

## History of Medicine

# History of Mental Health Services in South Africa

## PART III. THE CAPE PROVINCE

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### SUMMARY

During the last quarter of the 19th century 4 new mental hospitals were opened in the Cape Province. These were all formerly gaols or military barracks.

In 1922 the first specially designed mental hospital was opened at Queenstown.

The development of psychiatry at the Universities of Cape Town and Stellenbosch is described.

*S. Afr. Med. J.*, 48, 2230 (1974).

With the granting of responsible government to the Cape in 1872 there began a period of expansion in the mental health services. Until then these had been limited to the old Somerset Hospital and Robben Island, and now new hospitals arose on the mainland.

This process received considerable impetus with the discovery of diamonds, since it increased the White population through immigration, and at the same time drew thousands of non-Whites to the diamond fields

where work was plentiful. This meant an increase in the number of mental patients, but likewise an increase in state revenue, so that the Government could afford to open new institutions.

### GRAHAMSTOWN

The first institution at Grahamstown opened on 1 January 1876. It was originally called the Grahamstown Lunatic Asylum, then the Grahamstown Mental Hospital, and is now known as Fort England Hospital. This was not a mental hospital especially constructed for the purpose, but was the old Fort England barracks which were taken over from the military authorities.

During its early history Grahamstown was a border town with native tribes just to its north and east, and its neighbourhood saw some severe fighting in the early Kaffir Wars. The town itself was besieged several times, and thus had troops permanently stationed there. By 1875 the border had moved a good deal further north to the Kei River, so there was no reason for Grahamstown to remain a fortified city. Hence Fort England became a mental hospital. Even today the older buildings at Fort England still give indications of their origin by

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narrow slit-like windows, originally intended to serve as loopholes, and the thick walls. It is still possible to find relics of former days in the shape of old military buttons and badges in the hospital grounds.

The first Surgeon-Superintendent was Dr Robert Hullah. In the medical superintendent's office at Fort England his original 'First Report of the Grahamstown Asylum' is still preserved. It reads as follows:

'January 1, Saturday, 1876.

No. of patients 26

Males 9, females 11

Chronic sick males 6

Visited wards at 9 a.m., 1 p.m., and 5 p.m.

Robert Hullah

Surgeon Superintendent.'

Dr. Hullah remained the superintendent until 1890. During his term of office two new female wards were added to the original buildings.

In 1951 Mr James Hullah, son of Dr Robert Hullah, was a welcome visitor to Fort England Hospital.<sup>1</sup> He had actually been born in Tribe's Cottage, a little building in the hospital grounds, and now a part of the native section. A short while after his birth, the Hullah family moved into the superintendent's residence proper, which has since also been converted into a ward.

Many of the best-known medical superintendents in the mental service have, since those times, won their spurs at Grahamstown, because it has remained a small hospital, and was often a superintendent's first appointment to that post from the lower ranks of the service. Three later Commissioners of Mental Health served there as medical superintendents, namely Dr P. J. G. de Vos, Dr I. R. Vermooten, and Dr B. P. Pienaar. Other well-known psychiatrists who have been in charge there included Dr K. Gillis, Dr I. F. A. de Villiers and Dr D. S. Huskisson. The first head attendant was Mr G. Savage, and the first matron was Miss J. Swanson.

The original buildings were gradually added to in later years, and other improvements introduced. In 1916 electric light was installed, but water-borne sewerage only came in 1939. The water supply was a grave problem in the early years. The hospital had its own well, but this failed in times of drought. It is now connected to the town mains, but in times of severe drought, as in 1948-49, it resorts to the well again.

A fact almost forgotten now is that for a period an Institute for Imbeciles was attached to this hospital, which housed a number of White mental defectives. It was controlled by the medical superintendent, but was run by a layman, Mr W. S. Colegate, who with his wife as the matron, was in charge for many years. This was still the case in 1916 when 13 boys and 13 girls were in residence. The annual report of the Department of the Interior for 1916 states: 'the institution will become a ward of the mental hospital, and all children will be certified'. The Institute for Imbeciles had been in existence for a long time at that stage, because the Commissioner for Mental Hygiene, in his first report in 1916, states: 'In 1894 the present block which houses the imbecile children, was added'. The children still detained at Grahamstown were transferred to the Alexandra Institution opened in 1921.

The first patient admitted anticipated the official opening date, being admitted on 9 September 1875. He was an Irishman, Michael Lawlor, who died on 3 February 1876.

