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Chapter 6

Unsettled States: Madness and Migration in Cape Town, c. 1920

Will Jackson

[A] Introduction

In the first two decades of the twentieth century, as many as half a million people sailed from the British Isles to southern Africa, a significant proportion of them with at least some idea in mind of permanent migration.¹ Almost all of these travellers spent time in Cape Town, the principal entry point to the subcontinent not only for migrants but also for assorted soldiers, speculators, missionaries and colonial officials as well as a miscellany of transients for whom Cape Town represented just one episode within much wider itinerations across Africa, the southern hemisphere and the so-called 'British world'.² This chapter takes Cape Town in the early twentieth century as its setting to investigate the confluence of migration and mental health: it does so through an integrated analysis of psychiatric and non-psychiatric archival sources. By looking at the case files of mental patients alongside case files relating to other kinds of distressed British migrants, its aim is to place mental health – and its failing – in wider social and historical context than an exclusive focus on mental illness can allow.

It is, of course, impossible to talk of Cape Town at this time without also talking about settlers, race and empire. First settled by the Dutch in the seventeenth century, by the later 1800s South Africa represented a peculiar settler-colonial situation in which the struggle between English- and Afrikaans-speaking settlers was refracted through the wider imperial struggle for subcontinental control. The discovery of diamonds in the Cape in 1867 and gold in the Transvaal in 1886

precipitated war between the Afrikaners and the British and the eventual unification of the Afrikaner republics (the Orange Free State and the Transvaal) and the British settler colonies (Natal and the Cape) under the Union of South Africa in 1910. The discovery of gold and diamonds also helps explain the dramatic increase in the number of Anglophone migrants to the region, while Britain's imperial wars of annexation, against the Xhosa, Sotho, Ndebele, Zulu and, most expensively, against the Afrikaners – 'the Boers' – between 1899 and 1902, brought over 400,000 soldiers to the subcontinent, not only from Britain but from Canada, Australia and New Zealand as well. In the 15 years after 1890, Cape Town's population more than doubled, from 79,000 to 170,000, but the number of whites, in the Cape as across southern Africa, was dwarfed by the number of black Africans.³ In 1921, there were 1.5 million 'Europeans' in the Union but almost 5.5 million Africans, Asians and 'Coloureds'. This demographic minority status shaped decisively the lived experience of British expatriates and migrants. As representatives of a supposedly superior race, colonists lived with the often uncomfortable implications of the ideology from which their social privilege derived. They lived, too, in often deeply precarious circumstances. Lacking the social support networks to which they were accustomed back home, migrants who lived with or befriended racial 'others' were liable to be shunned from respectable, 'white' society.

Any account of migration and mental health in Cape Town, therefore, must also be a story of racialized social life and colonial (mis)rule. The relevant scholarship, however, has tended to cleave between two quite separate bodies of work. The first, and more established, literature concerns the operation of psychiatry in colonial settings; the second, linking to the history of emotions and sourced – significantly – from non-psychiatric sources, addresses what might be termed the

psychology of empire. What follows is a tentative attempt to speak to both fields: it does so by reading the records of mental patients together with those of failed British migrants who petitioned government for financial support or passage back to Britain, as well as magistrates' files pertaining to children thought to be living in undesirable circumstances.⁴ Whilst it is true that in only a small number of cases is any particular individual traceable across all three of these archives, it is also true that the archives involve a remarkable degree of overlap in terms of the phenomena they describe. In form as well as content, these records have much in common: all contain migrants' own testimonies, whether in the form of letters, sworn affidavits or the transcriptions of interviews between patient and doctor. All also contain the content of bureaucratic – that is to say, non-medical – discussion as to how particular individuals were to be dealt with, as immigration officials, police detectives, church leaders and welfare workers puzzled over the anomalous presence of failed white settlers in the infant white Dominion of South Africa. And all contain reconstructions of migrants' past lives, as if answers could be found for a colonist's distress in the back-stories to their lives.

In other respects these bodies of sources differed considerably. Those writing to government for help did so freely and with more volition than psychiatric patients or the families of child welfare cases. In presenting themselves as worthy imperialists, however, their letters, much more than the other sources considered here, conformed to discursive type. While only the hospital records were framed explicitly around mental illness, petitions from distressed migrants and the case histories divulged by the magistrates' files described in no less detail the distress – social, economic and psychological – encountered by British migrants in the sub-continent. Indeed, it is precisely because these sources were not determined by

psychiatric knowledge that these sources allow us to write of migration and mental illness outside a clinical, diagnostic frame. Above all, they get us out of the asylum, locating the lives of the mentally distressed at large and showing up the intimate relation between social structure, historical context and the entirely private human dramas of individual lives.

[A] Thinking outside the asylum

While the history of mental illness has proved a rich vein in the story of European colonialism, by far the majority of this work has been sourced from psychiatric sources – that is to say, from asylum and hospital records, often supplemented with analysis of psychiatrists' published writings.⁵ Of the lives of the mentally ill themselves, however, psychiatric records give only a very partial view. Beginning with a patient's admission to a hospital or an asylum and ending with their discharge or death, patient records exist entirely within the institution – and within the discursive confines that the institution represents. While patients' hospital careers were exposed absolutely to the expert gaze, their experiences outside the asylum gates were only dimly understood. Indeed, it was precisely the limitations of psychiatric knowledge – and specifically, its failure to see beyond its institutional bounds – that accounts for the exhaustive documentation of patients after they had been confined.

