



MENTAL HEALTH IN HISTORICAL PERSPECTIVE

Insanity and Immigration Control in New Zealand and Australia, 1860–1930

Jennifer S. Kain

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Mental Health in Historical Perspective

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*This book is dedicated to those who attempted to point out my physical
and mental defects.*

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ABBREVIATIONS

<i>AJHR</i>	Appendices to the Journals of the House of Representatives
ANZ	Archives New Zealand
CAPD	Commonwealth of Australia Parliamentary Debates
CLEC	Colonial Land and Emigration Commission
CMO	Commonwealth Medical Officer
DRC	Dominions Royal Commission
HCPP	House of Commons Parliamentary Papers
NAA	National Archives of Australia
NZETC	New Zealand Electronic Text Collection
NZPD	New Zealand Parliamentary Debates
TNA	The National Archives, United Kingdom

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CHAPTER 1

Introduction: ‘Lunatic Immigrants’

In April 1923 the Sydney *Evening News* published a story entitled ‘Lunatic Immigrants’ in which it offered a number of significant points regarding border control. The country did not fear the ‘obviously lunatic’, it suggested, but those ill-equipped to ‘battle with Australian conditions’. Immigrants whose insanity rendered them visible were, the writer overstated, ‘promptly detected and returned’. More problematic were those who did not meet the required level of ‘economic efficiency’—the fiscally and behaviourally undesirable types who passed through immigration controls undetected.¹ The same year, Australian Director-General of Medical Services, Sir Neville Howse, similarly linked a lack of productivity in assisted immigrants with their mental fitness. After investigating those who deteriorated after entering the country, Howse concluded that while many had ‘sufficient mental equipment’ to live successfully in quiet English villages, this did not translate to managing the ‘arduous conditions of life in Australia’.² On the challenges of identifying such types, Howse conceded that medical examinations were unlikely to prove effective in this regard.³ Across the Tasman, New Zealand experts agreed that immigrants with ‘a degree of feeble-mindedness’ evaded border controls, and would likely continue to do so. Instead they took solace in their geographic isolation, believing it to have a ‘selective influence on quality’.⁴

Admitting that it was near-impossible to exclude the ‘mentally inefficient’ followed a half-century’s worth of bureaucratic attempts in these regions to prove otherwise. This book examines the border controls in

New Zealand and the Commonwealth of Australia designed to deal with, in legislative parlance, ‘insane immigrants’. Using a policy versus practice comparison these operational challenges are shown to be more than diagnostic in nature. Legislators had to negotiate a number of commercial and moral dilemmas in their attempts to tighten health-related immigration controls. The temperate Australian colonies, and New Zealand in particular, were imagined as ‘better Britains’ where working families would prosper. Furthermore, as methods of transportation improved, these regions were extolled as invalids’ paradises, where wealthier tourists could recuperate from illness.⁵ A paradox is evident throughout each distinct phase of border control considered in this book. Subsequent political administrations accepted the need to exclude the ‘insane’ yet struggled with the ethics and practicalities of rejecting predominately British and Irish immigrants and simultaneously curtailing the all-important tourist trade. Those new arrivals who failed to succeed as good colonists at the furthest reaches of the British world became the antithesis to the ideal white healthy settler. However, despite the view expressed by the writer in the *Evening News*, ‘detecting and returning’ lunatic immigrants was not so easily done.

In the period examined, the language, methods and location at which a migrant’s mental suitability was checked went through a series of transformations. Concurrently, shipping companies were made increasingly responsible for financially maintaining the ‘insane’ they carried. Migrant recruiters, port officials and ships’ doctors were powerless to prevent those who appeared ‘perfectly sane before they left England’ from travelling. Health and customs officers at the receiving port had to determine the fate of those whose state of mind deteriorated en route. None of these officials were trained, nor equipped to be, psychiatric gatekeepers. Those operating in the port microcosms focussed on balancing the prevention of infectious disease with ensuring that shipping traffic flowed unhindered. Determining the fate of individuals who presented as insane rested more on their likely indigency than intellectualising someone’s predisposition for mental illness.