The number of patients in recent years has been approximately 700. In 1969 it had risen to 798.

The original ground on which the asylum stood was interspersed with plots owned by private individuals, which eventually formed a sort of crazy patchwork, or mosaic, with public thoroughfares running across the hospital grounds, and patients and public getting inextricably mixed in a most undesirable fashion. The only solution was for the Government to buy out the private owners, and gradually this was done. Eight private properties were thus acquired until the Government had a compact and continuous property with enough ground for future extensions, for grazing a herd of cattle, and for growing vegetables. In 1914 and 1915 a further 107 morgen was acquired from the municipality, and on this site a new non-White section was completed in 1952.

## KOWIE HOSPITAL

This was also known as the Port Alfred Asylum, or Port Alfred Mental Hospital.

In order to provide accommodation for the steadily increasing number of patients, the Government took over the vacant convict barracks at the Kowie River in 1888, and converted them into a hospital for mental patients. The institution was opened in 1889 when 27 male and 25 female patients were in residence. The buildings of brick-lined galvanised iron were quite unsuitable for their purpose. Both males and females of all races were admitted.

It was realised early in its history that it was ill-suited for a hospital, but the Government was always reluctant to spend large sums for additional buildings. Furthermore, the water supply has always been a serious problem at Port Alfred. For years the water came from a vlei some distance away, whence it was pumped into underground tanks. During the frequent years of low rainfall, water was often very scarce. Thus in 1919 and 1920 water had to be brought by rail from Port Elizabeth and Grahamstown. The lack of waterborne sewerage made a bucket system necessary, which was both unhygienic and expensive. Electricity only became available in 1931.

A parliamentary Select Committee on the Treatment of Lunatics condemned the hospital in 1913, and recommended that it be closed—a recommendation which was never carried out. The last White male patient was admitted in 1915, and the last White female in 1922. There have been no direct admissions since 1922, non-White male and female patients being transferred there only as overflows from other institutions. The latest available figures for the number of patients (1969) are 261 males and 269 females—total 530.

The first surgeon-superintendent was Dr W. H. Atherstone, who came from a well-known Eastern Cape family of doctors. His father, Dr W. G. Atherstone had been the first doctor in South Africa to do a surgical operation under ether anaesthesia. He also identified the first diamond ever found in South Africa. The scratch he made with it

on a window-pane may be seen in a building of the Victoria Girls High School at Grahamstown to this day, and is commemorated by a plaque put up by the Historical Monuments Commission. Dr Atherstone remained in charge until 1920 when he was succeeded by Dr E. F. W. Moon.

### VALKENBERG HOSPITAL

According to Dr P. W. Laidler, 'Valkenberg Farm was the residence of the Valk family. It was purchased by the Government in 1881 from monies bequeathed by the late Hon. W. Porter CMG for the establishment of one or more reformatories'. Furthermore he adds, 'Tokai Reformatory was purchased by the Government with a view to housing lunatics'. This was in 1884. It is thus a strange twist of fate that Tokai, intended to house lunatics, became a reformatory, while Valkenberg, intended to be a reformatory, became a lunatic asylum. Another historical version is that 'in 1890 the Porter Reformatory buildings at Valkenberg were converted into a mental hospital for about 40 males and 25 female White patients'.<sup>2</sup>

The original buildings on the farm Valkenberg had been added to and converted into the Porter Reformatory, which stood on an estate of 200 acres. The mental hospital here was opened on 20 February 1891, and by the end of the year had admitted 37 male and 21 female patients. In 1894 Parliament voted a sum of £40 000 for the construction of new buildings on the site. These were only completed in 1899.

More ground was acquired in 1912, and in 1916 the Old Plague Camp site at Uitvlugt adjoining Valkenberg was acquired for a Coloured section. In 1917 the military erected a ward for 60 army cases in the hospital grounds. This was handed over to Valkenberg at the end of the war. The number of patients rose steadily, and by 1950 was close on 2 000. The latest available figure is 1911.

The hospital's capacity has never quite caught up with the number of admissions, and the place has always been uncomfortably crowded. For a time, after the last war, it was departmental policy to sell the site to the city council for a housing estate, but this idea has now been given up.

The first superintendent was Dr J. W. Dodds, who had had a brilliant career overseas, and had been an Edinburgh gold medallist. In addition to the superintendency of Valkenberg, he also held the post of Inspector of Asylums, and in this capacity he was the Government's official adviser on mental hospital policy.

