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Book Section:

Jackson, WEH (2017) The Settler's Demise: Decolonization and Mental Breakdown in 1950s Kenya. In: Fischer-Tiné, HE, (ed.) *Anxieties, Fear and Panic in Colonial Settings: Empires on the Verge of a Nervous Breakdown*. Cambridge Imperial and Post-Colonial Studies Series. Palgrave Macmillan, pp. 73-96. ISBN: 978-3-319-45135-0.

<https://doi.org/10.1007/978-3-319-45136-7>

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[B] 3. The Settler's Demise: Decolonization and Mental Breakdown in 1950s

Kenya

Will Jackson

'I believe that a whole history is contained in the figure of the native underneath the bed.'¹

Constant to imperial culture was the appearance of strength. In their processions and parades, their rituals and routines and, most enduringly, in their writing, British imperialists presented themselves, their identities and their hold over power as safe and secure. As historians have increasingly come to recognize, however, such acts of self-assertion only thinly concealed a subterranean – and no less constant – strain of doubt. Beneath the pomp and ceremony, anxiety was perennial to empire. Fears of native uprising made manifest a collective vulnerability. Episodes of panic, hysteria and vigilante violence gave expression to this fear. While historians have tended to focus on their irrational quality – the uprisings that were envisaged existed in the realm of fantasy not fact – this chapter takes as its case-study Kenya during the Mau Mau Emergency (1952-1960). Here, colonial fears were justified: there *was* a popular movement afoot to drive the Europeans from the land.² What at first appears like a pathological element in the settler response, however, obscures the fact that the performance of emotion was itself a vehicle for the expression of colonial ideology. By displaying their feelings publicly and writing of their experience retrospectively settlers created the lasting impression of a collective racial sensibility. 'The settler', in short, was an affective ideal.

Looking beyond published writing to those Europeans who were treated for mental illness during Mau Mau provides powerful new perspectives. If fear was pervasive in 1950s Kenya, the evidence of the European mentally ill points to the histories *behind* this fear. What psychiatric case-files specifically show are the ways in which a range of phenomena – poverty,

old-age, traumatic past experiences, isolation, family breakdown – could decisively interact. As supporting evidence for a collective nervous breakdown, however, the utility of those cases with an explicitly racial content is limited: first by their straightforward numerical paucity (for every patient who mentioned Africans or Mau Mau there were four who did not) and second, by the fact that those whose illness did feature Mau Mau were people already enfeebled. Madness may have reflected racial fear but it was the manifest outcome of life-times of accumulated psychic damage. In all these cases individual and family narratives combined with the ‘bigger’ history of the twentieth century. Decolonization from this perspective entailed much more than the political processes that preceded the emergence of independent nation-states. No less relevant was the commonly felt estrangement from empire experienced by those most intimately caught up in its unforeseen decline.

[C] I

‘For the upteenth time I put down my book and listened, my hand on my gun.’ So began the memoir of Cherry Lander, a settler in Kenya whose book, *My Kenya Acres: A Woman Farms in Mau Mau Country*, was published in 1957.³ The image of a solitary reader laying down her book ‘for the upteenth time’ presents the Mau Mau insurgency not as a significant political movement but as irritant and interruption. Also implied here, however, is something of the anxiety by which Europeans anticipated the possibility of a Mau Mau attack. Lander herself took meticulous precautions. She gave up listening to the radio in the evening so that she could concentrate on sounds outside. She placed sheet metal over her windows and double locks on her doors. Each evening she varied her routine and was careful not to silhouette herself against a light. ‘It was just sometimes,’ she wrote, ‘that I got the jitters in the evenings’. On one night in particular:

I woke up with the awful feeling that I was surrounded. Something was pressing on all sides of the house, closer and closer. I lay very still, hardly daring to breathe from fright,

but whatever it was didn't make the attack I was expecting. At last curiosity overcame me, and I crept shakily out of bed to peep cautiously out of the window into the faintly moonlit night. It was cows.⁴

With her image of cows (symbol themselves of the settler-farming by which colonial Kenya was romanticized and defended) Lander invites her reader to share in her own feelings of relief. It was the nights that were terrifying, their worst feature 'the nervous tension created by living among the evil which was known to be there, but which took no concrete form'. Mornings brought deliverance. As each new day's work began, 'we felt it was another day gained from the amorphous threat which we knew was around us'. Alone in the darkness, however, Lander spent her time constantly alert, facing the door, gun to hand. 'At the slightest noise my heart would thump and if the dogs barked I would jump with fright.'⁵

Scholars of various stripes have alluded to the intrinsic and pervasive nature of colonial fears.⁶ Of particular relevance here is work that has focused on the unique position of the white settler. Unlike members of the colonial administration, settlers came to stay. A challenge to their position, then, struck at the very core of their identity, jeopardizing not only their security in the present but the prospects for their future (and that of their descendants) as well. Hence the neurosis of the settler colony, manifest not only in the figure of the native insurgent but also in anxieties over European degeneration, the debilitating results of climate and the possibility that the land would ultimately turn against the settler project.⁷ As Norman Etherington has argued, in late Victorian Natal panics over the rape of white women and the possibility of a Zulu invasion were the expressions of 'an underlying, non-specific fear'.⁸ Long after the 1896 rebellion in Rhodesia, rumours of another native rising continued to intermittently panic the white community. 'The fear of a reprise,' suggested Dane Kennedy, 'ravaged settlers' peace of mind'.⁹ The panic that gripped South Africa's Transvaal in 1904, according to Jeremy Krikler, proved settlers' 'chronic insecurity'.¹⁰ Most recently, Bill Schwarz identified fear as the perennial feature of the settler experience. 'Fear', Schwarz argued, 'was endemic'.¹¹ Lorenzo