To be sure, a number of studies have signalled an intention to get outside the asylum walls. Despite their emphasis on the role of non-medical personnel in the apprehension of mental illness, however, the tendency to prioritize institutional records has remained. Bronwyn Labrum, in an essay pointedly entitled 'Looking Beyond the Asylum', stressed the importance of family, friends and neighbours in the

construction of mental illness in New Zealand – yet she built her argument exclusively from patient case notes.⁶ Julie Parle, also focusing on the role of the family in the committal process, nevertheless relied on the admission registers of South African institutions.⁷ In documenting patients' 'paths to the asylum' many other historians have revealed what appeared – to neighbours, the police, family members, magistrates and others – as the evidence to indicate that a person was 'of unsound mind'.⁸ The accent in much of this work is on the social, less the clinical, history of mental illness but the overriding narrative remains the construction of particular individuals as insane.

What is often lost in this approach is an appreciation of the extent to which the experiences of those individuals who entered a psychiatric institution were shared by those who did not. It reinstates the boundary, in other words, between sanity and its absence. And the hospital remains foregrounded, as both the point of archival origin and the logical end point in narrative trails that culminate with a person's committal. Yet there does exist another branch of colonial history that, though it pays scant attention to mental illness as was scientifically defined, is nonetheless attuned to the psychic instability of colonial communities and the deep, collectively felt anxieties that stemmed from their suppression of indigenous peoples.⁹ As a number of historians have shown, across settler Africa colonial immigrants harboured an acute consciousness of their vulnerability amidst 'native' races. Here and elsewhere, colonists obsessed over the signs of imminent 'native' rebellion. Anxieties around the tenuousness of colonial rule also found expression in intermittent panics over the rape of European women, the disorderly conduct of 'poor whites' and the dangers of tropical disease.¹⁰ While the best of this work has done much to reveal the emotional implications of colonial domination, it can sometimes nonetheless risk flattening out

the colonial experience. If the colonial situation engendered particular species of fear and anxiety, it is worth considering how these might have varied according to the particular class position and social background of the afflicted individual. How might we read the particular intensity and texture of these emotions? And how did they combine with the concrete, material dimensions to any individual human life?

This account focuses on first generation Anglophone migrants with experience of passage from the British Isles to southern Africa. Their histories are compiled from the patient records of the Valkenberg Asylum, the petitions for help that were submitted to the office of the South African Governor General and the case records of Cape Town's Society for the Protection for Child Life.¹¹ Together, what these records reveal is the fundamentally unsettled nature of immigrant life for a significant proportion of those colonial migrants who entered southern Africa at this time. To settle, by definition, meant to put down roots, to stake belonging – and to remain. What emerges from these archives is the extent to which British migrants struggled in this task. These were people enfeebled by empire: men with broken bodies, women of doubtful or immoral character, children who suffered from their parents' lack of social standing. Imperial wars left veterans scattered across the subcontinent. Miners' phthisis, pneumonia and influenza brought an early death to many more.¹² In such stressful circumstances, the family – elsewhere the primary institution for emotional succour and material support – became stretched and embattled. Often, men and women fell to lives of itinerant and directionless travel, moving from town to town, institution to institution and colony to colony. Many of these, in their appeals to government and their testimony to doctors and welfare workers, described themselves as stranded, their presentation as such conveying their dilemma of being fundamentally 'not at home'.

The life of Jacob Brand dramatizes several of these themes.¹³ Brand was 37 years old when he was admitted to the Valkenberg Asylum in November 1907, having been transferred from the prison at Kimberley where he had been held following his arrest for the theft of a chicken. 'He was found close to the Transvaal border,' wrote the magistrate who despatched him to Valkenberg, 'and nobody seemed to know where he came from.' In fact, Brand had been picked up on the outskirts of Pudimo, an isolated railway station on the Kimberley to Mafeking line. Convicted for theft, court records identified him as 'Jacob Brand, European Adult Tramp.' In jail, Brand was observed to talk to himself, swear violently and tear his bedding; the warders' testimony was enough to warrant Brand's certification and his transfer under escort on the 600-mile journey south. Committal documents record that Brand had been born in England, had been seven years in the Cape and had been previously domiciled in Johannesburg. His occupation was stated as 'mechanical engineer', his religious persuasion 'Church of England'. As to the cause of his insanity, whether it was hereditary and for how long Brand had been ill, doctors drew a blank. This was in large part because they could find no relatives or other intimates with knowledge of Brand's past life. As to who might pay for his maintenance costs, 'no friends or relatives [were] available to help him.' Only the name of a single relative, Robert Brand, of Accrington, Lancashire, was supplied, to be notified in case of Jacob's death. Brand himself remained at Valkenberg for over 40 years. Collapsing suddenly on a winter's day in 1950, he died 'senile and demented' at 80 years old.

Jacob Brand personifies the figure of the isolated imperialist, the single male itinerant whose past life proved unknowable to those attempting to manage or assist him. In Africa, the character of the travelling white man is difficult to interpret. In

colonial myth the explorer and the adventurer were much lionized figures, whose heroic statues derived to a great extent from their confident departure from 'civilisation'.¹⁴ In letters to the Governor General, however, and in child welfare records, we see a different side to the picture. Specifically, we see the women and the children whom British migrant men left behind. Empire, as John Tosh put it, served for men as a 'flight from domesticity': in Cape Town evidence exists of thousands of British men who either used emigration to southern Africa as a way to disavow family responsibilities back in Britain or who left wives and children in South Africa before moving back – or on.¹⁵ Many women wrote to government authorities asking for help in finding their husbands. In other instances, welfare officers found women struggling to keep households together after their husbands had departed. In the child welfare archives, the 'abandoned woman' was a recursive trope. While it is not the case that every man who left his wife did so to terminate his family ties – sometimes they moved in search of work and intended to return – women left alone found themselves under particular stress: first, because often shallow family support networks intensified women's dependence on male protector figures, and secondly, because in a colonial city such as Cape Town, female respectability carried racial value.

