



Nature's good for you: Sir Truby King, Seacliff Asylum, and the greening of health care in New Zealand, 1889–1922



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ARTICLE INFO

Article history:

Received 26 October 2012

Received in revised form

28 February 2013

Accepted 4 March 2013

Available online 28 March 2013

Keywords:

Sir Frederic Truby King

New Zealand

Asylums

Care farming/green care

Agriculture

ABSTRACT

Sir Frederic Truby King's work at Seacliff Asylum in New Zealand, between 1889 and 1922, illustrates a prominent role of agriculture in relationship to human health and the environment. King utilized farming practices, a rural setting, occupational therapy, dietary changes and moves towards self-sufficiency as examples of asylum management practices, but these also ensured patient health and well-being. In this article, we analyze King's practices at Seacliff as a genealogical precursor to today's green care and care farming movements.

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1. Introduction

[A] harmless old man... looked after the chickens. His phobia was fire, and he painted all the farm gates, posts and fences with clay and water "to prevent them burning". The fowl houses were dotted about the farm and the old fellow had trained the chickens to sit in rows on their perches – all black ones on this perch, all white ones on that perch, speckled ones on another, and yellow ones on yet another. Visitors were amused by being taken off to a fowl house at dusk to watch the chickens arranging themselves in their order for the night (McLagan, 1965, p. 73).

This unnamed character was a patient at Seacliff Lunatic Asylum in southern New Zealand at the start of the twentieth century. We offer this story by way of an introduction to the mutually reinforcing relationships between agrarian and therapeutic practices in the early days of this particular institution. Under the direction of Sir Frederic Truby King, Seacliff, just north of Dunedin, was a site of experimentation in both agricultural and psychiatric techniques. King's activities were symbiotic: the 'harmless old man', along with a great many other patients, helped to develop both a successful farming operation at Seacliff and a

fishing operation at the nearby beach settlement of Karitane. At the same time, this outdoor work provided valuable therapeutic benefits. There is a certain historical continuity too. The care centers of today's burgeoning green care movement have both agricultural and mental health care origins. By looking at King's tenure at Seacliff, as we do in this article, some historical light can be shed on the pitfalls and prospects of marrying agriculture and health care.

Truby King – he rarely used his first name – was a native New Zealander, born in the Taranaki region in the North Island. He trained as a medical doctor in Edinburgh, graduated in 1886 with Master of Surgery, and completed a two-week postgraduate qualification in lunacy under the supervision of eminent psychiatrist Thomas Clouston (Brunton, 2011, p. 320). King returned to New Zealand soon after, worked for a time at Wellington Hospital, and took over as superintendent of Seacliff Asylum in 1889. There he ran a large-scale asylum farm operation, which he carried on until he left the hospital in 1922.

In some respects, King's use of outdoor recreation and labor for patient well-being is not especially new. He drew on contemporary and historical precedents, including asylum airing courts, rurally-situated tubercular sanatoria, gardens, and uses of the outdoors and labor as treatment methods (Bryder, 1988; Cherry and Munting, 2005; Monk, 2010; Rutherford, 2005). In this complex era of transition, King's personal emphasis on both agriculture and psychiatry, rather than a primary focus on either one or the other, was much less common. The health of King's farm

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and the health of his patients went hand in hand. Nearly a century later, formalized programs of green care in northern Europe carry on some of the traditions begun by the nineteenth-century psychiatrists, King among them. Although recent scholarship explores the connection between the environment and health (Berman et al., 2008; Gerlach-Spriggs et al., 1998; Ulrich, 1984), the agricultural literature offers little discussion of the integral role that farming played in the therapeutic designs of asylums in earlier periods, or in contemporary mental health. This is somewhat surprising because care farming now plays an important role in many European countries and the USA, particularly as multi-functionality (the non-trade benefits of agriculture) becomes policy (Hassink et al., 2012; Haubenhofer et al., 2010; Hine et al., 2008; Howarth, 2010).

In the sections that follow, we describe “green care”, understood as the formalized relationship between nature, agriculture and health care provisioning. Next, we offer an account of Sir Truby King and the Seacliff Asylum in the late nineteenth century, and plot the connections between local and international practices with particular relevance to today’s organization of health care, place and agriculture. We conclude that King’s actions at Seacliff might be considered part of the genealogy of green care. King cannot be regarded as the originator of green care, for he drew upon strands of already-articulated international knowledge and, in turn, his practices fed into a wider sphere of influence. However, King clearly articulated and embraced the connections between agricultural and psychiatric practices. These would change the nature of the Seacliff farm and also the practice of psychiatry in New Zealand. Furthermore, he extended his concern over the environment from animals and asylum patients, into an early childhood care regimen intended to improve lives and human productivity. To carefully consider King’s practice is to plot key points of connection in the long and intertwined history of modern green care.