Veracini agrees. ‘Ongoing concerns with existential threats’, he writes, ‘and a paranoid fear of ultimate decolonization can be seen as a constituent feature of the settler colonial situation’.¹²

What Veracini identifies as paranoid had become by the post-Second World War period entirely real.¹³ With this in mind, this chapter locates the emotional experience of empire – and, specifically, that vulnerability to which scholars have so frequently returned – on the precipice of empire’s end – when native insurrection represented the realization of settler fears and when the colonial project was beginning to unravel in political no less than psychological terms. It takes as its case study Kenya in the 1950s, a time when the Mau Mau insurgency ignited all sorts of imaginative associations linking Africa and Africans to violence, savagery and ‘unspeakable rites’.¹⁴ Historians have long-recognized the instrumental function of the Mau Mau myth (presenting Mau Mau as atavistic or evil clearly served a delegitimizing role)¹⁵ but they have tended to take seriously nonetheless the existence of a pervasive and entirely authentic fear. The Kenya settler was, in John Lonsdale’s words, ‘the settler alarmed’, his reaction one of ‘pained panic’.¹⁶ The realization of African conspiracy, wrote Kathryn Tidrick, released settlers’ accumulated fear and hate ‘with explosive force’.¹⁷ The violence of their response was ‘spectacular’.¹⁸ ‘The secret oathing of farm workers’, David Anderson argued, ‘and the rumours of a planned rebellion tapped into a deep well of settler anxiety about their vulnerability amid a hostile African majority.’¹⁹ Such anxiety was intensified by the randomness of attacks, the nature of the violence involved and the fact that trusted domestic servants were frequently implicated in attacks. ‘The invasion of the domestic space’, Anderson went on, ‘added another deeply disturbing psychological aspect to the violence: you knew your killer and he knew you.’²⁰

Recounting the settlers’ reaction to Mau Mau, Anderson emphasized the murder of one settler family in particular, the Rucks, in January 1953. The Rucks were emblematic of all that white Kenya valorised: popular, sociable, hard-working, well-liked. ‘It was in people like these that the future of white settler society was embodied’, writes Anderson, ‘[and] in the death of

the Rucks, hope for that future seemed to dim'. On the night of the 24rd January Roger Ruck, his wife Esme and their six-year-old son, Michael, were hacked to death by a Mau Mau gang. The killing of the child was the ultimate outrage; photographs of Michael's blood-spattered nursery were printed in Kenya and around the world.²¹

What is particularly striking about Anderson's account is his discussion of the settler response. Almost immediately, a march was organized on Government House. Within 48 hours of the murders, the governor of the colony, Evelyn Baring, was besieged. Anderson cites Michael Blundell, a settler politician holed up at Government House with senior officials and who saw the crowds outside:

This was my first experience of men and women who had momentarily lost all control of themselves and who had become merged together as an insensate unthinking mass. I can see now individual pictures of the scene – a man with a beard, clutching his pistol as he shouted and raved; another with a quiet scholarly intellectual face, whom I knew to be a musician and scientist, was crouched down by the terrace, twitching all over and swirling with a cascade of remarkable and blistering words, while an occasional fleck of foam came from his mouth.²²

That 'insensate, unthinking mass' signalled a dramatic inversion: while typically in colonial discourse the crowd figured as an expression of the amorphous 'other', be they the teeming masses of the European slums or the barbarian hordes at the imperial gates, here it was the colonizers themselves that were merged into an unindividuated, unthinking pack.²³ The sobriety and self-control associated with scholarship and science had degenerated into animal lust. The civilized had gone savage. As first-hand testimony, this reads as vivid and seemingly compelling evidence for the mental turmoil that followed 'native' insurrection – and apparent proof for what Margery Perham described as the 'pathological atmosphere' that permeated the European community in the early stages of the Mau Mau Emergency.²⁴ Notably, Anderson has argued elsewhere that in Kenya panics over 'black peril' were triggered by assaults upon the innocent and helpless – children and the elderly – unlike elsewhere in Africa where the focus

was on white women.²⁵ Those either at the beginning or at the end of their lives embodied the very impermanence of the settler state. From this perspective, the killing of Michael Ruck represented perhaps the ultimate desecration of the settler dream, his vulnerability as child standing for the vulnerability of the colony itself. If the hysteria that followed his murder might be taken as evidence of some sort of settler mental breakdown, however, amongst those Europeans actually certified as mentally ill during this period we see something very different. Of these, only a small proportion made reference to Mau Mau. None expressed anything of the public hysteria seen at Government House. Nor did they talk, as did so many memoirists, of the defensive measures taken to fortify their homes against the forest at their edge.²⁶ The histories of Kenya's 'white insane' do, however, bear the very strong imprint of decolonization. Indeed, as a documentary corpus their case-files are framed above all by the fact of a settler-colony in decline. It was a decline, however, that was prosaic first of all. The European insane did not suffer from a collective fear of African's impending freedom, just as they did not suffer from a collective breakdown during Mau Mau. Decolonization had significance not so much as a prospect in Europeans' minds but as the collective back-story to their lives. Its relevance was not so much an object of dread – that is to say, as something positioned in the future – but, rather, as the cumulative causative force that was the European collective past.