[A] Morality, migration and the family

Mary Squire was born in London but migrated to South Africa with her parents in 1886 aged two. She married in 1904, aged 18, in Port Elizabeth in the Eastern Cape, but three years later her husband left for Australia.¹⁶ After three or four letters from him, and one £3 remittance, he stopped writing. Both Squire's parents subsequently died. She then lived, unmarried, in Cape Town with another man and – after he left

her – with another (this man, it was noted, had left his own wife and children in England).¹⁷ Because Squire had successive relationships with men, she was judged of dubious character. Women who lost their husbands, whether they deserted or died unexpectedly, posed a problem for colonial cultures that tied female morality to marriage. What was the honourable migrant wife supposed to do when she found herself without a husband? A respectability-saving return to Britain was perhaps the unstated but expected course of action. But women in that situation, especially those with children, very quickly found themselves in straitened circumstances, needing urgently to find additional sources of income to compensate for their inability to simultaneously seek paid employment and care for their children. One option was to take in lodgers; another was to gain housekeeping contributions from men with whom they had sexual or companionate relationships. Both carried very immediate dangers to reputation. Word from the Child Life Society's patrols was that Squire was 'quite shady'. 'She is a reputed loose character', one Society officer reported: it was necessary that her children be removed to 'be saved from going the same way.'¹⁸ Notably, Squire herself testified to the same effect. Interviewed by the Society she said that she was at 'her wits end'. She had discovered, she said, that her 14-year-old daughter, Amy, was going out with boys at night to De Waal Park, not returning until after 11 o'clock. 'It almost drove me mad', she said.¹⁹

Mary asked whether, were she were to go home to England, she would be able to take her children with her. As a temporary measure, she asked that they be taken into a 'safe home' while she 'got out of Cape Town to look for a situation'. Both children were judged to be 'in grave moral danger', however, despite also being noted to be 'in good health and well cared for in every way', and under the direction of the Society they were committed to the Industrial School at Paarl, to remain there

until they reached the age of 18.²⁰ We do not know whether the children remained at the Industrial School or what happened to them after they were released.

The language of mental hygiene percolated the documentation generated by the Child Life Society and children, girls especially, thought to be exhibiting delinquent behaviours were commonly judged to be mentally remiss. In 1912, the British consul at Elizabethville repatriated 14-year-old Juliet Keats to Cape Town.²¹ Explaining why he booked her a second-class ticket (the conventional procedure was to book third-class accommodation, the cheapest transport available) the Consul wrote, 'I recognise that in this I was acting beyond my instructions, but I took into consideration the fact that the child was travelling alone and is only just over fourteen years of age.' He went on:

I have seen a good deal of her during the time she has been in my charge and [I] believe that there would have been some danger in sending her by third class ... the child has no moral sense whatever. This may be due simply to faulty environment but I believe there must be also some hereditary degeneracy. There is no doubt whatever as to her immorality in the Katanga. This was fully proved in court where her foster mother and another were sentenced to six months imprisonment. I am strongly of the opinion that she needs some years in an institution where she could meet with discipline and kindness and be taught the elements of morality.²²

Languages of mental illness were entwined with those of immorality. Their disciplinary force, however, was dissipated by migrants' own unruly movement. Moving on was both trauma and resource. By its nature, however, migration was

inimical to family life. It was difficult - financially, logistically and emotionally - for a spousal couple, let alone a nuclear or extended unit, to move together. Josephine Hargraves was admitted to Valkenberg in 1926, aged 19. Her birthplace was unknown but her domicile was noted to be Wankie, the Rhodesian mining town close to the Victoria Falls.²³ Her father wrote concerned letters from the Wankie Hotel, explaining that she had 'developed mental trouble on her way out from home.'²⁴ Josephine, it seems, became 'excited' during the voyage from London to Cape Town. Her father, who travelled to the Cape from Rhodesia to meet her, had his daughter admitted to a private nursing home and returned to Wankie. When they could no longer afford the fees, Josephine's parents requested that she be transferred to Valkenberg. Plans were subsequently made for her to be transferred to the Ingutsheni hospital at Bulawayo though it appears that she may have been eventually released to her parents' care. Whether the family remained in Rhodesia and whether Josephine fully recovered her health is not indicated on her case file. It does appear, however, that her parents had migrated to Rhodesia before Josephine herself left London, where she had been working as domestic servant. 'She is ignorant and appears to be defective', a psychiatrist at Valkenberg observed, '[she] admits she left school at fourteen and was only trained in the home craft.' If Josephine had found herself stranded, it was not in the colony, as the thinking behind imperial repatriation implied, but in the metropole – although illness emerged in the act of migration, in the attempt to overcome distance and keep a family together.²⁵

On other occasions British migrants found themselves unexpectedly isolated when the people whom they met and married in the colonies themselves migrated to Britain. Una Renwickon went to Cape Town from Dublin in 1912 and married a

constable in the South African police. After he was dismissed from the service, however, Renwickon's husband sailed for England, dying in London in 1915. His wife and their adopted child remained in Cape Town where, sick and impoverished as Una was, they soon came to the attention of the authorities.²⁶ Other times, British people married South Africans whom they had met in Britain. In March 1925, a society dedicated to the relief of distress amongst the European poor wrote to a Cape Town magistrate to notify him of Emily Sackville, 'a young English Woman', of good address, and apparently decent social standing, who was married in England to the man Sackville, a soldier from the Cape, coming out with him in due course. She is the mother of two children and is expecting her next confinement within ten days. Sackville has suddenly forsaken her, and cannot be traced; and the woman is left in the most alarming plight, penniless ... and absolutely despairing, not knowing where to look for help and sustenance among strangers.²⁷