2. Greening care, globally and locally

Green care serves as something of an umbrella term. It incorporates a range of therapeutic interventions that utilize nature – a concept conceived in a range of ways – to promote health and well-being in humans. Haubenhofer et al. (2010) offer this definition:

Green care links aspects of the traditional healthcare systems to agriculture (care farming), gardening (healing gardens), landscape or nature conservation (ecotherapy), animal keeping (AAI), or animal husbandry (care farming). Thus, green care creates a link between sectors that were *not formerly linked*, and therefore creates new benefits for all sectors involved (pg. 107, italics ours).

Despite Haubenhofer et al.’s claim that modern green care brings together ‘sectors that were not formerly linked’, Truby King did in fact draw these connections. At Seacliff Asylum at the end of the nineteenth century, King drew together agriculture, horticulture and therapeutic approaches. In the process, he picked up a number of strands in the history of mental health care. First, asylums had for some time been placed in rural locations. Such an arrangement maximized the exposure to the outdoors for patients who could be housed away from the crowds and pollution of the growing cities. Asylum planners noted the esthetic qualities of rural sites (Hickman, 2009; Philo, 2004). In the United States during the early nineteenth century, eminent Pennsylvania physician Dr. Benjamin Rush endorsed the positive relationships between therapy and exposure to the natural elements (Sempik et al., 2010). Patients benefited from either direct participation in the garden, or

indirectly, when they enjoyed the beautiful surroundings that resulted (Gerlach-Spriggs et al., 1998; Holmes et al., 2007; Rutherford, 2005). At York Retreat in England, established in 1796, the gardens proved an “agreeable place for recreation and employment” (Tuke, 1813, pp. 94–95) while the retreat itself focused on strengthening patients’ mental spirits.

The adoption of rural locations offered other benefits too (Philo, 2004, p. 595). From early in the nineteenth century, some physicians engaged their charges in farm work. Labor, many believed, “energized” the cure of insanity (Philo, 2004, pp. 595, 597). At York Retreat, under the guidance of proprietor William Tuke, regular employment was a key component of asylum care (Digby, 1985). Patients grew potatoes and looked after cows on the retreat’s farm (see Laws, 2011, p. 67).

This was a conjunction of economic and therapeutic impulses. On the one hand, farm produce helped institutions to make ends meet (Porter, 1992; Scull, 2005). On the other side of the ledger, labor was a key constituent of the ‘moral treatment’ pioneered by Rush in America and Tuke in England (Edgington, 1997). Tuke suggested that work helped patients to regain whatever capacity they had for rational thought and behavior, and to commit to self-control. “Of all the modes by which the patients may be induced to restrain themselves”, William Tuke’s son Samuel wrote in 1813, “regular employment is perhaps the most generally efficacious” (Tuke, 1813, p. 156). Others, including American doctor John Galt, followed this prescription during the middle of the century. Galt advocated asylum farming, and directed that patients “work the land” (Yanni, 2007, p. 84). Following Tuke and the work of Frenchman Philippe Pinel, the Quakers established Friends Hospital of Philadelphia during the early nineteenth century with a particular emphasis on fresh air, farm labor and nature as therapy (Gerlach-Spriggs et al., 1998, p. 101ff). The move to rural asylums, then, came on the heels of other changes in the developing field of psychiatry and mental health care, moral therapy in particular (Porter, 1992). Ultimately, gardening and farming transformed the outdoors into an interactive arena in which economic and therapeutic experiments occupied the same space.

Later in the nineteenth century, Scottish psychiatrist Thomas Clouston, with whom Truby King had trained briefly in Edinburgh, elaborated upon the importance of an outdoor life. “Light, colour, heat, muscular exercise, housing, right employment, mental and bodily”, he wrote, were all “of the greatest importance” to sound mental health. He added: “[t]he sight of the sea smiling in the sunshine is, for instance, a healing agency and nerve tonic of the most powerful kind” (Clouston, 1907, p. 45).

Modern developments in green care draw from those historical formulations of hospital-driven access to green space. These are particularly popular in the Netherlands, but have their adherents in Britain and across Europe (de Bruin et al., 2012; Hassink et al., 2012). Gardening is still a common form of therapy, as are farm work and animal contact (Berget and Braastad, 2008; Gerlach-Spriggs et al., 1998; Laws, 2011). In the newer field of neuropsychimmunology, “nature” serves as a palliative or medium of recuperation. “Nature”, broadly conceived, bestows a number of health benefits. Landscapes provide visual stimulation, fresh air is invigorating, and patients come into contact with a range of organic organisms, both plant and animal. This is not simply a matter of patients’ exposure to the outdoors, but a “getting their hands dirty” engagement with animals and organic materials. Other examples are less clearly justified in terms of green care. The Camphill and Catholic Worker communities, for instance, have provided therapeutic hospitality in rural settings (McKanan, 2007; Stock, 2009). Edgington (2008) suggests there was a clear connection between rural labor and health in the countercultural back-to-the-land movement of the 1960s and 1970s.

