 1962**
- **Transfer of Intellectually Disabled to Strathmont – 1970s**
- **Transfer of Z-ward to Yatala and then James Nash – 1970s**

# Last 25 years

- **Future of Glenside in doubt**
- **A number of reviews/plans**
- **Sale of land – not a new idea:**

# Mental Hospital, University or residential?

Hansard, November 1921

- **“at one time thought that the University was going in that direction ...”**
- **“Residents always understood that the Mental Hospital would be remove from such a valuable site ... a garden suburb could be established on the site and if the whole buildings were pulled down, the price realised in selling the land would more than pay for the building of a Mental Hospital in a suitable area”**



# Other changes

- **Closure of Casualty/Emergency services**
- **“Mainstreaming” to**
  - **RAH**
  - **RGH**
- **2007: “Stepping up”/”Master plan”**

# Current Glenside Campus



# Glenside Campus Redevelopment – A snapshot



Figure 7.0: Structure Plan - Future Glenside Campus Redevelopment

# Lessons from history

- **Persons with mental disorders inappropriately housed in prison**
- **Over-crowded/bed numbers**
- **Perception of governments not listening**
- **Contention re siting of facilities**
- **Innovative treatments warrant caution**



# Conclusion

**It should not be forgotten that not only does the history of Glenside (Parkside) hospital reflect world wide trends in psychiatric care over the last 150 years, but it also highlights the important role Glenside (Parkside) has had in the development of treatment for severe mood disorders in Australia.**