Neither movement itself, however, nor the 'flight from domesticity' were the preserve of those who passed themselves as 'white' – or indeed of 'British' men. In 1921 the Secretary of the Child Life Society reported that the 'coloured' child Robert Dobbs had been abandoned by both his parents. His mother, it transpired, was in Cape Town but his father, Harry Dobbs (also stated to be 'coloured'), had worked his passage to England the previous year. He was last heard of performing in 'Allah's Garden' at Drury Lane in London. In a sworn statement to police, Dobbs's own mother, Eleanor (again, 'coloured') stated that she had received 'certain information' as to her son's whereabouts 'through a friend' but had heard nothing during the last six months prior to her interview by the Cape Town CID in February 1921.²⁸ The

racial identity of Robert's mother, Catherine, notably is not indicated. 'I was born in Natal' she testified, 'but left there when a child.' That detail invokes another anterior generation of disrupted – and disruptive – family life. Why did Catherine leave Natal as a child? What had been her home life there? Who were her parents? And who was that friend who passed news to Eleanor of her son's whereabouts in London? Does their presence suggest not only families but larger networks of racially indeterminate South Africans in the British metropole and elsewhere across the British world?

[A] Deviance and distress

Case work carried the residue of the hinterland, the invasion of the past. Across all these archives, men chronicled the wars, and the campaigns of the wars, in which they had fought. They listed the diseases they had suffered, the injuries they had sustained, their periods of treatment and convalescence. Stephen Gallway, applying for a free passage 'home to England', introduced himself as 'an ex-Imperial soldier belonging to the South Stafford Regiment.' Gallway had been discharged in Pretoria in 1910 after 12 years' service 'in the Colours'.

I went all through the Boer War and also in this late War. I am a married man, wife and one child. I have had a lot of ups and down in this country, making it worse. I am not a tradesman therefore it is very hard to get work. I have always worked in the coal mines at home which I am quite used to. All my relations are in England. I have not seen them since 1904 as I went out to India and then came to South Africa. All my discharges are all very good. I should very much like to get

home again. I thought when I took my discharge in the country that I should better myself. I enlisted in Sheffield in May 31 1898.²⁹

Fifty-two-year-old Joseph Groom gave the following statement to police after his children had been taken into custody.

I was born in London, England. I am a miner by occupation. I joined the Pioneer Regiment in November 1916 and served in East Africa. In March 1919 I joined the Returned Soldier's [sic] Battalion and came to Cape Town. I left my wife and seven children in Johannesburg. My wife died in Johannesburg on the 31 May 1919. There are seven children of the marriage...I take a drink sometimes but I never get drunk.³⁰

Others described disabilities incurred in war that prevented them from work. Matthew Foster was deaf, a condition caused, according to his wife, 'by exposure on the veld while on active service with the British South Africa Company Forces in 1890.'³¹ Frank Barnes served in East Africa during the First World War. 'I was in hospital with fever and poisoned legs', he wrote, '[... and] am unable to follow my trade under present conditions as both of my legs have given in and the fever infection[s] are in my leg and breaking out and I am unable to walk.' Barnes claimed to have a four-acre farm somewhere. He could do well, he thought, with 'a little assistance, say 25 to 40 pounds.' While appealing to the fund on the grounds of rational financial investment – Barnes was a good man, went his argument, so financial support would bear fruit – he also invoked the language of mental illness. 'I would be quite satisfied to pull through', he wrote, 'but as it is at present it makes me depressed in my mind to make ends meet.'³² The wife of Gabriel Whitney wrote that

her husband was out of work, seemingly for good. Whitney was also a returned soldier, 'very much wounded in the arm, leg and back.' 'When the dull days come on', his wife wrote, 'he suffers very much.'³³

The 'dull days' was an evocative intimation for Whitney's mental and physical distress. Applicants appealed to the empathy of their readers. They also raised the threat of social disorder. Tobias Goll, writing after learning that his application for assistance had been refused, stated that it was very hard for 'us men who got crippled in the war' to make a living in South Africa. 'When once we start on Relief Works, you get lower and lower in the gutter', he wrote, 'until serious things happen.'³⁴ Serious things involved violence, self harm – or 'coloured people'. Mrs Sackville, we recall, described herself as 'not knowing where to look for help and sustenance among strangers.' In Cape Town, British immigrants were socialized to regard people of variable phenotypical appearance as 'other' – as racial strangers. In South Africa, however (and in Cape Town in particular) deep histories of racial mixing meant that skin colour proved a highly unstable, unreliable marker of difference. Much of the case work of local welfare authorities was spent on constructing race – through their textual accounts of individual family lives and via constitutive referents of morality, character, cleanliness and respectability. Segregation, Saul Dubow argued, was a 'policy of social containment': in that light, the work of police detectives, welfare officers and psychiatrists can be understood as part of a shared endeavour to rectify social – that is to say, racial – disorder.³⁵ Distressed British migrants lived with the consequences of race, inasmuch as they were bound to in their positioning within a racialized society, but the instability of racial knowledge meant that they often failed to recognize racial difference, as did the arbiters of racial classification. Help and sustenance were found by both British

men and women with people classed as 'coloured'. Their doing so was itself liable to count as evidence of moral or mental failing just as it could also indicate the unfortunate or degraded state of somebody judged to be deserving. Rhys Redwood, 20 years old and in the colony since he was a baby, had been a farmer in the northern Transvaal. His admission certificate states: 'he wandered about aimlessly and was twice put in jail. He preferred to live with natives ... [and was] said to have had a disappointment in love and to have financial worries.'³⁶ Numerous British men passing through Cape Town at this time had children with women classed as 'coloured'. Their ability to parent successfully was hampered by the effects of prevailing racial feeling. When 28-year-old Kirsten Ward died of cancer in 1919, she left two daughters, aged 9 and 13, who came to the attention of the Child Life Society after they stopped a passerby in the street one evening to ask for help. Their father, Garth Burroughs, had turned them out of home at six that morning. Enquiries revealed that Burroughs, a 50-year-old fitter from England, was frequently drunk. Further investigations revealed he had a wife and family in England whom he had deserted 13 years before. Both his 'off coloured' Cape Town daughters were taken into care.³⁷