[C] II

Although it is difficult to be certain as to precise numbers, it is likely that as many as one thousand Europeans were admitted to the Mathari Mental Hospital in Nairobi between the start of the Mau Mau emergency in 1952 and its conclusion eight years later.²⁷ There is not the space here to attempt any sort of comprehensive account of these people, the nature of their lives or the manner of their treatment.²⁸ Instead I propose to place those textual fragments that resonate with Mau Mau into deeper biographical context. Doing so presents difficulties as well as advantages. In seeking to understand their disorders, psychiatrists listened keenly to what their patients had to say. Their recording of this material, however, filtered through contemporary

medical frameworks, is liable to say as much about the preoccupations of the psychiatrist as it does about the patient. In any case, to seek a ‘true’ representation of madness – that is to say, a singular explanatory answer to make sense of a person’s distress – is hardly realistic. No life is coherent until it is *made* coherent, whether by the psychiatrist, the historian or indeed by the individual who chooses to speak or write of their past. Moreover, whereas an investigation into the social meaning of anxiety or fear tends to involve the mapping out of some sort of prevailing discourse, in psychiatric life histories we encounter a kind of source material that is by nature peculiar: at once more fragmented, more dispersed and more enigmatic than published sources such as newspapers might allow. Despite their essentially idiosyncratic nature, however, what emerges from these case files when examined together is the unmistakable imprint of the past. Racial antipathies, it transpires, emerged from histories that traversed the twentieth century – and the world. Fear of Mau Mau was only one element within complex individual lives. The settler’s demise in Kenya was as much to do with social disintegration within the European community as it was any intrinsic racial hatred within the settler mind.

Take, for example, the case of Madeleine Carson.²⁹ Carson, aged fifty, was treated at Mathari for two short periods in the summer of 1957. At first glance, race appears to figure prominently in her illness. ‘The existence of Indians and Africans’, she told doctors, ‘is filthy to me’. During treatment, moreover, Carson showed ‘a very strong and pathological contempt for African attendants’ which, doctors judged, ‘was out of all proportion to the justification’.³⁰ Taking these details in isolation might appear to support the view that Mau Mau intensified racial fears. In particular, Carson’s description of Africans and Indians as filthy chimes with the pervasive colonial association of racial difference with dirt and disease.³¹ One might interpret Carson’s madness, therefore, in terms of pollution: coming into close proximity with Africans and Indians disturbed the safe distinction between the purity of the self and the corrupting presence of the racial ‘other’. Carson’s very identity, then – itself inseparable from her social designation as white – was felt to be in danger, a danger only heightened when the

widely-publicized oath-taking rituals of Mau Mau took connotations of filthy perversion to lurid extremes.³² When we look at Carson's statement in context, however, we gain a more revealing perspective. The following is the psychiatrist's annotation in full: 'Existence of Indians and Africans is filthy to me – I cannot stand this lack of hygiene – such barbarians – such grime of years in bathrooms etc.'³³

'Such grime of years' suggests an element of material privation with which Carson's racial anxieties were combined. Racial fear gave expression to social degradation. Indeed, zooming out from the explicitly racial content in Carson's case-file we encounter many of the features that characterized the European mentally ill during Mau Mau. Carson had come to Kenya in April 1957 from Johannesburg to join her husband. He, in turn, had left South Africa after being declared bankrupt. On the day before Carson left Johannesburg to join him, her mother died. Notably, and like a significant number of other European patients at Mathari, Carson had experienced mental health problems before. In 1935 she had suffered a nervous breakdown after the termination of an engagement. In 1939 she gave birth to a still-born child (later, she said, the suffered 'delayed shock'). In 1941 Carson gave birth to a second child, who survived, but she was forced to leave him in South Africa when she moved to Kenya to follow her husband.

Carson spoke in some detail about the distress caused by her husband's bankruptcy. 'He lost everything', she recalled '[and] we went to live in a hovel'. Previously, Carson had worked as a teacher; when she moved to Kenya she bought dresses, anticipating a social life. That life did not come to pass. Indebted, isolated, estranged from her son and her home, Carson found 1950s Kenya an alienating, dispiriting place. While it would be dangerous to assert our own account for her mental state it is nonetheless the case that the proximity of 'filthy barbarians' represented both more and less than the activation of colonial common sense in pathological form.

On a number of other case-files, apparently telling details take on new meaning when placed in deeper biographical perspective. Joanna Harvey, treated at Mathari in 1955, believed that her African cook was poisoning her. Testimony from Harvey's husband, however, revealed that ten years previously she had had an affair with an RAF officer and fallen pregnant. The baby was adopted at birth. Harvey had not seen it since. Since then, Harvey had been keen to have another child but her husband 'would not allow it on economic grounds'.³⁴ Here, the emotional conflicts of a troubled marriage intersected with prevailing colonial discourse to shape what Megan Vaughan has termed 'the idioms of madness'.³⁵ To understand Harvey's fears of poisoning as the manifestation of collective social neurosis must be to tell only a fraction of her story. Racial fear – the native under the bed, the malevolent cook – had purchase only when psychic damage was already done. Carman Brownlee told doctors of dreams in which she was 'attacked by a kaffir'. She was also, however, troubled by the belief that her husband 'had other women'. While the 'attack by a kaffir' bespoke the nightmare of white minority rule (the term 'kaffir' suggests a South African provenance), the uncertainty over her husband's fidelity is explicable in part by the fact that at some point in the recent past he had been 'away for four years' (Brownlee's case-file does not state when, where or why). Significantly, it was during those four years that Brownlee began drinking. She consequently spent a year at an institution for alcoholics in South Africa but by 1953 was drinking methylated spirits. Here the political and the familial were configured as mutually enforcing terrors: neither the absent husband nor the disloyal servant could be trusted. Comprehensible partly by her husband's earlier absence and partly by the Mau Mau emergency, it was the mutually aggravating combination of these fears that gave them force.