3. Farms, gardens and care at Seacliff

New Zealand's asylums took shape during a time of psychiatric change. In a turn toward institutionalization, New Zealand authorities built large, forbidding structures. Asylums of this size required substantial bureaucratic systems to efficiently handle mental defectives. Asylum policy was centralized at the national level, and this further contributed to the loss of autonomy for patients, especially those deemed “unrecoverable” (Brunton, 2003, p. 86).

The baronial-style main building at Seacliff opened in 1884, and for many years was New Zealand's largest public building (Tod, 1971). The geology was unstable, though, and in 1887 a major slip caused the collapse of a section of the main building (Benson, 2007). When Truby King arrived at Seacliff in 1889, ready to take up the job of superintendent and chief medical officer, he had to contend with overcrowding as well as unstable soils (Caldwell, 2001). The asylum housed 490 patients (302 male, 188 female), mostly of British stock. The overcrowding issue was never fully resolved but, under Truby King's supervision, Seacliff Asylum came to showcase nascent green care ideas, expressed through physical activity and exercise.

As far as King was concerned, mental illness was a matter of preventable “brain disease” brought on by unfavorable conditions: poor diet, a lax upbringing, over-study and a want of self-control in general. King, along with other Scottish and Scottish-trained doctors, including Thomas Clouston, shared a belief in the importance of fresh air and sunshine—the environment, if you will; if mental instability did set in, these elements offered the main route to recovery (Beattie, 2011; Caldwell, 2001, p. 36). In a pamphlet titled “The Feeding of Plants and Animals”, Seacliff's superintendent wrote:

We hope [...] to enforce attention to the great truth that the highest wisdom lies in sparing no pains to maintain the young organism throughout in the best possible condition. In plants, just as in the case of animals, the inroads of disease are best prevented by keeping the organism well nourished, vigorous, and healthy. It is better to be prepared to fight one's enemies rather than poison their wells [...] so also with human beings. [...] The broader principles of life apply equally to plants and animals (King, 1905, p. 5).

King was never especially interested in either psychoanalytic treatments or the drugs used elsewhere: such sedatives as potassium bromide, chloral hydrate or opium (Ernst, 1991, p. 82). Instead he remained true to an environmental approach throughout his career (Brunton, 2011, p. 321). He was not alone. As late as 1929, after King had left Seacliff, Theodore Gray, New Zealand's Director-General of Mental Health, repeated the prescription: “fresh air, sunshine [...] suitable diet, exercise, recreation, rest and sleep” (cited in Brunton (2011), p. 322).

King instituted a number of patient-centric changes. He believed in a later bedtime than the previous overseers and he afforded the patients a degree of autonomy. For instance, King trialed unlocked wards where patients were free to move between indoor and outdoor spaces (Caldwell, 2001, p. 47). The “better” sort of patient could wander around the gardens or play tennis or cricket by day and spend evenings in the billiard room or library. Humans, King reasoned, were scarcely different from animals in this regard. “Give animals free range, free scope for their activities, and you obtained a fine result”, he told an audience in 1909. “House them and confine them too much and degeneration ensued” (King, 1909, p. 9). King soon showed an interest in the villa system, in which large buildings were replaced with smaller units set in landscaped surrounds (Brunton, 2011, p. 327).

A healthier diet found its way onto the patients' dinner tables, with better quality meat and vegetables. King also introduced a more rigorous check-up schedule, and closely monitored patients' weights. His focus on nutrition, weight and sleeping patterns would later play a major role in the development of Plunket, the organization he established in 1907 in order to promote healthy child-rearing (Bryder, 2003; Chapman, 2003). By establishing these baselines early in life, King reasoned, “the main supplies of population for our asylums, hospitals, benevolent institutions, gaols and slums would be cut off at the sources” (cited in Olssen (1981), p. 6). The environmental basis of well-being that influenced King's practices in the corridors and paddocks would later inform his view that insanity is preventable. King reasoned that one might change the mental condition of people, especially children, by changing the environment (Bryder, 2003, p. 4). In some cases, that plan needed the environment to be changed first.

To this end, King turned his vision to the asylum's grounds. He hired a landscaper, established new gardens, cleared bush and opened up views of the sea by replacing solid walls with picket fences (Caldwell, 2001, p. 42). As one observer noted in 1900:

Beyond [the lawn with a cricket pitch], and seawards, extends acres and acres of garden, handsomely and skillfully laid out in flower beds, well-mown grass interspaces, gravelled walks and drives, numerous nooks of native bush and shrubs, and here and there, in many unexpected but most inviting places, are cosy arbours and garden seats. Near the main gate entrance is an ornamental fountain, with constantly playing water (H.P.H., 1900, p. 44).