So long as men like Burroughs men continued to think of themselves as British, as white, their children presented the object of shame. This is not enough to explain the fact that Burroughs beat his daughters with a strap but it does situate racial anomaly – the problem of the 'off coloured' daughters – and violence in close proximity. It raises also the question of the family – and of sexual relations between people deemed to be European and those deemed to be 'coloured'. In 1921 an 11-year-old girl, Sarah Chapman, was removed from her mother and placed in a children's home. She was being raised, it was said, in 'a corruptive environment'. It

was a judgement that tallied with a particular sub clause of the 1913 Children's Welfare Act but it emerged from a detailed investigation into Sarah's home. Crucially, a neighbour, Mrs Booyson, testified that while she believed Sarah was fond of her mother, that she was clean and had enough to eat, she was nevertheless at risk. 'I have often seen an off coloured man', she said in a sworn statement at the magistrate's court,

lying on a couch in the bedroom. I have often seen this man and the girl Sarah playing together ... I cannot say if she was ever interfered with in a bad way but there is no doubt that Mrs. [Chapman] is carrying on immoral relations with this coloured man. I consider she is a bad woman [and] certainly think she should be cautioned in regard to her immoral relations with this man.³⁸

Mrs Booyson's statement was decisive. A police officer reported that Sarah appeared well behaved and fond of her mother. She is 'not neglected in any way', he surmised, and if taken from her mother 'would feel it very much'. Booyson, however, was noted to be 'a respectable European woman' whose statement was 'to be relied upon'.³⁹ Respect for racial boundaries, in other words, was not just internalized but forged by 'ordinary people' - in this case by a witness whose evidence of racial boundary crossing proved decisive in the separation of a mother from her daughter. In numerous other cases, racial mixing articulated both female immorality and mental illness. Enid Hollister came to South Africa in 1904, aged 17. Doctors described her – variously – as 'demented, depressed, indifferent, unreliable, imbecilic, irresponsible, unstable' and 'a harlot without moral sense or sense of shame'. That she was living unmarried with a coloured man in a disreputable part of town was

recorded as part of her psychiatric assessment.⁴⁰ Lawrence Seabrook, a 49-year-old shoemaker who came to South Africa in 1902, was admitted to Valkenberg in 1918. His case notes state: 'seems to be feeble-minded. Wife is a black woman of low type.' Seabrook, it was noted, had 'no relations available'. In his distressed state, Seabrook's racial transgression took on paranoid proportions. 'He states that his wife has been in league with coloured people in order to kill him,' his doctor reported. Seabrook's delusions were symptoms of guilt. He died at Valkenberg in 1932, 14 years after his admission.⁴¹

[A] Conclusion

Much of the recent work in emotions and empire has clustered, notably, around negative emotions - anxiety, fear and panic. The figure of the 'native rebel' was fixated upon by nervous colonialists who projected onto that figure their own guilty conscience. There is evidence of that fixation amongst psychiatric patients at the Cape but more common across all three archives is what might be termed 'racial proximity'. Children fathered by white men and 'coloured' women troubled welfare workers, not merely because they were often raised in impoverished surroundings but also because their racial status was hard to define. While the language employed by staff at the Child Life Society was a language of ill health, it frequently merged moral, mental and somatic components. Ideas of racial difference infused the construction of disorderly Europeans. In Cape Town, the presence of 'the soldier' or 'the sailor' loomed large in the case histories of women whose respectability was in doubt. Itinerant white men, it was well known, occupied southern Africa's violent, ramshackle spaces - the mining compounds, the native kraals, the ships, the docks, the roads. Theirs was a form of 'native' contagion.

Fergus Renwick had worked in the South African Constabulary, the Transvaal Town Police and as a labourer on railway construction works in Natal and the Cape and at an explosives factory near Durban. In December 1917, Renwick admitted to a Durban police inspector that 'for a number of years he [had] cohabited with native women.' From these women – again, recycling a classic imperial trope – Renwick believed he had contracted venereal disease, which, he stated, had 'somewhat affected him mentally.' Physically, the police inspector reported, 'he is a fine stamp of a man and shows no outward signs of any complaint, though after a few moments conversation with him, one cannot help noticing that he is suffering from some nervous breakdown.'⁴² Renwick avoided confinement at a mental institution – largely because his father in England was willing to send him the £16 he needed for his passage 'home'.⁴³ In a letter he wrote to the Governor General requesting assistance in obtaining a passage (for a period all third-class accommodation was unavailable due to military requisition) Renwick made no mention of his relations with African women but offered an alternative view on his straitened condition.