It was not only amongst female patients that Mau Mau appeared within the substance of mental illness. Anthony Atkinson was one of the several thousand British army servicemen sent to Kenya to 'fight the Mau Mau'.³⁶ In February 1954 Atkinson was certified as schizophrenic and confined to Mathari pending his transfer back to the UK. Initially he had come to

authorities' attention when he fired off his rifle without authority to do so. During treatment, however, Atkinson told doctors that 'the vigilantes' were after him and that 'the black cooks all [were] Mau Mau'. It is powerful, if fragmentary evidence, suggestive of the terror that military counter-insurgency operations could entail. But racial fear was combined with earlier family trauma. Specifically, it was discovered that Atkinson's parents had been jailed for neglect of their children. At fifteen, Atkinson had been treating for 'fainting fits'. Doctors noted: 'VD – says yes. Alcohol – says heavy. Psychiatric exam in 1952 because always in trouble.'³⁷

In other cases, Mau Mau featured as one element within a range of delusional content. Doctors treating Madeleine Morrison for schizophrenia in 1953, for example, noted:

Restless, afraid of Mau Mau – testing doors – breaking windows – attempted to drown herself in bath – hears voices of God – described communist and Nazi plots – involved accounts of concealed bodies – wireless beams – noxious fumes etc.³⁸

Admitted to Mathari just a week after the Ruck murders, it is unsurprising that Morrison mentioned Mau Mau. Any colonial aspect to her delusions, however, should be located within the wider historical canvas suggested by her descriptions of communist and Nazi plots. Morrison also told doctors that she believed the African staff at the hospital to be 'communists, carry[ing] concealed pangas'. It is an image that eloquently combines the symbolism of savage Africa with wider Cold War fears. Troubled Europeans in 1950s Kenya did not draw their emotional experience from Africa alone. That Morrison had worked in the intelligence division of the Women's Auxiliary Air Force during the Second World War and had spent time in Transjordan, India, Cairo and Cyprus in the later 1940s goes some way to illuminate the objects of her concern.

Many Europeans described traumatic experiences related to the Second World War. Often these details appear in cryptic form: a scribbled notation in the case of Valerie Chaplain, for example, that she has been 'nervous since the Blitz'.³⁹ Harriet Robins was admitted to Mathari

in 1954, ten years after she received the telegram informing her that her only son, serving in the RAF, was missing, presumed dead.⁴⁰ Both Maria Kleinmann and Katherine Galuska had lost family members in the holocaust.⁴¹ Alberto Severino, an Italian working on a British-owned farm had fought in the Second World War and been taken prisoner in Abyssinia in 1941. For six years he was incarcerated in a POW camp before returning to Europe – and to Kenya in 1952. With no relatives to care for him, immigration officials were anxious to know whether his mental affliction was likely to persist. At discharge Severino was thought to be recovered but what the remainder of his life entailed is unknown.

A more complicated case involved Eva Sokolowski. In November 1954 Sokolowski was transferred to the Mathari hospital from Tanganyika where she had been living with her husband, a livestock control officer. Sokolowski had a tortuous past.⁴² Born in Poland, Sokolowski was one of the 1.7 million Poles deported to Siberia after Hitler and Stalin partitioned Poland in 1939. When Germany invaded Russia in June 1941, Stalin reconciled with the Polish government-in-exile and agreed to the release of tens of thousands of Polish deportees. Sokolowski was one of these. In the summer of 1942 she was transferred with her family to Persia and from there via India to a refugee camp in Northern Rhodesia. Aged sixteen when her country was overrun in 1939, Sokolowski is likely to have experienced extreme privation: thousands of her fellow Poles died in Siberia; many were summarily executed by the Russians; many more died of disease.⁴³ Her symptoms, however, have no direct or explicit connection to her traumatic past. Instead, like those of Carman Brownlee, they interleave the possibilities of marital betrayal with those of ‘native’ conspiracy. In August 1954, Sokolowski began complaining of her husband’s behaviour. She accused him of trying to poison her, of pimping with African prostitutes whom, she believed, he then had murdered, dissolving their bodies in acid.⁴⁴ When interviewed by doctors at Arusha, she poured out a stream of invective against her husband:

She said he was trying to make her a prostitute by giving her aphrodisiac in the form of rhinoceros horn. She said that he forced her to have intercourse with Africans and used her as a prostitute. [H]e is trying to poison her [...] and has previously killed many of his African women and then given them the acid treatment. She says he does not like natural sexual intercourse, but demands sodomy. She says he is habitually drunk all day.⁴⁵

Sokolowski's delusions dramatically collapse the dominant contemporary image of the benevolent settler-patriarch. Historians are well acquainted with the subversive quality of sex between colonizers and colonized but what we see here are the psychological ramifications of a regime that forbade so strenuously the slightest possibility of a physical desire between white and black. In Sokolowski's disordered mind, that possibility was displaced onto her husband, a man of whom we know very little – other than that it was due to the demands of his work that the couple left Northern Rhodesia for Tanganyika (notably, Sokolowski's claim that her husband was habitually drunk was corroborated by the Tanganyika doctor who referred her). Perhaps most striking in the detail of this case, however, is Sokolowski's belief that her husband was giving her an aphrodisiac in the form of rhinoceros horn. In 1950s Kenya so-called 'white hunters' propagated the myth that Arabs and Indians used rhino horn as aphrodisiac. One of the most famous, J. A. Hunter, wrote in 1952:

These horns are used for a curious purpose. Orientals consider them a powerful aphrodisiac and there is an unlimited demand for them in India and Arabia. No doubt any man who has a harem of thirty or more beautiful women occasionally feels the need for a little artificial stimulant.⁴⁶

The harem of 'thirty or more beautiful women' was clearly a white, male fantasy. Across the British Empire the possibility that white women might enjoy anything like the sexual licence accorded to their male counterparts was formidably debarred.⁴⁷ The symbolism of the rhinoceros horn, then, carried a powerful yet ambivalent charge: white men's possession of

native bodies represented their possession of native lands as well but in the possibility that African or Asian men harboured a corresponding desire for white women was contained all the vulnerability of colonial rule. Male sexual prowess, then, was an expression of imperial power *and* weakness, while the white female body came to represent both the value and fragility (or to borrow from Mary Douglas, the ‘purity and danger’) of the collective racial self. Eva Sokolowski’s delusions crystallize this simultaneity of power and weakness but, more importantly, demonstrate the very real human consequences to which that simultaneity gave rise. They show, in other words, how colonial ideologies were ‘lived’; how they were translated into subjective human experience. While the language of madness provides a text of sorts, however, the fact remains that madness cannot be read out of biographical context. The great value of the psychiatric case file from this perspective is that it combines the psychopathology of empire with its history. It joins together ‘black peril’ with the Soviet gulag and connects the human history of decolonization with the traumas of Europe’s own conflicted recent past.