Subsequent superintendents were:

Dr G. C. Cassidy	1913 - 23
Dr E. W. D. Swift	1923 - 37
Dr Gordon Key	1937 - 54
Dr D. S. Huskisson	1954 - 56
Dr T. E. Cheze-Brown	1956 - 63
Dr C. G. A. Simonsz	1963 - 73

The first chaplain attached to the asylum was the Rev. C. H. Gill who was succeeded by the Rev. A. Daintree in 1892. They were Church of England clergymen. In due course Dutch Reformed and Roman Catholic

chaplains were appointed. The first matron mentioned in the records was Miss A. Fraser, and the first Head Attendant was Mr G. D. Carey.

### TOWER HOSPITAL

This was also known as the Fort Beaufort Asylum, or Fort Beaufort Mental Hospital and has always housed non-Whites only. It was opened in 1894 when the empty military barracks at Fort Beaufort, which had stood derelict for years, were taken over.<sup>3</sup> The institution was later enlarged by taking over a building formerly used as a Lock Hospital (Lock=VD).

In 1897 a building known as the Telegraph Department was converted into a ward for female patients. In 1908 additional land was acquired and a number of huts built to house male patients—this became known as Conry's Annexe, named after the superintendent at that time. In 1911 an Infirmity Ward was added to Conry's Annexe, and in 1913 a new block for 60 patients was added to the male side.

Tuberculosis was a serious problem for many years—in the years 1916 to 1919 it accounted for over half of patient deaths. It was a highly fatal disease for mental patients until the modern drugs became available.

In 1913 a parliamentary Select Committee recommended that the existing hospital be scrapped as quite unsuitable for its purpose.<sup>4</sup> The municipality had meanwhile given the Government 216 morgen of the town commonage as a site for a new hospital. In 1918 the Department of the Interior, which controlled mental hospitals at that time, wanted to turn Fort Beaufort Hospital into a place for chronic patients, but the great demand for accommodation for acute cases compelled the abandonment of this plan.

Over the years a new hospital has gradually arisen at Fort Beaufort. The grounds have been extensively developed with the aid of the plentiful supply of available labour. Even the female patients do much of the agricultural work. The number of patients has greatly increased, and in 1949 reached a peak of 2 349. The latest figure is only 1 539, the reduction being largely due to the opening of new hospitals in Natal and Bophuthatswana.

The overcrowding during and after the last world war created serious health problems. Thus in 1942 there were 270 cases of dysentery. In 1946 a serious drought caused a shortage of vegetables, and various forms of hypovitaminosis such as pellagra, scurvy, and beriberi manifested themselves.<sup>5</sup> In spite of these hazards it was recorded in the 1949 annual report that the very first male and female patients admitted when the hospital was opened in 1894, were still alive and well.

The first medical man on the staff was Dr John Conry, the district surgeon of the Victoria East magisterial division. His appointment was dated 1 May 1894, and his salary was £250 per annum. He became the first full-time superintendent in 1898. The 3 subsequent superintendents were Dr H. Egerton Brown from 1915 to 1919, Dr H. W. Glashan from 1919 to 1931, and Dr A. H. Crowley from 1931 to 1942.

### KOMANI HOSPITAL (QUEENSTOWN MENTAL HOSPITAL)

This hospital, opened in 1922, was the first modern one in the country and was especially designed and built as a mental hospital. It was thus at a great advantage as compared with those others which were so often originally convict stations or military barracks. It was built on a stretch of open veld, and a vast amount of preparatory work was necessary in laying out the grounds, planting trees, making roads, and establishing a farm and a nursery.

By 1930 all the available accommodation was fully occupied, and plans for additional wards had to be made. These only became available in 1937. The grounds have been extensively developed, and tarred and concreted roads built. The farm and garden produce large crops of vegetables, while a dairy herd supplies all the required milk. The hospital even has its own butchery.

Komani has been in the forefront in developing modern amenities for its patients. It was among the first to open a tuckshop where patients could buy those little luxuries which make such a difference to their monotonous lives. Another innovation in the fifties was the establishment of a patients' recreation club run entirely by a committee chosen among the patients by themselves. They organised weekly entertainments such as concerts, at which not only the patients performed, but also outside artists who were only too pleased to render their services. The hidden talents which the patients revealed were surprising. Old ladies who had been in the hospital for many years suddenly blossomed out as pianists; chronic asocial schizophrenics came forward to act in plays and to recite, while many showed they had good singing voices. A qualified physical culture instructress organised a 'keep-fit' class, and helped to tone up the patients both physically and mentally. One of the most popular facilities was a bus service to town on Saturdays for rugby enthusiasts who wished to watch local matches.