I cannot obtain employment in the country and moreover, rest, change and voyage are almost essential as a cure to my complaint, if such is possible, with residence for some time in a cooler climate. I have ... defective eyesight, and bad teeth and as a matter of fact things have been going from bad to worse with me during the 12 years I have spent in South Africa, at the present moment I am in a state of destitution, apart from the £16 sent to me for my passage and rather than spend that here I will starve to death in this country which has spelt 'failure' for me from start to finish.⁴⁴

Renwick's testimony emphasized the hardship of his immigrant life over his cohabitation with African women but the dossier that contains his life history can be read both for one particular migrant's experience of South Africa's social margins and for the perceived deviance to which his hardship gave rise. Likewise, the appearance of other recurrent phenomena – poverty, illness, and the recourse to sexual and other forms of intimate bodily and affective contact with local people – yields insight into both the subjective reality of migrants' lives and the (only ever partially successful) attempts on the part of authorities to control and comprehend them. Alcohol, for example, features in a large proportion of the case files across all of these archives. While migrants themselves very seldom referred to their drinking in their letters and in the statements they gave to authorities, officials wrote in great detail of what they regarded as excessive or problematic consumption. That simultaneity – of reticence on the part of migrants themselves and studied attention on the part of agencies allied to the state – typifies some of the methodological and historiographical challenges discussed at the start of this chapter.

In a study of the diagnostic tables of male and female patients admitted to the Valkenberg Asylum, Sally Swartz highlighted intemperance as one of the most common diagnoses. She linked this to colonial anxieties around the fragility of imperial authority and a prevailing concern with degeneration. Doing so revealed the ways in which the construction of mental illness reflected the intellectual climate of the times but Swartz's focus on psychiatric knowledge nonetheless obscured the social and psychological reality that an individual's drinking entailed before they entered the asylum.⁴⁵ Such an approach stands in stark contrast to that adopted by the imperial historian Jonathan Hyslop who, in writing of British and Irish immigrants deported from South Africa during the interwar years, described alcoholism as 'both

a symptom and a cause of the social dislocation among casualties of the imperial world.⁴⁶ Alcohol, Hyslop writes, was not just a theme in deportees' offences but also in their personal lives. There is a retrievable history to these people's lived experience, in other words, prior to their apprehension by state officials. It may even be the case that a study of migrants' lives is particularly revealing of the social and experiential dimensions of ill health, precisely because migrants tended to come to the attention of a range of bureaucratic agencies. Historians must continue, to be sure, to work to a large extent through authorities' own written sources – though as I have attempted to show here, working from multiple archival sites, each framed by its own institutional priorities and ideological concerns, can work to deepen and nuance the empirical field of view.⁴⁷

The evidence discussed here, it is worth emphasizing, illuminates just a fraction of far larger phenomena: within southern Africa, similar (and similarly copious) records can be found tracing the movement of British migrants through the port cities of Durban and Lourenco Marques; Johannesburg, the city of gold, was where most optimistic migrants foundered. It was not only Anglophone migrants who encountered the kinds of challenges to mental wellbeing that are described in these kinds of records, however. Cape Town's child welfare archives are populated with the children of Afrikaners, 'Coloureds' and English-speaking South Africans as well as those born to immigrants from Britain. Besides Britons stranded in South Africa, the Governor General's files also contain petitions from South Africans stranded overseas: in Africa, Europe, North and South America and elsewhere. A significant minority of distressed migrants passing through Cape Town were continental Europeans. Until 1916 the Valkenberg Asylum admitted only European and 'Coloured' patients but black Africans were admitted to asylums across southern

Africa. Migrant distress, one of the defining features of African life during the twentieth century, was of a very different order to that recounted here.

Sandra Maß has argued that across colonial Africa, 'it was doctors and psychiatrists who produced the frankest description of European fragility.'⁴⁸ In terms of simple volume, the view from Cape Town is different. In the asylum, European fragility was effaced, transmuted from subjective distress to diagnostic phenomena, but European fragility in southern Africa should best be thought of at large: on the street, on board ship and loose on the African veld. To 'get outside of the asylum', as some historians have urged, scholars need to get out of the archive of the asylum as well – or, at the least, to read asylum archives together with non-psychiatric sources. In this case what emerges is a picture in which individual migrants struggled to establish viable social structures at the same time as they relied on family and other intimate relations to withstand the hardships of migration. At base, the distressed imperial migrant was a figure of anomaly, the unsettled settler, a character profoundly at odds with the guiding spirit of the settler colony. The fact that the histories of these failed white settlers were recorded in such considerable numbers points both to the closeness of the connection between colonial migration and mental ill-health and to the profound ideological puzzle that, for contemporaries, that connection entailed.

¹ A precise figure is difficult to attain: this estimate is made from numbers supplied in James Belich, *Replenishing the Earth: The Settler Revolution and the Rise of the Anglo World* (Oxford: Oxford University Press, 2009); 379-82; Marjory Harper and Stephen Constantine, *Migration and Empire* (Oxford: Oxford University Press, 2010),

122-36 and Andrew MacDonald, 'Colonial Trespassers in the Making of South Africa's International Borders, 1900 to c.1950', (unpublished PhD, University of Cambridge, 2012). The question of numbers confounds the problem of definitions: distinguishing settlers, migrants and expatriates from one another is made harder by the fact that many of those who entered South Africa at this time did not have a fixed idea as to whether they would remain in the colony temporarily or for the rest of their lives.

² For the latest in a series of volumes framed by the concept of 'the British world', see Kent Fedorowich and Andrew S. Thompson (eds), *Empire, Migration and Identity in the British World* (Manchester: Manchester University Press, 2013).

³ Belich, *Replenishing the Earth*, 379, 381.

⁴ This essay forms part of a larger study into the history of migrant failure and the family in Australia and Southern Africa, enabled by an Arts and Humanities Research Council (AHRC) grant, AH/L004801/1.