[C] IV

The terror of Mau Mau operated with unifying, centrifugal force: to be afraid was to feel within that emotional range marked ‘white’. Yet the hysteria so pervasive in Kenya during Mau Mau was a form of pseudo madness; a demonstrative display of racial rage. Unlike those raving outside Government House in January 1953, those Europeans actually treated for mental illness shared no common point of view. While memoirs of the time typically began with recollections of an inspired decision to settle – of the conception of the settler dream in the would-be settler’s minds-eye – the case histories of the insane show a far more hesitant, accidental and incoherent trajectory. Mary Grayson had come to Kenya because ‘she was shy and retiring and thought people did not want her’.⁴⁸ Rowan Brookes had been sent out by his employers, an insurance company.⁴⁹ James Jackson and Randall Headley were both referred to Mathari by doctors in Tanganyika. Jackson worked on a tobacco plantation; Headley had been a foreman on the railways.⁵⁰ Others had spent their early lives in South Africa before moving north in search of

work or to get away from family scandal.⁵¹ Eleanor Wylie moved from Nairobi to Johannesburg after she married in 1939. Her husband's death in 1952 punctuated an already unstable existence. Her case-notes record:

She entered a home in Johannesburg end of 1951 – stayed 2 or 3 weeks; has been in hotels [in] Salisbury for last 10 months; cannot hold a job; has not worked since October; living by herself and indulging in solitary drinking.⁵²

Of the male patients treated at the hospital, just under a third had experience of military service.⁵³ Dominic Keaton joined the army in 1956 aged seventeen, having spent the previous ten years of his life in an orphanage.⁵⁴ Donald Harmiston had deserted from the merchant navy. 'He had been torpedoed at sea', his records state, 'and was adrift on a raft for three days after which his mind became a blank.'⁵⁵ When race does figure in these narratives, it points less often towards pathological fear than it does towards more quotidian kinds of conflict and confusion. Barbara Dalton, a community welfare officer treated for depression in 1957 had arrived in Kenya from Southern Rhodesia. Under 'personal history' her case notes record:

Place of Birth: England. To Southern Rhodesia 19 May 1952; to Kenya 8 Jan 1955. To Kenya from Southern Rhodesia where they do not give home leave. Reason: That's quite complex – I've travelled a lot – during war – Ceylon, Singapore. One day got fed up, went to Rhodesia House.⁵⁶

In Rhodesia, Dalton struggled with the racist divisions that structured settler society. She did not like the colony, her doctor noted; it was 'flat and dry' and Dalton was alienated by 'European attitudes to the Africans'. The colour bar, she recalled 'was very strong'. Historians have written at length about the ways in which racial ideologies had by the mid-twentieth century lost much of their intellectual force. The experience of Barbara Dalton, however, shows how this changing landscape was viewed at the level of human experience.⁵⁷ Specifically, we see the emotional conflict that could emanate from the very divisiveness that supported colonial

privilege. As a welfare worker, Dalton was committed to the developmental ethos that characterized British imperial policy in the 1950s. But the resistance of Africans to change as predicted was no less frustrating than the racism of the colour bar. 'She has become rather bitter about this,' a psychiatrist recorded: '[realizing that] the African doesn't really want to change [...] shouldn't expect the Africans to be grateful; they're not the same as we are. Gets fits of depression.'⁵⁸

Dalton was disillusioned – first by the fixity of the colour bar; later by the failure of her own liberal ideas for colonial progress. So-called settlers themselves, no less than statesmen and officials, struggled with the contradictions to which late-colonial racism gave rise.

The term 'settler', we should recall, carried ideological claims: it implied not only a common emotional response to the colonial environment but also a shared migratory heritage. In Kenya, the romance of settlement rested on the vision of an Anglophone 'home county' transposed to East Africa's wide open spaces. In fact, Europeans in 1950s Kenya came from all over the world, testament to the turbulence and fluidity of the post-war years.⁵⁹ 'Britain's fairest colony' was a polyglot world: rumours of Mau Mau activated memories from Kandy to Karachi, Shanghai to Singapore.⁶⁰ Andrew Gumbal had spent the five years prior to his admission in 1956 working across East Africa but had been in India prior to that. His history on the sub-continent combines a personal narrative of drug use and tropical disease with the larger political history of Indian independence. Referred to Mathari from the European Hospital in Nairobi, Gumbal believed that he was under the influence of hashish: he heard 'groans and moans' and saw 'dreamy visions'.⁶¹ While in India, Gumbal smoked Indian cheroots; doctors speculated as to whether he smoked ganja as well.⁶² If he did, its effects could only have been compounded by a catalogue of debilitating somatic illnesses. 'He has had repeated attacks of malaria, including black-water fever in 1932', it was noted. 'He has also suffered from both amoebic and bacillary dysentery.'⁶³ After Indian independence Gumbal moved to Zanzibar. In

his own hand-written account Gumbal spliced together his own life narrative with the larger history of decolonization:

1926-1947: India, usual tropical diseases and malaria and dysentery.

1947 – last 6 months – commanded an AFI battalion during the massacres and atrocities.

Several nightmares towards the end.