Studying the origins of those whose state rendered them institutionalised was the realm of asylum officials—a theme which features strongly in the study of migration and insanity. As evident from the titles in this field, historians are often concerned with health and migration from an ethnic, regional or diasporic viewpoint.⁶ Much of this work is informed by the richness of asylum records found in a range of geographical regions, in which Australasian locales figure strongly.⁷ Such in-depth analysis is

made possible due to medical institutions maintaining extensive quantifiable data.⁸ In contrast, border health statistics were scant, incomplete and un-standardised.

This book equates the lack of operational visibility with the practical challenges involved. It considers insanity and immigration from the viewpoint of border control, the legalities of which have remained largely under-recognised, or at the very least, under-investigated.⁹ After highlighting the need to consider restrictionist health legislation in New Zealand's immigration history, Angela McCarthy has investigated a number of salient themes.¹⁰ In *Migration, Ethnicity and Madness, New Zealand, 1860–1910*, she recognises how a number of officials were charged with assessing a person's mental suitability throughout the overall 'migration experience'.¹¹ Additionally, McCarthy discusses the implementation of the 1873 Imbecile Passengers Act and provides some evidence of its contested operations up until the end of the nineteenth century.¹² Others have noted the role of asylum reformers in influencing debates about degeneration and immigration control, Marcee Dawson and Catharine Coleborne in particular.¹³ While researchers have acknowledged that migrants were not always institutionalised, their studies are, however, foregrounded in the study of the asylum.¹⁴

BEYOND THE ASYLUM

This book moves the study of migration and insanity beyond the institutional setting by viewing it through a bureaucratic lens. The need for this fresh approach was emphasised in Marjory Harper's collection *Migration and Mental Health: Past and Present*.¹⁵ Using political, procedural and immigration department records, this book unpacks the operational detail of border control. In doing so it accounts for how the policy and practice evolved over a lengthier period than examined elsewhere. The stories of migrants who were not institutionalised are found in administrative or journalistic commentary. This use of this broader evidence base is important. While asylum officials sought to influence practice and nomenclature, standardisation was not pursued at the same pace by border controllers. The dispersed port officials held different skills, priorities and importantly, comprehension, of the terms used to describe the evolving spectrum of mental illnesses and disabilities. The rise of eugenic thinking widened this gulf. In the white settler colonies degeneration became a broad cultural movement because it fed into the concern about public funds support-

ing the unworthy and incapable.¹⁶ The mentally incapable were not always obvious to port officials, or if their ‘oddness’ singled them out for attention, it was not enough to render them institutionalised. While Australians and New Zealanders actively sought to protect their population from internal and external threats, repelling the latter proved most the most challenging.¹⁷ The Commonwealth of Australia took the lead in legislating against the eugenically undesirable. In both regions, however, border controllers struggled to match the policy’s intended outcome.

Furthermore, regulating migration was not only rooted in colonial ports. This book looks at the dual aspects of border control—the pro-active systematic emigration schemes and the re-active immigration restrictions. These methods created an uneasy balance between attracting the sound-minded and repelling the insane, the use of which fluctuated according to demographic requirements. Immigration statutes were essential to the nation-state building exercises of the nineteenth and early twentieth centuries. This legislation and their variants into the 1920s form the cornerstones of this book: New Zealand’s 1873 Imbecile Passengers Act and 1899 Immigration Restriction Act, and the Commonwealth of Australia’s version of the latter enacted in 1901. Across the period surveyed, bureaucrats in both regions faced common setbacks in their attempts to establish and consolidate a robust legal framework. Three key bureaucratic challenges are evident throughout: using repatriation as a form of border control; placating the commercial aspirations of the tourist and shipping operators; and, in an era in which degeneration theories and eugenics came to the fore, how to codify insanity in immigration statutes and their operational provisions. As the details of the immigration cases show, establishing that someone was mentally unsound was subjective. The term insanity was used to refer to ‘unhinged’ or ‘dysfunctional’ behaviour, inherent ‘defects’, and all those who fell in between.