Truby King “took readily to the challenge of turning a badly-designed farm asylum with an ‘inexpressibly dreary and dispiriting’ external aspect into a workable institution with a productive farm and beautifully planted grounds” (Brookes, 1990, p. 7). These improvements, he concluded, echoing the philosophy of the York Retreat, would provide “moral, and other elevating, refining and soothing influences” (Seacliff Asylum Inquiry, 1891, p. 7). As the farm, gardens and orchards continued to evolve, Seacliff's superintendent described his innovations in the local newspapers: “The garden provides a good supply of fruit, vegetables, etc., and the summary of returns from the farm shows how important an accessory this is to the institution, apart altogether from the fact of the healthy outlet it provides for the employment of the patients” (Otago Witness, 1905a, p. 13).

One of Seacliff's most famous patients commemorated King's work in verse. Lionel Terry had killed an elderly Chinese man in 1905 to demonstrate his support of racial purity (Tod, 1977). Although Terry was sentenced to life in prison, he served most of his sentence in New Zealand's asylums. Seacliff's setting suited Terry:

There is peace among the mountains,
Where the crystal water flows,
There is pleasure in the valleys,
Where the verdant pasture grows.
But, the dweller in the city,
Neither peace nor pleasure knows,
For the city is the lurking place,
Of man's most deadly force (cited in Benson (2007), p. 89).

During the early years of King's tenure, as Terry's poem suggests, Seacliff moved away from the prison-like environment that had prevailed during the early 1880s. In the *Otago Witness* newspaper, Christchurch parliamentarian Henry Ell painted a picture of Seacliff's farm, an area of about 1000 acres dedicated

primarily to grass and small crops, with its numerous ancillary buildings:

The buildings for the farm are approached by a winding road, through a very pretty piece of native forest. The [farm] buildings themselves are situated about 80 ft or 90 ft above the main building on the side of the hill [...] the cow byres were ranged along the centre of the main farm building [...] Behind the byre were situated the pigsties, in connection with which Mr. Ell was surprised to find there was no unpleasant smell [...] It occurred to the visitor that farmers would be well repaid for a visit to this institution, and for an inspection of the well-ordered and well-arranged series of farm buildings, and might learn much from a doctor of medicine with regard to the raising, feeding, and care of stock (Otago Witness, 1910, p. 4).

Seacliff was set above the coastline. The views of the Pacific Ocean as well as the spacious grounds surrounding the main building provided patients and staff the opportunity to walk in a leisurely fashion and contemplate the exotic flowers King imported from Europe. Fig. 1 illustrates one of those vistas from the primary farming area located directly behind the main buildings. A baronial spire punctures the skyline, while animal sheds and gardens dot the foreground.

Fig. 1 demonstrates the dual purpose of Seacliff's location—an enjoyment of natural surroundings including the ocean and wide open spaces, but also an opportunity to work on the farm. Fig. 2, a photograph taken by Truby King and published in the *Otago Witness* in 1900, shows male patients at work.

Those capable of outdoor work would be sent to labor on the farm and in the gardens. Seacliff's male patients undertook considerable work on the asylum grounds. They busied themselves with picks, shovels and wheelbarrows (Caldwell, 2001, p. 42). Lionel Terry made his own rose garden, complete with a pagoda (Fennell, 2001, p. 149). Brookes (1995) notes that "single labourers, seamen and miners" were heavily represented in asylum populations, and many of these men would have been used to hard physical work (p. 205). King usually had some two hundred male patients employed out of doors daily upon the farm, for no more than six hours per day. Activities included "bush-felling, bush-grubbing, wood-carrying, farm garden, and dairy work" (King, 1891, p. 5). King assumed labor and leisure were closely related, and he suggested the patients' activities consist "almost as largely of the element of recreation as they do of work" (King, 1891, p. 5).

Male patients unwilling to turn their hands to manual pursuits were sent outside anyway. In 1891, King wrote: "Even though a



Fig. 2. Patients at work. The original caption reads "Seacliff: The scythe on the hillside." Photograph by Truby King. *Otago Witness* 24 October 1900, p. 48.

man cannot be induced to do any work, he is sent out with a working gang if possible, merely for the sake of the benefit which arises from keeping him in the open air". This was a world of "hygiene for the body; hygiene for the mind" (King, 1891, p. 5). Idleness aggravated mental troubles, King thought, whereas work "alleviated boredom, stimulated an interest in life, improved physical appearance, and helped patients sleep" (Caldwell, 2001, p. 42). At Seacliff, King embraced a sentiment recently put forward by Hickman (2009), 'Agricultural lands that are ordered and tamed by man seem, therefore, to be considered more effective in restoring reason than wilderness, as nature untamed could act as a trigger for the expression of unsuitable, or immoral, passions' (2009: 435).