⁵ Significant contributions include Waltraud Ernst, *Mad Tales from the Raj: Colonial Psychiatry in South Asia, 1800-58* (London and New York: Anthem, 2010), originally published as *Mad Tales from the Raj: The European Insane in British India, 1800-1858* (London: Routledge, 1991); Jock McCulloch, *Colonial Psychiatry and the African Mind* (Cambridge: Cambridge University Press, 1995); Jonathan Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* (Berkeley, Ca: University of California Press, 1999); Lynette Jackson, *Surfacing Up: Psychiatry and Racial Order in Colonial Zimbabwe* (Ithaca: Cornell University Press, 2005); Sloan Mahone and Megan Vaughan (eds), *Psychiatry and Empire* (Basingstoke: Palgrave Macmillan, 2007); and Leonard Smith, *Insanity, Race and Colonialism: Managing Mental Disorder in the Post-Emancipation British Caribbean, 1838-1914*

(Basingstoke: Palgrave Macmillan, 2014). On South Africa, see Julie Parle, *States of Mind: Searching for Mental Health in Natal and Zululand* (Scottsville: University of KwaZulu-Natal Press, 2007); Tiffany F. Jones, *Psychiatry, Mental Institutions, and the Mad in Apartheid South Africa* (London: Routledge, 2012) and, most recently, Sally Swartz, *Homeless Wonderers: Movement and Mental Illness in the Cape Colony in the Late 19th Century* (Cape Town: University of Cape Town Press, 2015).

⁶ Bronwyn Labrum, 'Looking beyond the Asylum: Gender and the Process of Committal in Auckland, 1870-1910', *New Zealand Journal of History*, 26, 2 (1992), 125-44.

⁷ Julie Parle, 'Family Commitments, Economies of Emotions, and Negotiating Mental Illness in Late-Nineteenth to Mid-Twentieth-Century Natal, South Africa', *South African Historical Journal*, 66, 1 (2014), 1-21.

⁸ David Wright, 'Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century', *Social History of Medicine*, 10 (1997), 137-55; Jonathan Ablard, *Madness in Buenos Aires: Patients, Psychiatrists and the Argentine State, 1880-1983* (Calgary: University of Calgary Press, 2008); Catherine Coleborne, *Madness in the Family: Insanity and Institutions in the Australasian Colonial World, 1860-1914* (Basingstoke: Palgrave Macmillan: 2009); Roy Porter and David Wright (eds), *The Confinement of the Insane: International Perspectives, 1800-1965* (Cambridge: Cambridge University Press, 2011); Angela McCarthy, *Migration, Ethnicity, and Madness: New Zealand, 1860-1910* (Liverpool: Liverpool University Press, 2015).

⁹ Kim Wagner, "'Treading Upon Fires": The "Mutiny"-Motif and Colonial Anxieties in British India', *Past and Present*, 218, 1 (2013), 159-97; Maurus Reinowski and Gregor Thum (eds), *Helpless Imperialists: Imperial Failure, Fear and Radicalization*

(Gottingen: Vandenhoeck and Ruprecht, 2013); Robert Peckham (ed.), *Empires of Panic: Epidemics and Colonial Anxieties* (Hong Kong: Hong Kong University Press, 2014).

¹⁰ Shula Marks, *Reluctant Rebellion: The 1906-1908 Disturbances in Natal* (Oxford: Clarendon Press, 1970), Chapter 6; Dane Kennedy, *Islands of White: Settler Society in Kenya and Southern Rhodesia, 1890–1939* (Durham, NC: Duke University Press, 1987), Chapters 6 and 7; Gareth Cornwell, 'George Webb Hardy's the Black Peril and the social meaning of 'Black Peril' in early twentieth-century South Africa', *Journal of Southern African Studies*, 22, 3 (1996), 441-53; Jock McCulloch, *Black Peril, White Virtue: Sexual Crime in Southern Rhodesia, 1902-1935* (Bloomington: University of Indiana Press, 2000); Anna Crozier, 'Sensationalising Africa: British Medical Impressions of sub-Saharan Africa', *Journal of Imperial and Commonwealth History*, 35: 3 (2007), 393-415; Martin Thomas, 'Colonial Minds and Colonial Violence: The Sétif Uprising and the Savage Economics of Colonialism', in Martin Thomas (ed.), *The French Colonial Mind, volume 2: Violence, Military Encounters, and Colonialism* (Lincoln and London: University of Nebraska Press, 2011), 140-75; Brett Shadle, *Souls of White Folk: Settlers in Kenya, 1900-1920* (Manchester: Manchester University Press, 2015).

¹¹ These are held in the special collections of the Jagger Library at the University of Cape Town and the Pretoria and Cape Town repositories of the South African National Archives, respectively.

¹² Howard Phillips, 'Black October: the impact of the Spanish influenza epidemic of 1918 on South Africa', unpublished PhD, University of Cape Town, 1984; Harper and Constantine, *Migration and Empire*, 139-40.

¹³ All the names of individuals discussed in this paper have been changed for the sake of anonymity. This includes people not treated as mentally ill as well as those who were.

¹⁴ The literature on explorers is considerable. For the most recent contributions see Edward Berenson, *Heroes of Empire: Five Charismatic Men and the Conquest of Africa* (Berkeley, Ca: University of California Press, 2011); Dane Kennedy, *The Last Blank Spaces: Exploring Africa and Australia* (Cambridge, Mass: Harvard University Press, 2013), and Berny Sèbe, *Heroic Imperialists in Africa: The Promotion of British and French Imperial Heroes, 1870-1939* (Manchester: Manchester University Press, 2013).