MAPPING BORDER CONTROLS

By foregrounding immigration policy as the main theme, this book examines specifically what Alison Bashford refers to as medico-legal controls.¹⁸ It does so by focussing on their design and results, an approach which, as shown by Jean P. Smith, highlights the broader consequences and conflicts of the intended policy.¹⁹ Analysing these operations means, as Becky Taylor has done with the British 1920 Alien’s Order, considering the dynamics between governmental agencies and the officials who dealt

with migrants in person.²⁰ These encounters were not always transparent, nor captured. In her focus on South African 'frontier guards', Rachel K. Bright found these officials to be mainly anonymous, despite holding much discriminatory authority to decide a migrant's fate.²¹ Records are scant, Bright explains, because the specific individuals making decisions were not the focus of the bureaucratic gaze, but instruments of it.²² The same is true of the Australasian frontier guards, whose actions, but not personal recollections, were recorded in immigration case notes and newspaper accounts.

Furthermore, contact between those deemed undesirable and local officials did not always have a medical context. Other regulatory bodies were involved in the management of disordered individuals, leaving an archival paper trail from which to track their fate. As Will Jackson has pointed out, using non-medical bureaucratic records are essential in this regard.²³ As multiple local authorities attempted to decipher the confused legal framework on a case by case basis migrants were left in limbo, experiencing what Gopalan Balachandran has termed a 'thwarted arrival'.²⁴ Some were forced into a transitory existence between port locations, regions, or even countries, as local officials sought to hasten the departure of those deemed a threat to the community's demographic standards or the public purse. This need became more pressing in the global age of steam. As advances in shipping increased the reach of the 'undesirably mobile', regions sought to tighten their border controls accordingly.

This book adds to the studies of protectionist border practices undertaken for other locations. The medical immigration policies of the United States and Canada have been comprehensibly mapped, the former enabled by the rich sources left by eugenically-minded border controllers operating on Ellis Island.²⁵ In addition to McCarthy's work on New Zealand's Imbecile Passengers Act, useful pointers exist towards the Commonwealth of Australia's medical exclusion clauses. Barry York's collation of the official border rejection rates provides statistical context to the limited official procedural information.²⁶ The Australian efforts to deport long-term inpatients, legislated for in 1920, have been afforded case studies by Philippa Martyr and Jean P. Smith.²⁷ At a global legislative level, the extent of the shared provenance, language and purpose has been recognised.²⁸ However, neither New Zealand's nor the Commonwealth of Australia's versions have been fully dissected, or compared with each other.

In providing a full survey of this multifaceted legal framework this book accounts for its faults and inconsistencies. It expands on current scholarship to provide a detailed analysis of the bureaucracy of insanity and immigration

control from the multiple perspectives involved. This full-rounded analysis offers the opportunity to better understand the ‘in-transit’ legal states experienced by those whose full landing rights were restricted due to their perceived mental undesirability.²⁹ In addition to the experiences of migrants, this book considers the challenges faced by the numerous officials tasked with curtailing the mobility of migrants. The policy and practice analysis undertaken by Smith, Taylor and Bright are crucial reference points here. As Taylor states, examining how medical immigration policy was translated into practice helps understand the attempts to build modern bureaucratic states.³⁰ Whereas the associated studies have been typically concerned with early twentieth-century border administration, this book provides a longitudinal study of the evolution of Australasian immigration control, especially that of New Zealand.³¹ Additionally, it takes a greater account of the eugenic policy and practice within the early twentieth-century framework in both regions. In doing so, it tests Bashford’s assertion that the insanity clauses linked eugenics and immigration most squarely.³² As Diane B. Paul, John Stenhouse and Hamish G. Spencer showed in *Eugenics at the Edges of Empire*, New Zealand was not an ‘inhospitable terrain for eugenics’.³³ This book adds another topic of analysis to this investigation; the policy and practice of border control.

STRUCTURE AND OUTLINE

This book comprises eight chapters, each focussing on distinct periods of migration control. Chapter 2 positions the early to mid-nineteenth century systematic emigration schemes as the first method through which the mental suitability of migrants was policed. While the Australasian settlement colonies were developed as such within different timeframes, each existed as a ‘world without welfare’. Newcomers were expected to be productive and self-supporting. Those who proved otherwise fed the burgeoning ideas around migrant unsuitability and necessitated the replication of British legal structures relating to health, welfare and delinquency. Such localised tensions are apparent in the case of the New Zealand province of Otago. Local leaders and welfare providers feared their region was being used as a destination for ‘imported incurable lunatics’ expelled from the mother country.