Truby King's work impressed the asylums inspector. Duncan MacGregor, another graduate of the Edinburgh medical school, gushed about King's "eminent fitness". Of the farm, MacGregor remarked: "In none of the other asylums is there the same fresh and healthy look about the inmates" (*The Star*, 1890, p. 4; see also Chapman, 2003, p. 54).

Two specific Seacliff cases are illustrative. Janet Hesketh, 45, arrived at the asylum in November 1890. She had been committed at the instigation of her husband, who became fearful after Janet barricaded herself in a room and threatened to stab him with scissors. Janet's "mania" and hallucinations were attributed to her use of laudanum, taken in an attempt to quell flooding menstruation. King prescribed an iron supplement and plenty of "exercise in the open air" (King, 1890). Women did not work on the asylum farm, but they did spend time outdoors. One report noted that "at the north end of the Asylum a large area has been enclosed (with 5 ft. open pickets) for women, and laid out with flower-beds, shell-paths, and lawn, a portion of which is daily used for croquet" (Seacliff Asylum Inquiry, 1891, p. 5). Janet would also have enjoyed access to the tennis court in front of the main building. The farm's outputs played a role in Janet's recovery too. She was prescribed "4 pints of milk per diem in addition to ordinary diet" in an attempt to build her up. The treatment worked. Under King's care, Janet's delusions of persecution weakened, she gained nearly half a stone in weight and she was discharged one month after her arrival at Seacliff.

Outdoor activities also featured in the case of Percy Ottywell, 22. Percy had formed an intense attraction to another young man and threatened suicide when the lad's parents intervened in the relationship. Committed in 1889, Percy told King about his interest in "sodomy" and "masturbation". He informed the superintendent that "if I heard any other young fellows whispering about things that they wouldn't speak openly about I began to think that they must be discussing such matters" (King, 1891). King considered

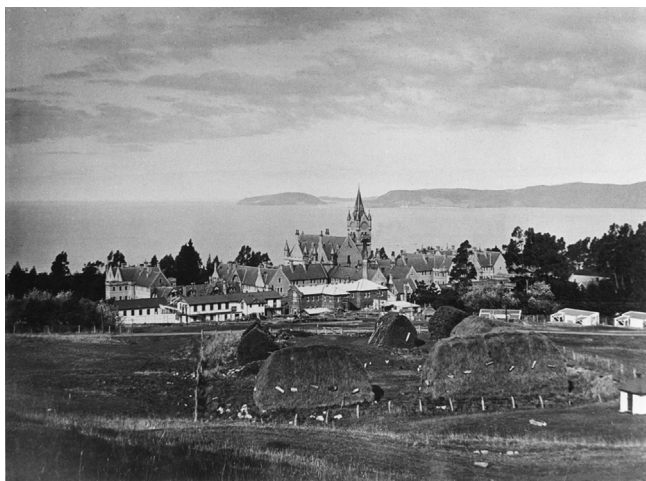


Fig. 1. Seacliff Farm in foreground with Pacific Ocean view in background. Hocken Collections, Dunedin, AG-007-007/001/002.

such interests were “not normal”, and he prescribed a range of outdoor activities: “he is to be kept as far as possible in the open air to be taught tennis. For the greater part of the day he will work in the garden and at Bush Felling etc.” Percy, he wrote, “has held aloof too much from association with his fellows and has been keeping his mind saturated with filthy ideas”, but a regime of work and recreation “would throw him in with his fellows in a healthy way” (King, 1891). In the evenings Percy played billiards and read Dickens in the asylum library. Six months after his admission, he was released (for an extended analysis see Brickell, 2005).

Profound gendered differences are obvious here. Hesketh promenaded around the garden court and played croquet and tennis, but unlike Ottywell she did not labor outside. Her work consisted of indoor tasks, in the kitchen, laundry and sewing rooms (Hubbard, 2001, p. 107). This gendered separation of space was not unique to Seacliff (Monk, 2010: pp. 87–88; Porter, 1992). Coleborne (2009) notes that while farm and garden labor was regarded as ‘men’s work’ at Auckland’s asylum, small garden plots were eventually provided in which women could work. Seacliff had a separate garden for women too – although it is unclear who tended the plots inside the picket fence – but there was nothing small about the grounds in which Seacliff’s men labored: there were large hay paddocks and acres planted with specimen trees and perennials.

It is notable that food features in Janet Hesketh’s case notes, but not those of Percy Ottywell. In nineteenth-century domestic life, women sometimes went without proper food in order that their children and husbands were well-nourished (Labrum, 1992, p. 143). Large numbers of malnourished women entered the asylums; Janet Hesketh was but one. Truby King’s generous and carefully-targeted nutritional regime built up poorly-fed women.