1948-1950 – Zanzibar – a lot of unhealthy work in the mangroves. Plenty of malaria and probable exposure to encephalitis.⁶⁴

The massacres and atrocities to which Gumbal referred were those that accompanied Indian partition, when as many as a million people were killed.⁶⁵ The nightmare that was Indian independence represented, as did Mau Mau, a violent inversion of the entire socio-political edifice that had structured British imperial lives, undermining people, in the words of Marilyn Lake and Henry Reynolds, whose entire sense of self ‘was constituted in relations of racial domination’.⁶⁶ ‘A lot of unhealthy work in the mangroves’ resonates less with Mau Mau, however, than with an earlier imperial discourse invoking in fetid nature the potential degradation of the white man therein.⁶⁷ Having spent twenty-three years in India, for Gumbal the pains of a disintegrating empire coincided with the pains of his own mental and bodily decay.⁶⁸ ‘Kenya is a young colony’ was the preamble to many arguments in defence of colonial rule but by 1950 the pioneers of the pre-war days were growing old and infirm. Leslie Barton had come to Kenya in 1919 as a soldier-settler having served as a flight commander in the First World War. At one stage he had owned 35,000 acres but, by the time he was admitted to hospital in 1957, he occupied a 300 acre smallholding. Aged sixty-four, Barton was in failing health. Diabetic and overweight, he suffered from jaundice and was rapidly losing his sight.⁶⁹ Referring seventy-year-old Alison Grey, to Mathari in 1956, a Mombasa doctor wrote:

This lady, who is alleged to have won several decorations in World War I as a nurse is now in her sixties. She is becoming mentally senile... She had no relatives in this country

(and few in the UK who seem to take much interest in her)... She has spent the last few years in and out of second rate hotels. These places are only too pleased to get rid of her when the season starts, as she is not good for trade.⁷⁰

Grey was referred on to a Nairobi nursing home but other elderly Europeans died, either at the Mathari hospital or soon after discharge. Many of these older Europeans had no family in the colony to support them. Graeme Round, an alcoholic treated in 1956 had been working as a field assistant on a sisal plantation. Having spent over thirty years in Kenya, all his family members, Round reported, were dead. Only a few 'stray uncles and aunts' remained but they did not write and their whereabouts were unknown.⁷¹

[3] V

While fear of Mau Mau was a theme running throughout Cherry Lander's memoir, the character of her fellow settlers was another. 'It is the people who count,' Lander wrote. This, she said, was 'the secret of Kenya'.⁷² The first settler-farm she encountered in the colony, she recalled, belonged to the Winters. 'It was here that I found what charming people farmers and their wives were,' Lander recalled. The Winters had been in the colony for thirty years; their home, with 'fine silver, cut glass, an elegant hostess, and all the comforts of civilized life', was 'a mirror to themselves'. Ann Strong, another settler, was 'one of those warm and friendly people whose nice disposition [showed] in her attractive face. Natural and charming, she [was] a first-class cook and an expert gardener. [...] When she changed from her working clothes she was always beautifully turned out.' Bill, Ann's husband, was 'wise' from many years in the colony. The couple's home had, for Lander, 'that delightful mixture of hard work and comfortable living which seemed to characterize the spirit of Kenya'.⁷³

That 'spirit of Kenya' carried powerful political freight. What is more, it was embodied, in a discursive ideal that rested upon the ways in which 'the settler' felt as much as upon what he said or did. While the settler ideal was unequivocal – these were people inspired by the

colonial project, committed to its fulfilment and traumatized by its apparently proximate loss – Europeans themselves were hardly endowed with the subjectivity accorded to them in contemporary discourse. If published accounts of Mau Mau appear to afford ample evidence for the terror that it induced, it is important to note their discursive limit. Settlers may have admitted retrospectively to being afraid but they wrote firmly within the parameters of literary convention. A discourse that emphasized their defensive measures bespoke settlers' resourcefulness and courage no less than their anxiety or fear. Besides the vigilance attributed to them, the histrionic quality of their reaction to Mau Mau served clear political ends. Rather than indicating colonial weakness, the myth of Mau Mau worked to the distinct advantage of those who advocated that African rebellion be forcibly suppressed. Mental agitation worked as political agitation; emotional turmoil was publicly performed.

As Jonathan Hyslop has noted, episodes of panic have tended to be explained in either political or psychodynamic terms.⁷⁴ Instrumentalist accounts have shown how the (frequently violent) expression of colonial fears worked to reinstate embattled hierarchies of gender, class and race whilst strengthening embryonic or transitional political regimes.⁷⁵ Others, following Frantz Fanon, have identified certain psychological predispositions as intrinsic to the colonial 'situation'.⁷⁶ What neither perspective allows for is the highly variegated nature of the colonial experience. Fear had diverse effects depending on the social position of the individual concerned and the emotional hinterland to their lives, Racial terrors coursed unevenly through the colonial mind. Thus, the murderous or conspiratorial native could exist simultaneously as a fragment of colonial ideology, as an element in the myth of 'savage Africa' and as a catalytic, causative or component part of a particular individual's troubled mental state. If the category of the settler was as much an emotional as a behavioural construct, however, what is striking about those Europeans designated to be mentally ill is that they were all, in various ways, socially marginal and, by extension, racially suspect. Indeed, one hardly needs to subscribe to the view that Kenya's white insane were confined *because* of their racial shortcomings to

recognize that across the considerable diversity of their circumstances the one thing they held in common was their signal lack of a settler subjectivity. Pertinent here may be the analytical distinction to be made between the settler and the migrant. While ‘settlers’ by definition succeeded – in their endeavours to replicate their culture overseas and contain the resistance of those already there – the migrant was forced to reckon his personal aspirations against social and political forces outside his control.⁷⁷ In 1950s Kenya the migrant had replaced the settler. Those contributing to the myth of Mau Mau created the lasting impression that Kenya was in the grip of a collective nervous breakdown but these were all people securely within the settler fold. While the politicians, memoirists and newspaper-correspondents recycled the image of a frightened yet defiant settler archetype, the life-histories of the mentally ill point to a far more diverse emotional and experiential range. Nor should the fact of their treatment render those judged to be insane as exceptional: census, welfare and immigration data from the post-war years indicates a European community characterized by unprecedented levels of transience, poverty and social distress.⁷⁸ Most importantly, in their attempts to document their patients’ disorder psychiatrists reached out beyond Kenya – and beyond the present tense. Thus we can appreciate the genealogy of mental illness: Mau Mau nightmares were only the visible expression of the traumas that marked Europe’s own debilitating past. At the end of empire it was not so much the fear of weakness that marked the settler’s demise but the fact of it.