In all these developments the staff, although ready with advice and encouragement in times of difficulty, kept discreetly in the background, and were vastly cheered by the marked change in the conduct and demeanour of the patients produced by these innovations.

Another development in the 1950s was the formation of a group called 'The Friends of Komani' in Queenstown.<sup>9</sup> A large number of townspeople were enrolled who were encouraged to take an active interest in the well-being of the patients, to visit them regularly, to invite them to their homes for meals, to take them to the cinema, to church, and to concerts and plays. This contact with the outer world made an enormous difference to the patients' state of mind, and helped to improve the hospital atmosphere tremendously.

Together with the introduction of the new psychotropic drugs which took place about the same time, these changes not only improved the hospital atmosphere, but made treatment much more effective. As a result the turnover of patients increased considerably, while the overcrowding which had been a feature for years, ceased to be a problem in the White wards.

The physical treatment of mental disease had actually begun with the malarial treatment of general paralysis

of the insane by Von Wagner-Jauregg in Vienna in the 1920s, but in South Africa this was only available at the Weskoppies Hospital in Pretoria. In the 1930s Von Meduna introduced the Cardiazol treatment of manic-depressive psychosis, and by 1935 this was in use here as was the insulin treatment of schizophrenia. It had been originated by Manfred Sakel in Vienna two years previously. The introduction of physical methods of treating mental disease was a great advance, and for this reason the 1930s can be considered the dividing line between the 19th and the 20th centuries in the psychiatric world.

In the early 1940s Bini and Cerletti introduced electroshock treatment in Italy, and this soon replaced the Cardiozol treatment which patients dreaded. During the late 1940s and early 1950s the operation of leucotomy had a short-lived vogue, but has been almost totally abandoned.

Then came the introduction of the numerous psychotropic drugs. These have brought about an almost revolutionary change in the atmosphere of mental hospitals, and in the prognosis of mental illness, making the treatment of acutely ill mental patients in general hospitals, and even in their own homes, possible. Whereas before the 1930s treatment was purely custodial, it now became a positive effort to deal with the mental illness itself.

Dr F. D. Crosthwaite was the first superintendent at Komani Hospital. He was followed by Dr A. W. H. Cheyne in 1928. Dr K. B. Wright took over in 1951, and he was followed by Dr M. Minde in 1957. There were 1498 patients on 31 December 1969.

### PROVINCIAL HOSPITAL SERVICES IN THE CAPE

The Cape Town University Medical School and Groote Schuur Hospital neuropsychiatric services in Cape Town began in 1923 with the appointment of Dr F. H. Kooy to the New Somerset Hospital, where the newly-opened clinical section of the Cape Town University Medical School was located. Only outpatient and consultative services were provided, and attendances were small. In 1931 Dr S. Berman<sup>7</sup> was appointed as registrar to Dr Kooy.

In 1938 the Groote Schuur Hospital was opened, and 16 beds were allocated to the Department of Neuropsychiatry. These beds were scattered in various wards throughout the hospital, and the cases admitted were almost entirely neurological. Two outpatient days per week were instituted. Dr Berman was now appointed assistant-physician, while Dr P. F. Cluver joined the staff as registrar. In 1948 the department became a self-contained unit with 30 beds, and some additional medical staff were appointed.

In July 1951, under the new Cape Hospitals Ordinance, the department was completely reorganised. Dr Kooy had retired, and Dr Berman became full-time head of the Department of Neuropsychiatry. Under him served 4 part-time graded specialists, a full-time senior resident and 2 interns. At that time the inpatient department was admitting about 500 cases per annum, while 5000 outpatients were seen annually.

Dr Berman remained head of the Departments of

Neurology and Psychiatry, until his death at a comparatively early age in 1963.

Dr L. S. Gillis was appointed head of the Department of Psychiatry when the two departments were split after Dr Berman's death. He came from Tara Hospital, and it is he who has brought the Department of Psychiatry into the modern era.