Part I of the book examines this theme further against the development, in Eurocentric terms, of New Zealand. Chapter 3 shows how the early provincial concerns emerged onto a national stage in the 1870s. In this decade modernisers took steps to exponentially increase the population

while simultaneously protecting their fragile welfare system with the Imbecile Passengers Act, the intent of which was made explicit in the title. Both approaches relied on the integrity and proficiency of officials operating at each stage of the migration pathway. Policy-makers, recruiters and border controllers grappled with excluding those with episodic mental disorders, and the ethical dilemma of returning them. In the last two decades of the nineteenth century, covered in Chapter 4, border operations were linked with declining demographic standards by political and medical reformers who engaged with their transnational counterparts. The same technological improvements which enabled speedier communication opened up the tourist trade. Shipping operators, holding increased commercial clout, challenged political attempts to make them more culpable for the 'insane' passengers they carried. Bureaucratic plans to tighten policy and procedure were befitting of a more protectionist era. Implementing them was, however, a different matter. The need to attract moneyed tourists for restorative purposes complicated the need to create further border restrictions, while deportation remained an informal ad hoc informal solution to those who could not support themselves. Chapter 5 considers New Zealand's response to the imperially sanctioned 'prohibited immigrant' clause, which provided legitimacy for deporting insane immigrants. The Imbecile Passengers Act remained in force, allowing the bonding system to prevail, a duality compounded by the consolidation of the 1908 Immigration Restriction Act. Planned eugenic immigration measures failed to materialise in the pre- and post First World War periods. Nonetheless, in practice the mentally undesirable were labelled in terms of defect and deficiency. Ultimately New Zealand benefitted from the Australian-driven methods of best practice in the Empire Settlement recruitment schemes, and took solace in their geographical isolation as a natural deterrent.

In contrast, the Commonwealth of Australia—the focus of Part II—took multiple steps to reinvent their version of prohibiting insane immigrants. Chapter 6 examines Australia's insanity clause, enthusiastically enacted as part of creating a system of federal government in 1901. Loopholes, exemptions, and the re-introduction of the bonding provision rendered the new legal framework more porous than intended. This came to the notice of eugenically minded reformers across the medical and political spectrum. Chapter 7 details the bureaucratic attempts to rectify these failings through implementing what contemporaries called the 'eugenic phase' of border control. Key to this undertaking was Commonwealth Medical Officer, Dr William Perrin Norris. Not only was Norris tasked with establishing a sys-

tem of pre-departure medical approval aligned with the prohibited immigration clauses, he sought to maximise their eugenic intent. Ultimately the onset of war stymied his plans and the law's application remained less vigorous than its design. Chapter 8 shows how the Commonwealth of Australia implemented a three-layered system of border control in the 1920s. Finally, the pre-departure medical approval was established, and extended to other dominion regions. Subsequent amendments to the Immigration Act expanded the scope of the prohibited immigrant clauses and allowed for deportation years after arrival. The conclusion, Chapter 9, reflects on the evolution of policy and practice, and offers suggestions on how, and why, those of New Zealand and the Commonwealth of Australia differed. The contemporary resonance of this book's themes are also noted.

Overall, this book asks a number of key questions of immigration control and mental illness in this region. How was policy and practice designed to operate? How, why, and by whom, were individuals singled out as 'insane'? What were the legislation's failings, and ultimately, why did bureaucrats concede that the controls could not be figuratively and literally 'fool-proof'? By considering the policy and practice of these border controls this book accounts for the operational and ideological schisms in establishing and maintaining these 'better-Britains'. Ultimately it shows the very nature of mental illness as too unquantifiable to be accurately measured, and therefore curtailed, by medico-legal border controls. Despite the attempts by bureaucrats to expand the definitions of mental disorder, and to increase the number of barriers against undesirable immigrants, those with transient insanity were still able to enter unchecked. Accordingly, the ability to deport immigrants whose health deteriorated long after they first arrived was the best protection countries could hope to achieve.