Animals provided important therapeutic benefits, a fact recognized by Tuke at the York Retreat several decades earlier. York’s airing courts had been well-stocked with rabbits, hawks and chickens (Tuke, 1813, p. 96). Animals offered both a connection to nature and an emotional outlet for the patients (MacKinnon, 2009, p. 279). At Seacliff, as farm workers, male patients worked with Clydesdales, sheep and cattle. It is highly likely that cats and dogs roamed the grounds and the vast institutional buildings too. Both men and women had access to the highly-ornate guinea pig house. This was a lovingly-crafted structure of split timbers with a cob chimney. Like the asylum’s other buildings, it allowed its inhabitants a degree of freedom—at least one guinea pig loiters outside the fence (Fig. 3). Behind the enclosure is one of the picket fences that King built to replace the solid walls that once so clearly separated the gardens from the view of the sea.

King became a successful and widely-admired farmer, and his systems were ingenious. He aimed to minimize the transfer of disease; tuberculosis was a particular concern. “The cows are a very useful lot, and about 50 of them are purebred Ayrshires”, wrote one observer in 1899. “The tuberculine test has been applied and the whole herd show indications of possessing strong constitutions” (Burn, 1899, p. 4). There were other considerations too. Most patient workers had no farming background, and King wanted to ensure they could do their jobs effectively:

Visitors to his cowshed at milking times were at first amused to see the Hospital cows wearing labels – so that a cow wearing a blue label round its neck was turned into a blue label stall, and fed out of a blue painted bucket – an ingenious device of Truby King’s to prevent any mistake on the part of the Hospital patients who acted as farm labourers. And it was an idea that worked. He [sic] learned also the value of proper stalls, and leaving the young animals much in the open air (Snowden, 1951, pp. 9–10).



Fig. 3. The guinea pig house, 1897, with a new pallisade-style fence behind. Photograph by William Williams. Alexander Turnbull Library, G-140508-1/2.

In 1906, at a time when New Zealand dairy farmers worried about the performance of their herds, King managed to double his milk production at Seacliff by careful breeding and culling. He measured each cow’s milk yield, and removed poorly producing specimens from the herd (Burn, 1899, p. 4).

Our opening story reminds us that Seacliff also had a highly successful poultry operation, with Buff and Black Orpingtons, White and Brown Leghorns, Silver Wyandotte, Minorcas, Indian Games and Dark Dorkings. There were between 600 and 1000 birds, housed in specially designed fowl houses with outdoor runs. Yards were covered in lightly burnt clay, which, once mixed with manure, provided a valuable fertilizer for the farm paddocks (*Otago Witness*, 30 September 1897, p. 7). The poultry set-up offered other benefits too: “The varied colours of the houses, the picturesque planting, and the provision of facilities for readily seeing the birds in all their stages make the fowl farm a favourite resort for patients” (*Otago Witness*, 30 September 1897, p. 7). The story of the ‘harmless old man’ and the chickens underlines the interrelationship between patients, place and animals at Seacliff.

There was another element to all of this: a degree of self-sufficiency (Bartlett and Wright, 1999; Browne, 1837; Brunton, 2011; Rutherford, 2005). In New Zealand as elsewhere, patient treatment dovetailed with a desire that asylums would generate some of their own sustenance (Beattie, 2008, p. 596). Dunedin Asylum, Seacliff’s predecessor, ran pigs and poultry (Brunton, 2011, p. 316). Porirua Asylum, which opened near Wellington in 1887, had an extensive agricultural operation, with a dairy herd as well as the smaller animals (Williams, 1987, pp. 125–128).

King made considerable headway with the self-sufficiency theme. While his vegetable production “would form a useful, healthy and interesting outlet for the energies of the patients”, he noted its financial benefit too: a saving of “about £250” (Seacliff Asylum Inquiry, 1891, p. 29). Indeed, there was food to spare. By the end of the century, the asylum served as its own butchery, piggery, dairy and lumber mill and produced excess vegetables, chickens and eggs (H.P.H., 1900, p. 44). In 1899, a correspondent for the *Otago Witness* newspaper declared that “no less than 310 dozen eggs from purebred varieties were sold to the outside public last season” (Burn, 1899, p. 4). From his asylum stronghold, King exported advice as well as produce. The *Witness*’s writer

noted: “I should advise those interested in poultry and pigs, dairy-farming and fruit-growing to visit Seacliff, and they will not fail to carry away with them some useful hints for their future guidance” (Burn, 1899, p. 4).

4. Diversification: A place at Karitane

Truby King was ever the expansionist. He sought more land and wider forums for his ideas. In 1898 he acquired a former whaling station from local Maori (King, 1948). This property was located at Karitane, a settlement on the coast north of Seacliff, and serves as one of the best examples of early green care in New Zealand. Writer James Cowan described Karitane's setting:

On the most beautiful part of the East Coast of Otago, where the picturesquely broken coastline and the warm blue seas have reminded European travellers of the Riviera shores, there is a green, hilly peninsula crowned by the remains of one of the most celebrated of ancient South Island fortifications (Cowan, 1906, p. 88).