[c] Notes

¹ André Brink (2009: 43).

² Mau Mau, of course, was more complicated than this. See Daniel Branch (2009).

³ Cherry Lander (1957).

⁴ Cherry Lander (1957: 51).

⁵ Cherry Lander (1957: 18, 89, 105).

⁶ Ashis Nandy (1983); Henry Reynolds (1987: 9-13); Elleke Boehmer (1995: 21-22); Paul Carter (1996: 30); Ranajit Guha (1997: 482-493); Linda Colley (2000: 189); Brian Axel (2002:198-199); Ricardo Roque (2003: 105-124); Jon Wilson (2010: 45-74); Elizabeth Kolsky, (2010: 163); John Darwin (2012: 116); Kim Wagner (2013: 159-197); Maurus Reinowski and Gregor Thum (2013).

⁷ Lorenzo Veracini (2010: 81); Dane Kennedy (1987: 128-147).

⁸ Norman Etherington (1988: 50).

⁹ Dane Kennedy (1987: 131). For a fairly typical contemporary example of these fears, see Daphne Child (1980).

¹⁰ Jeremy Krikler (1995: 498).

¹¹ Bill Schwarz (2011: 119).

¹² Lorenzo Veracini (2010: 81).

¹³ For decolonization in Africa, see R. J. Reid (2009: part v).

¹⁴ The literature on Mau Mau is substantial. For its colonial construction see R. B. Edgerton (1990: 142-172); John Lonsdale (1990: 393-491); D. Kennedy (1992: 241-260) and David Anderson (2005: 77-118).

¹⁵ Carl Rosberg and John Nottingham (1966); Marshall S. Clough (1998: 33).

¹⁶ John Lonsdale (1990: 407); ‘Kenya: Home County and African Frontier’ in Robert Bickers (2010: 104).

¹⁷ Kathryn Tidrick (1992: 159-160).

¹⁸ John Lonsdale (1990: 105).

¹⁹ David Anderson (2005: 83).

²⁰ David Anderson (2005: 87-88); see John Lonsdale (1990: 406-407).

²¹ On the Ruck murders, see also Fred Majdalany (1962: 124); Kathryn Tidrick (1992: 159-160) and Susan Carruthers (1995: 136-137).

²² Michael Blundell (1964:126-7), cited David Anderson (2005: 96).

²³ For perhaps the best (certainly the most cited) example of the crowd in colonial discourse, see George Orwell (1953). The classic European text is Gustave Le Bon (1895).

²⁴ Margery Perham, ‘Foreword’, in Josiah Mwangi Kariuki (1963: xiv).

²⁵ D. M. Anderson (2010: 47-74).

²⁶ See, for example, Mrs. J. C. Appleby (Rhodes House [hereafter RH], Mss. Afr. S. 846, p. 2); E. C. Palmes (RH, Mss. Afr. S. 946); John Gunther (1955: 319); Elseph Huxley (1990: 168); Pamela Scott (1991: 169). Settlers’ courage and determination in the face of Mau Mau was a theme that coloured much of the international reporting of Mau Mau: Wendy Webster (2005: 121, 133-34).

²⁷ All the patient case files discussed here have been archived as part of a project led by Dr Sloan Mahone of the Wellcome Unit for the History of Medicine at Oxford University with the British Institute in Eastern Africa (BIEA). My thanks to the superintendent of Mathari, Dr Nelly Kitazi, for allowing me to consult these files.

²⁸ For a fuller account, see Will Jackson (2013a).

²⁹ All patient names have been changed to protect anonymity.

³⁰ Mathari Mental Hospital (hereafter MMH): EU.F.14/57, Discharge Letter: Previous

Admissions.

³¹ Maynard W. Swanson (1977); David Arnold (1993); Anne McClintock (1995: 152-154); Randall Packard (1989).

³² On oathing see John Lonsdale (1990: 400).

³³ MMH: EU.F.14/57, Clinical Sheet, 'Personal History'

³⁴ MMH: EU.F.4/55, Clinical Sheet, 'Progress and Treatment', history from husband, 24 February 1955.

³⁵ Megan Vaughan (1983: 218-238). For a graphic depiction of family instability in Northern Rhodesia at this time see Karen Tranberg Hansen (1989: 176-180). For an illuminating investigation into the salience of poisoning as a crystallization of colonial fears, see Krista O'Donnell (1999: 32-54).

³⁶ MMH: EU.M.11/54, Clinical Sheet, 'History of Present Illness'. On the British counter-insurgency operation see Huw Bennett (2013).

³⁷ MMH: EU.M.11/54, Clinical Sheet, 'Previous Health'.

³⁸ MMH: EU.F.4/53, Clinical Notes on Mrs Morrison, 30 April 1953.

³⁹ MMH: EU.F.7/50, Clinical Sheet: 'Previous Personal History'.

⁴⁰ MMH: EU.F.34/56, Clinical Sheet: 'Progress and Treatment'.

⁴¹ MMH: EU.F.24/57, Clinical Sheet, 'Family History'; MMH: EU.F.1.58, Clinical Sheet, 'Family History'.