NOTES

1. 'Lunatic Immigrants', *Evening News* (Sydney), 23 April 1923, p. 4.
2. Neville Howse, *Migrants: Medical Examination in England* (Victoria: H.J. Green, Government Printer for the State of Victoria, 1924), pp. 15–16.
3. Commonwealth of Australia Parliamentary Debates accessed via Parliament of Australia parlInfo, <https://parlinfo.aph.gov.au/parlInfo/589search/search.w3p>: 'Question: Immigration', 3 April 1924.
4. Appendices to the Journals of the House of Representatives, 1925, Session I, H-31a, 'Mental Defectives and Sexual Offenders: Report of the Committee of Inquiry Appointed by the Hon. Sir Maui Pomare, K.B.E., C.M.G., Minister of Health', pp. 22–23.

5. James Belich, *Paradise Reforged: A History of New Zealanders from the 1880s to the Year 2000* (Honolulu: University of Hawaii Press, 2001), p. 173.
6. The two key collections remain Angela McCarthy and Catharine Coleborne (eds.), *Migration, Ethnicity, and Mental Health: International Perspectives, 1840–2010* (London: Routledge, 2012); Catherine Cox and Hilary Marland (eds.), *Migration, Health and Ethnicity in the Modern World* (Basingstoke: Palgrave Macmillan, 2013). See also Marjory Harper, 'Minds on the Edge: Immigration and Insanity Among Scots and Irish in Canada, 1867–1914', *Journal of Irish and Scottish Studies*, 8:1 (2014), pp. 56–79; Catherine Cox and Hilary Marland: "'A Burden on the County": Madness, Institutions of Confinement and the Irish Patient in Victorian Lancashire', *Social History of Medicine*, 28:2 (2015), pp. 263–287.
7. For an Australasian context see in particular Angela McCarthy, *Migration, Ethnicity and Madness, New Zealand, 1860–1910* (Liverpool: Liverpool University Press, 2015); Catharine Coleborne, *Insanity, Identity and Empire: Immigrants and Institutional Confinement in Australia and New Zealand, 1873–1910* (Manchester: Manchester University Press, 2015). See also Angela McCarthy: 'Ethnicity, Migration and the Lunatic Asylum in Early Twentieth Century Auckland', *Social History of Medicine*, 21:2 (2008), pp. 47–65. In McCarthy and Coleborne (eds.), *Migration, Ethnicity and Mental Health*, see Angela McCarthy, 'Migration and Madness in New Zealand's Asylums', pp. 55–72; Catharine Coleborne, 'Locating Ethnicity in the Hospitals for the Insane: Revisiting Case Books as Sites of Knowledge Production About Colonial Identities in Victoria, Australia 1873–1910', pp. 73–90. This collection also includes the consideration of asylum records in the Caribbean and the Pacific, see Letizia Gramaglia, 'Migration and Mental Illness in the British West Indies 1838–1900: The Cases of Trinidad and British Guiana', pp. 61–82; Jacqueline Leckie, 'Lost Souls: Madness, Suicide and Migration in Colonial Fiji until 1920', pp. 107–140.
8. Angela McCarthy, Catharine Coleborne, Maree O'Connor, and Elspeth Knewstubb, 'Lives in the Asylum Record, 1864 to 1910: Utilising Large Data Collection for Histories of Psychiatry and Mental Health', *Medical History*, 61:3 (2017), p. 360.
9. Alison Bashford, 'Insanity and Immigration Restriction', in *Migration, Health and Ethnicity in the Modern World*, edited by Catherine Cox and Hilary Marland (Basingstoke: Palgrave Macmillan, 2013), p. 15.
10. McCarthy: 'Ethnicity, Migration and the Lunatic Asylum in Early Twentieth Century Auckland', p. 50, and 'Future Directions for the Study of Migration and Ethnicity in New Zealand: Comparative, Transnational and Multidisciplinary Approaches to Records of Insanity', *Journal of New Zealand Studies*, 9 (2010), p. 92.
11. McCarthy, *Migration, Ethnicity and Madness*, p. 9.
12. *Ibid.*, pp. 46–68.