The annual reports of the Groote Schuur Hospital Group<sup>8</sup> give details of the department's activities. The report for 1973 states that the inpatient ward F3 admitted 195 patients during that year. It has 28 beds, and patients stay for an average of 6 weeks, with intensive follow-up services after discharge. The outpatient department sees about 45 000 patients per annum. The staff consists of Professor Gillis with Dr P. J. V. Beumont as his deputy, 8 full-time and 9 part-time psychiatrists, 10 registrars, and 1 full-time and 3 part-time psychologists. The department's other activities are: a psychiatric day hospital catering for patients requiring intensive psychotherapy or fuller investigation, but who do not need residential care. In 1973 it admitted 69 patients.

The William Slater Hospital for Alcoholics admits 350 patients per annum, and sees large numbers of outpatients. Patients receive individual and group therapy with long-term after-care.

The Heideveld Clinic provides outpatient facilities for Coloured alcoholics, and handled 4 119 patients in 1973.

In 1963 an outpatient clinic for children was opened at the Red Cross War Memorial Children's Hospital. It has expanded greatly, and the staff now includes a community sister, a clinical psychologist, and a full-time social worker.

A Community Psychiatric Service was also opened in 1963, under Sister M. Rigg, who had transferred to Cape Town from Tara with Professor Gillis. It now has 6 qualified nurses on its staff and uses 2 cars which take a team to any psychiatric emergency in the Cape Peninsula.

In the Groote Schuur Casualty Department an emergency outpatient clinic is housed which provides a 24-hour service to cope with any psychiatric emergency able to come to the hospital. This was opened in 1968.

An outpatient clinic provides full investigation and treatment for patients not requiring admission. It handles about 10 000 cases per annum. A social club where ex-patients meet several times a week provides a peaceful, relaxed atmosphere where they can discuss their common problems.

A consultative service for other hospital departments sees 500 patients each year at the request of these departments.

The educational programme covers a wide field. It provides courses for medical students from the third to

the sixth year, and part-time courses for occupational therapists and social workers. There are about 20 post-graduates in training each year—mostly qualified medical men aiming at registration as specialists in psychiatry. There are courses for psychiatric nurses.

A recent Cabinet decision provides the prospect of major changes in psychiatric services in South Africa. It foresees a close integration between State and Provincial services under the control of the Department of Health in Pretoria. The head of the Groote Schuur Department of Psychiatry will in effect become a government instead of a provincial employee and will *ipso facto* become the head of all psychiatric services in Cape Town, including Valkenberg Hospital, with its satellites the Alexandra Institution and Westlake Hospital for mental defectives. There is no doubt that 'this is a consummation devoutly to be wished for', and it can only have a beneficial effect on our rather outdated mental hospitals.

Of course it makes common sense that all psychiatric services should be under unified control, instead of being divided as they are at present, between state and provincial authorities. Such a change will entail some intricate financial negotiations which can be overcome by mutual goodwill. The 1973 Mental Health Act makes provision for such a change in control.

The University of Stellenbosch is only just beginning to organise its Department of Psychiatry. For the first 20 years their medical students attended lecture demonstrations at Valkenberg Hospital. When the Stikland Hospital near Bellville opened in 1963, the classes were transferred there. Its first superintendent was Dr B. Wolpowitz, who was succeeded by Dr J. T. Roux in 1970. The latter has recently been appointed to the chair of psychiatry. Under the new arrangement between the Department of Health and the Provincial authorities, he will presumably also continue to control Stikland.

The Stellenbosch University Medical School is located at the newly-opened Tygerberg Hospital, where the psychiatric facilities are still at the embryonic stage, though there are already outpatient facilities available for adults and children. It will be for a later historian to record their development.

#### REFERENCES

1. Laidler, P. W. (1939): *Growth and Government of Cape Town*, p. 406. Cape Town: Unie Volkspers.
2. Report of the Commissioner for Mentally Disordered and Defective Persons (1920): U.G. 31 - 20.
3. *Ibid.* (1916 - 18): U.G. 31 - 20.
4. Report of the Mental Hospitals Departmental Committee (1936 - 37): U.G. 36 - 1937.
5. Fort Beaufort Asylum (1946): Annual Report of Physician Superintendent.
6. Minde, M. (1958): *S. Afr. Med. J.*, **32**, 709.
7. Berman, S. (1953): Personal communication.
8. Groote Schuur Hospital Group (1973): Annual Report. Cape Provincial Administration.