⁴² MMH: EU.F.22/54, Eva Sokolowski.

⁴³ For a vivid social history, see Katherine R. Jolluck (2002). On Polish refugees to British-controlled Africa see Lynne Taylor (2009).

⁴⁴ MMH: EU.F.22/54, 1 November 1954, J.R.K. Robson, Government Hospital, Arusha to Dr Smartt, Mirembe Hospital, Dodoma.

⁴⁵ MMH: EU.F.22/54, Lunacy Case No.../54, 10 November 1954.

⁴⁶ John A. Hunter (1952: 169).

⁴⁷ On male sexual licence, or opportunity, see Ronald Hyam (1990). For the critical response to Hyam, see M. T. Berger (1988: 83-89); Robert Aldrich (2013: 78-81). On the curtailment of European women's sexuality, see Philippa Levine (2004: 134-156). For the Kenya context see Will Jackson (2011: 73-94).

⁴⁸ MMH: EU.F.29/50, Mary Grayson, Clinical Sheet, 'Previous Personal History'

⁴⁹ MMH: EU.M.5/59, Clinical Sheet: 'Other Information and Medical History'.

⁵⁰ MMH: EU.M.11/56, D. Joyce McQueen to Mathari Hospital, 4 July 1956; MMH: EU.M.9/58, Randell Headley, Dr C.G.F. Smartt, Psychiatric Report, 2 November 1957

⁵¹ Examples include Harriet Robins, MMH: EU.F.34/56; Florenze Coetzee, MMH: EU.F.2/58; Adam Fenshaw, MMH: EU.M.14/47; and Belinda Loman, MMH: EU.F.5/57.

⁵² MMH: EU.F.15/53, Eleanor Wylie, Clinical Sheet, History of Present Illness

⁵³ For the psychodynamic consequences of military service during the Second World War, see Ben Shephard (2000: 325-28); Joanna Bourke (2005: 197-221).

⁵⁴ MMH: EU.M.11/57, Discharge Letter, Discharge Letter, 17 July 1957, 'Other information and Medical History'.

⁵⁵ MMH: EU.M.102/44, Clinical Sheet, 'Progress of Case'.

⁵⁶ MMH: EU.F.4/57, Clinical Sheet, 'Personal History'.

⁵⁷ On the changing ideological landscape, see L. J. Butler (2002) and Ronald Hyam (2006).

⁵⁸ MMH: EU.F.4/57, Clinical Sheet, 'Progress and Treatment'.

⁵⁹ Will Jackson (2013a: 92-94).

⁶⁰ Patients with experience of these places included Alison Riley, MMH: EU.F.3/53; Grace Yandle, MMH: EU.F.27/55; Charlotte Crawford, MMH: EU.F.1/56; Barbara Dalton, MMH: EU.F.4/57; Jack Ellis, MMH: EU.M.10/58; and Jeremy Webber, MMH: EU.M.9/58.

⁶¹ MMH: EU.M.1/56, Dr Margetts to Dr Cameron, 24 January 1956.

⁶² Ganja was a sanskrit word in common use in British India and on the East African coast to describe cannaboid drugs. On the production and consumption of cannabis in the British

Empire, see James H. Mills (2005).

⁶³ MMH: EU.M.1/56, Dr Margetts to Dr Cameron, 24 January 1956.

⁶⁴ The A.F.I. was a wing of the Indian Army, comprised of European volunteer soldiers.

MMH, EU.M.1/56, Patient's handwritten notes, 15 January 1956.

⁶⁵ Ian Talbot and Gurharpal Singh (2009: 60-89).

⁶⁶ Marilyn Lake and Henry Reynolds (2008: 110).

⁶⁷ David Arnold (1997); Mark Harrison (1999).

⁶⁸ Others at Mathari with experience of India included William Hunter, MMH: EU.M.19/50; Lawrence White, MMH: EU.M.8/57; Peter Keddie, MMH: EU.M.13/57; Ronald Jacobs, MMH: EU.M.2/58.

⁶⁹ MMH: EU.M.14/57, 'Clinical Sheet', Personal History.

⁷⁰ MMH. EU.F.13/56. Other elderly patients included Andrew Sykes, MMH: EU.M.16/57; Kathleen Sandison, MMH: EU. F. 1/55; Eleanor Hallenbranner, MMH: EU.F.10/46; Robert Fallon, MMH: EU.M.27/54; Monica Crocker, MMH: EU.F.10/59; and William Hunter, MMH: EU.M.19/50.

⁷¹ MMH: EU.M.12/56, Graeme Round, Clinical Sheet, Family History.

⁷² Cherry Lander (1957: 182).

⁷³ Cherry Lander (1957: 46).

⁷⁴ Jonathan Hyslop (1995: 59-60).

⁷⁵ See, for example, Charles van Onselen (1982: 49-60); Dane Kennedy (1987); John Pape (1990: 699-720).

⁷⁶ Jeremy Krikler (1995); J. M. Coetzee (1991), 1-35. Later work has more successfully shown the political and psychodynamic in intimate relation. See, for example, D. M. Anderson (2010); Kim Wagner (2013).

⁷⁷ Will Jackson (2013b). On the theoretical distinction between migrants and settlers, see

Lorenzo Veracini (2010: 4); Stephen Constantine (2003); John Darwin (2010: 332-333); James Belich (2009: 149-151).

⁷⁸ Kenya Colony and Protectorate, 'Report on the Census of the Non-native Population of Kenya Colony and Protectorate taken on the night of the 25th February 1948'; KNA: CS/2/6 series: Applications for Deportation orders, 1951-1957; KNA: AH/13/136-142, 'Distressed Persons: Europeans'; KNA: GH/3/2, British Legion Annual Delegates Conference, President's Report 1959, 6 February 1959.

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