King built a holiday home on a spot near the former Maori fortification and called it Kingscliff. This was originally intended as a personal retreat for King's family, but it did not remain a holiday home for long (Cowan, 1906, p. 88). King soon brought Seacliff's “recoverable cases” to Kingscliff, where they could enjoy the closer proximity to the ocean. The sounds, smells and general setting constituted additional therapy, a variation from the opportunities up the hill at the asylum. Trustworthy patients even walked six kilometers from Seacliff to Karitane, picnicked, and returned home later the same day (Chapman, 2003, p. 110). “Recoverable” cases sometimes spent two or three weeks at Karitane with nurses (Caldwell, 2001, p. 43). One young woman suffered a broken relationship, had not spoken for three years, and was sent to Karitane in the company of a nurse. Her carer witnessed the woman's recovery: “Oh Nurse, isn't this a beautiful world? I'm glad to be in it” (King, 1948, p. 105).

Karitane patients engaged in tree planting and took part in a fast-growing fishing operation (Church, 2001, p. 33; Tod, 1971, p. 7). This initiative was impressive in its scale and, like Seacliff's poultry and dairy operations, its success quickly eclipsed all expectations. King's Karitane base, with its three fishing vessels, soon began supplying other state institutions. In 1905, the annual catch totaled 75,348 pounds. “About half of this has been used at Seacliff, and the balance has been sent without further charge to various public institutions in Otago and Canterbury,” noted the local newspaper. “The provision of an oil engine for the fishing boat promises to double the supply in future, and if we had a small refrigerating plant there would be no difficulty in providing fish dinners [for Seacliff patients] twice a week throughout the year” (Otago Witness, 1905b, p. 13). Although no refrigeration plant materialized, the Karitane complex did include a smokehouse (Church, 2001, p. 33).

Care and food production continually intertwined at Karitane. After the First World War, Kingscliff hosted returned servicemen who suffered from the various maladies often gathered together under the heading of “shell shock”. Karitane appeared to offer a perfect solution to an imperfect problem: the treatment of large numbers of mentally disturbed soldiers (Weaver and Wright, 2005, pp. 26–27). For these men, Kingscliff offered exposure to nature, views of Clouston's smiling sea, the sound of the waves, gardening, tree planting, games and an enjoyment of leisure prompted by exposure to the elements (Weaver and Wright, 2005, p. 28).

Despite the best efforts of the military and King, there was some discomfort with the arrangement, and military officials' initial optimism abated. Not only did they underplay the severity of many of the soldiers' state of mind, but they were most anxious

to avoid the stigma attached to mental health issues in general—and Seacliff asylum in particular (Weaver and Wright, 2005, pp. 28–29). King had some success with the milder shell shock cases, but not the more severe ones. “Regarding the prospects of recovery,” King wrote to Dr. Frank Hay, Inspector General of Mental Hospitals, and to Colonel Valentine, Director of Army Hospitals, “I am sorry to say there is going to be a larger proportion of hopeless chronics than we hoped” (Weaver and Wright, 2005, p. 27, italics by Weaver and Wright).

Though the fishing operation offered economic and health benefits, Kingscliff's role as a therapeutic retreat solidified King's transformation of Clouston's ideas into something closely resembling today's forms of green care. Some patients, at least, benefited from the sounds of birds chirping and waves lapping, found satisfaction in holding a leek or a grub, or simply took in the vistas of Blueskin Bay and the Pacific Ocean.

5. Conclusion: Successes and continuities

How effective were Truby King's treatments? If discharge rates are any indication of success, their efficacy seems doubtful. By 1907, Seacliff's recovery and discharge rate was 6.7%, lower than the New Zealand average of 9%. In 1922, at the end of King's tenure, the figures were similar. Seacliff had a 6% recovery rate, which compared less than favorably against 11% for the mental hospital in Auckland and 9% for Porirua Hospital near Wellington (Chapman, 2003, p. 65).

Success depended, though, on what was measured. Truby King's dietary changes, for instance, did have a positive effect on patients' weights. In an 1891 discussion of improved meat, fruit and vegetable supplies, King noted healthy weight gains among his charges: “on the average, male patients gain about a stone in weight in the first three months since admission” (Seacliff Inquiry, 1891, p. 4). Inspector Duncan MacGregor, as we have seen, also spoke highly of the “bright and healthy appearance” of the inmates working out of doors, and the fresh air life no doubt suited some (Caldwell, 2001, p. 42). Young Percy Ottywell left the asylum at the end of 1891, well-nourished and confident after six months of outdoor work. He was no longer burdened by thoughts of suicide. Janet Hesketh's life changed for the better too, improved by a regime of milk, iron supplements and fresh air, although her gender precluded the more vigorous activities prescribed for Ottywell.