¹⁵ John Tosh, *A Man's Place: Masculinity and the Middle-Class Home in Victorian England* (New Haven, Conn: Yale University Press, 1999), 170–94.

¹⁶ National Archives of South Africa [hereafter NASA], Cape Town Records Centre, 1 (CT) 3, 105/19.

¹⁷ 1 (CT) 3, 105/19, A. V. Kidd, CID report, 25 March 1919; Mary Squire sworn statement, 21 April 1919.

¹⁸ 1 (CT) 3, 105/19: Mabel C. Smith, Secretary Society for Protection of Child Life, to Cape Town Resident Magistrate, 8 May 1919.

¹⁹ 1 (CT) 3, 105/19: A. W. Kidd, CID report, 3 June 1919; Mary Squire sworn statement, 21 April 1919.

²⁰ 1 (CT) 3, 105/19: A. W. Kidd, CID report, 25 March 1919; Mabel C. Smith to Cape Town Resident Magistrate, 10 April 1919.

²¹ NASA, Pretoria, Governor General (GG), 1024, 41-104; 41-125.

²² GG 1024, 41-125, Arthur Pearson, Acting British Vice Consul, Katanga to Private Secretary, Governor General of South Africa, 2 December 1918.

²³ Valkenberg archives, UCT Special Collections, BC 1043, F.E. 2099: Josephine Hargraves.

²⁴ BC 1043, F.E. 2099: E. A. Hargraves to Superintendent, Valkenberg Mental Hospital, 27 May 1926; 19 July 1926; 2 August 1926; 8 August 1926; 15 August 1926; 30 August 1926.

²⁵ Valkenberg, BC 1043, F.E. 2099, patient case notes, September 1926; E. A. Hargraves to Superintendent, Valkenberg Mental Hospital, 14 May 1926; Secretary for the Interior to Superintendent, Valkenberg Mental Hospital, 23 September 1926.

²⁶ 1 (CT), 31, 114:24, M. T. McLouglin to The Magistrate, Cape Town, 30 July 1924; Edwin Davis, CID Police Report, 30 August 1924; M. T. McLouglin to The Magistrate, Cape Town, 30 July 1924.

²⁷ 1 (CT) 12, 34/21, Mabel C. Smith to Resident Magistrate, Cape Town, 7 February 1921; Edwin Davis, CID Police Report, 16 February 1921.

²⁸.1 (CT) 12, 34/21, Eleanor Dobbs, sworn statement, 8 March 1921.

²⁹ GG 1032, 41-125, Stephen Giles to Secretary, His Excellency the Governor General of South Africa, 18 April 1924.

³⁰ 1 (CT), 13, 59:21, Joseph Groom, sworn statement, 15 March 1921.

³¹ GG, 1027, 41-333, Angela Foster to the Honourable Lord Buxton, 7 September 1916.

³² GG, 1032, 41-623, F. Barnes to His Excellency the Governor General, 20 April 1924.

³³ GG, 1032, 31-619, Mrs Whitney to the Governor General of South Africa, 9 April 1924.

³⁴ GG, 1030, 41-477, T. Goll to His Highness the Governor General, 22 January 1923.

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- ³⁵ Saul Dubow, *Racial Segregation and the Origins of Apartheid in South Africa, 1919-1936* (Basingstoke: MacMillan, 1989)
- ³⁶ Valkenberg, BC 1043, M.E. 2156, *First Periodical Report on a Mentally Disordered or Defective Patient*, 16 May 1917.
- ³⁷ 1 (CT), 2, 64:19, History Sheet; CID Police Report, 2 December 1918; Probation Officer to The Magistrate, Cape Town, 30 July 1920.
- ³⁸ 1 (CT), 16, 208/21, Mrs Booyson, sworn statement (undated) appended to CID Police Report, 30 August 1921.
- ³⁹ 1 (CT), 16, 208/21, H. Jones, Woodstock CID, to Sub-Inspector Spence, Woodstock Police, 30 August 1921.
- ⁴⁰ Valkenberg, BC 1043, F.E. 2076, Superintendent, Valkenberg Mental Hospital to Attorney General, 20 September 1914; *First Periodical Report on a Mentally Disordered or Defective Patient*, December 1917.
- ⁴¹ Valkenberg, BC 1043, M.E. 1872, Case of Lawrence Seabrook, various documents.
- ⁴² GG, 1028, 41-350, A. W. Tuffs, Constable Durban CID, report, undated.
- ⁴³ GG, 1028, 41-350, S. Grimaldi, Sub-Inspector Durban CID, to District Commandant, Pietermaritzburg, 5 December 1917.
- ⁴⁴ GG, 1028, 41-350, F. Renwick to His Excellency the Governor General, 24 November 1917.
- ⁴⁵ Sally Swartz, 'Changing diagnoses in Valkenberg Asylum, Cape Colony, 1891-1920: a longitudinal view', *History of Psychiatry*, 6 (1995), 431-51.
- ⁴⁶ Jonathan Hyslop, "'Undesirable Inhabitant of the Union"... "Supplying Liquor to Natives": D. F. Malan and the Deportation of South Africa's British and Irish Lumpen Proletarians 1924-1933', *Kronos* 40 (2014), 178-97.

⁴⁷ For a collection of essays that deliberately gets beyond authorities' writing, see Fiona Paisley and Kirsty Reid (eds), *Critical Perspectives on Colonialism: Writing the Empire from Below* (Abingdon: Routledge, 2014).

⁴⁸ Sandra Maß, 'Welcome to the Jungle: Imperial Men, "Inner Africa" and Mental Disorder in Colonial Discourse', in Reinowski and Thum, *Helpless Imperialists*, 96.