13. Maree Dawson, 'Halting the "Sad Degenerationist Parade": Medical Concerns About Heredity and Racial Degeneracy in New Zealand Psychiatry, 1853–1899', *Health and History* 14:1 (2012), pp. 38–55; Coleborne, *Insanity, Identity and Empire*, pp. 166–167.
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20. Becky Taylor, 'Immigration, Statecraft and Public Health: The 1920 Aliens Order, Medical Examinations and the Limitations of the State in England', *Social History of Medicine*, 29:3 (2016), pp. 512–533.
21. Rachel K. Bright, 'A "Great Deal of Discrimination Is Necessary in Administering the Law": Frontier Guards and Migration Control in Early Twentieth-Century South Africa', *Journal of Migration History*, 4 (2018), pp. 28, 31–32.
22. *Ibid.*, p. 28.
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CHAPTER 2

Populating Australasia with Sound Minds

In 1857, Charles Flinders Hursthouse extolled the virtues of New Zealand as a destination where ‘dyspepsia, ennui, hypochondria and many a demon of disease would find no lurking-place’.¹ This hyperbole did not however ring true for all new colonists, including himself, who succumbed to ill-health regardless of their class or wealth. Furthermore, the labouring poor were not as mobile as Hursthouse whose status allowed him to investigate what he termed the ‘emigrational advantages’ of North America and Australia, before arriving in what became his favoured location.² Hursthouse dubbed New Zealand the ‘Britain of the South’ and promoted the country’s benefits in print and in person to his British brethren until his wanderlust was curtailed by failing mental health.³ Hursthouse spent his final years in the country’s lunatic asylums, including New Plymouth’s, where in 1875 a friend found him in a state of mania, tearing everything he could find into ribbons in order to decorate his person.⁴ In more lucid periods Hursthouse attempted to maintain his literary prowess until his diminishing mental capacity became all too evident. When writing to newspapers his letters contained rogue commas after every third word. Hursthouse’s death at Wellington’s Mount View Lunatic Asylum in 1876 was attributed to an ‘insidious disease of the brain, involving violent convulsions’, leading to a rapid decline towards mental derangement.⁵

Hursthouse’s deterioration was as costly as it was unfortunate. While he and his fellow peddlers of ‘idealisation literature’ promoted the colonies as Better Britains, the same regions were underpinned by a legal frame-

work which rendered them, as David Thompson describes, ‘worlds without welfare’.⁶ Local authorities sought to recoup costs for assisting the ill or destitute using legal frameworks which augmented the need for self-sufficiency and familial support. Hursthouse was not lacking in this regard, benefitting from a number of family members in the colony, including two widowed sisters and several nieces and nephews, including the prominent public servant Charles Wilson Hursthouse. Despite protestations that, as someone who had done so much for New Zealand, he should be cared for by the state, Charles Flinder’s reputation did not render him eligible for free treatment.⁷ He was not, however, the subject of the increasing concerns about so-called ‘imported lunatics’, a term reserved for newer immigrants who required medical attention on, or soon after, arriving. The notion of ‘populating’ these regions—in the Eurocentric sense—assumed one key ideal; newcomers were supposed to be productive, self-supporting, and ultimately prosper in their improved surroundings.

This chapter examines the practical and intellectual responses to those who failed to live up to these expectations. In doing so, it foregrounds the emergence of calls to repatriate immigrants whose mental and physical state proved inadequate for the colonising mission. Tracing nascent migration control requires understanding the provisions required to manage indigent white settlers. As these regions matured and political self-governance beckoned, colonists sought greater control over population standards. Contemporary thinking about pauperism and ‘good character’ evolved into rhetoric about ‘mental defects’ in immigrants. The early to mid-nineteenth century systematic emigration schemes are revealed as the first method through which the mental suitability was policed. As shown by Robin Haines, assisted emigrants in this era were subjected to an ‘intricate and methodical scrutiny’ by their recruiters.⁸ Proving someone’s moral and mental suitability was however, especially problematic. Third party medical certification was subjective and unreliable. Border control was concerned with preventing infectious disease, and ships’ surgeons were ill-equipped to manage emigrants whose ‘insane tendencies’ emerged on the voyage itself.

Asylum historians have shown institutional officials to be key proponents of repatriating insane immigrants.⁹ Going beyond the asylum—into the realms of politics, border control and migrant recruitment—this chapter accounts for the wider motivations and practical challenges involved in curbing the movement of undesirable migrants. Ultimately, it shows the early forms of quarantine, maritime and welfare controls as unsuitable for managing those whose mind became unhinged after leaving their home ports.