Others were not so lucky. Truby King's moral therapy, and his nascent green care, could do less for the syphilitic, the senile, those with severe congenital disabilities or the extreme cases of shell-shock. Some of the manic and depressive – categories for whom the later drug therapies would offer greater relief – were discharged during King's tenure, while others remained at the asylum for the rest of their lives (Brookes, 1992, 1995).

Successes and failures aside, Truby King enjoyed a measure of celebrity. He toured the country promoting his views on a range of interconnected topics: risk factors for mental health, human and animal feeding, and the care of babies. Sunshine, exercise and the need for self-control – including the appropriate scheduling of food, rest and exercise for youngsters and asylum patients alike – continued to be the key themes of King's public lectures (Chapman, 2003; Olssen, 1981).

Truby King's preoccupations, and their basis in farming at Seacliff, prefigured some of today's ideas about green care and care farming. King represents a New Zealand connection with practices more common in the UK and northern Europe today. Certainly King's work both drew upon and fed into international practice. Early in his life, King trained in Scotland and imbibed the philosophies of Thomas Clouston; in later years he traveled back to the United Kingdom to spread his ideas on infant care. Just as he had done since arriving at

Seacliff, King preached “regularity, measurement and fresh air” (Chapman, 2003, p. 151). Still, this international engagement, and its proto-green care principles, took shape in a given time and place. Seacliff’s South Seas setting provided plenty of space for exercise, gardening and farming, while Karitane’s spot at the seaside afforded views, sea air and the opportunity to fish. King’s entrepreneurial zeal added another element to the mix, and so too did his ready access to the newspapers and speaking circuits of a small colony. In a land with few physicians as driven or forceful as King, our protagonist made his voice heard.

King’s proto-green care approach stayed with him for his whole career. As long as he remained at Seacliff, he believed in the environmental causes of mental illness (Brunton, 2011, p. 321; Caldwell, 2001, p. 48). He showed little enthusiasm for either psycho-analytic or pharmacological interventions and, accordingly, continued to prescribe proto-green care regimens and therapy for his patients.

In today’s terms, King’s practice brought together animal-assisted interventions (AAI) – the patients’ interactions with cows, pigs and even guinea pigs – as well as social and therapeutic horticulture (STH). Experimentation was the key, rather than a strict adherence to evidence-based treatment. King’s time at Seacliff provided a unique opportunity for the burgeoning psychiatrist and agronomist to test different theories, whether that involved raising chickens or caring for patients. Seacliff became something of a psychiatric and agricultural laboratory.

The King era at Seacliff helps bridge the psychiatric and the agricultural practices, especially when we start from agriculture rather than the psychiatric. Not only do King’s efforts at Seacliff prefigure today’s research on the psychic and physical benefits that exposure to nature has, but they also demonstrate an argument for the centrality of agriculture in wider society discussed under the heading of multi-functionality. The popular emergence of urban and community gardening and farmers’ markets, along with popular films about the fragility of the larger global food system, scratch a societal itch for connection and engagement with food and nature. The examples at Seacliff – one patient lining up the hens by color, another milking a cow with a blue tag in a blue stall into a blue bucket, and others tree-felling – illustrate King’s attempts in the name of psychiatric and community health.

Truby King’s work at Seacliff, and in the wider region and New Zealand as a whole, remind us that what we have today is not all new. King’s Seacliff interventions are the precursors of later shifts in psychiatric practices, precursors that fall within a genealogical matrix of madness, modernity, esthetics, place, health and nature. The story of Seacliff serves as genealogical relative in the drive toward green care, while the farm at Seacliff tells a story of agriculture embedded in the cultural and physical well being of individuals in a particular locality.

Acknowledgments

Thanks to Ikerne Aguirre Bielschowsky. Thanks also to the wonderful librarians and archivists that helped: Sharon Keith and Lois Robertson at Archives New Zealand in Dunedin and the staff at the Hocken Collections in Dunedin especially Mary Lewis. And to Jules Pretty, Hugh Campbell, Chris Rosin, David Hood, and Brian Easton for contributions great and small. This article is dedicated to those who lived, worked, suffered and died while at Seacliff.

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- Thanks to Ikerne Aguirre Bielschowsky. Thanks also to the wonderful librarians and archivists that helped: Sharon Keith and Lois Robertson at Archives New Zealand in Dunedin and the staff at the Hocken Library in Dunedin especially Mary Lewis. And to Jules Pretty, Hugh Campbell, Chris Rosin, David Hood, and Brian Easton for contributions great and small. This article is dedicated to those who lived, worked, suffered and died while at Seacliff.
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