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## The Mad in their Midst: Accommodating Insanity in Natal, 1868-1920\*

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### Introduction: The Ambiguity of Asylum

In December 1916, James Mkize, a *kholwa* (Christian) peasant farmer and preacher submitted a deposition to the Resident Magistrate of Umzimkulu, southern Natal, South Africa, detailing at some length the reasons why he believed that his brother, Bennie, was insane and should be legally detained in an asylum. James Mkize told the Magistrate: ‘My brother Bennie Mkize is of unsound mind. He first developed insanity while a youth. ...’<sup>1</sup> He went on to list examples of Bennie’s insanity: for instance, Bennie was given to interrupting the Congregational services conducted by his brother. He was publicly committing ‘intimate acts’. More worrying, he had also resorted to self-harm, deliberately chopping his right thumb off with an axe. James also recounted occasions of random, unprovoked violence. Once, Bennie had attacked his sister-in-law, Lena Mkize, ‘by hitting her on the face and shoulders with his fists and caused her to bleed through the nose and mouth.’ Only when James intervened did Bennie release Lena. James was then ‘smashed about the face.’ The children were becoming afraid of him; and his howling lasted through the night. In closing, James Mkize noted that Bennie’s madness was becoming more frequent, more violent, and more burdensome to his family. He was also unambiguous in his demands that the state and its psychiatric institutions take responsibility for the restraint of this disturbed and dangerous family member:

we are now tired of him [Bennie] and ask the Government to look after him. I and my brothers are unable to support him whilst in hospital and cannot afford to look after our own families and himself. If Bennie will be allowed to be at large it will cause much trouble to one of the families of the abovementioned kraals. If he would be taken into custody at once it would be much better ... He used to be tied up for about a year before. We consider that his insanity and derangement increases as he gets older. Formerly he

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<sup>1</sup> Pietermaritzburg Archives Repository (PAR) Registrar Supreme Court (RSC) 1/27 /1, Attorney General to Registrar of Supreme Court, Minute RSCN (M) Mental Disorders Act, No. 38, 1916 (M) 8/16. ‘Bennie Mkize of Rasmani’s Location, Umzimkulu.’ 21st December 1916.

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used to allow us to tie him up, now it is a great matter to get at him and have him tied up. The Government should surely relieve us of the responsibility we are in.<sup>2</sup>

The hospital to which James Mkize referred was the Natal Government Asylum on the Town Hill at Pietermaritzburg, the capital of Natal. Between its construction in 1880 and 1927 – when a second psychiatric facility, at the disused military barracks at Fort Napier, became available in the city, the Natal Government Asylum (hereafter, NGA) was the chief site of detainment in the region for those – white, African and Indian, men and women – who were certified as legally insane. Today, more than 400 patients are still accommodated at what is now called Town Hill Hospital.

In 1868, Natal had been the first colony in what would later become South Africa to make explicit legal provision for the detention of lunatics. The NGA was also the region's first purpose-built lunatic asylum. Although established at a time when the colonial state was most concerned with insanity and idiocy amongst white settlers, the NGA soon came to have a majority of patients who were black.<sup>3</sup> Institutional discrimination existed from the earliest days – in the form of accommodation in different, and inferior, wards (later separate buildings); inadequate food rations; restricted access to facilities and entertainments; as well as the greater exploitation of black asylum inmates as labour on the asylum estate. Nonetheless, the relatively early establishment of the NGA occurred at a time of liberal universalism, both in law and in psychiatry, and the NGA was never intended to be a whites-only institution (as was Valkenberg in the Cape) and the same professional and medical staff attended to black and white patients, on the same grounds, until racial segregation was temporarily achieved in the 1970s.<sup>4</sup>

By 1910, the NGA had the second highest asylum patient numbers in the new Union of South Africa. It was regarded as one of the country's pre-eminent mental hospitals and its Physician

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<sup>2</sup> *Ibid.*

<sup>3</sup> Nineteenth and early twentieth century records from Natal use the then current terminology of 'Europeans', 'Natives', 'Indians' and 'Coloured', and these terms have been replicated here. That they are now unacceptable is acknowledged, and their use here is not intended to be offensive. This is also the case with such terms as 'epileptic', 'paralytic', 'idiot', and so on.

<sup>4</sup> For histories of Valkenberg, see S. Swartz, 'The Black Insane in the Cape, 1891-1920' in *Journal of Southern African Studies*, 21, 3 (1995), 'Changing Diagnoses in Valkenberg Asylum, Cape Colony, 1891-1920: A Longitudinal View' in *History of Psychiatry*, vi (1995), and 'Colonialism and the Production of Psychiatric Knowledge in the Cape, 1891-1920' (Ph.D. thesis, University of Cape Town, 1996); and S. Marks, "'Every Facility That Modern Science and Enlightened Humanity Have Devised": Race and progress in a colonial hospital, Valkenberg Mental Asylum, Cape Colony, 1894-1910', in J. Melling and B. Forsythe (eds.) *Insanity, Institutions and Society, 1800-1914: A Social History of Madness in Comparative Perspective* (London: Routledge, 1999)

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Superintendent – the charismatic and colonially well-connected James Hyslop – was widely recognised as one of the most respected ‘mental specialists’ in South Africa, and Pietermaritzburg remained a favoured posting for aspiring psychiatrists. In less than a decade, however, the Pietermaritzburg Mental Hospital (as the NGA was now being called, although the term asylum lingered for some time) had become a focal point for the anxieties of the city’s white and Coloured citizens, many of whom wished to have the hospital and its patients hidden from public view.

The accommodation of insanity thus has – in terms of the history of Western psychiatry in southern Africa – a relatively long history in Natal and one of my aims in this chapter is to sketch out a narrative of the history of the first, foundational decades of the NGA. Within this there are, however, indications of other ways in which such a history can be allied to the histories of Western medicine and hospitals beyond the West. There are at least three overlapping narratives and meanings to the term ‘accommodating insanity’ reflected in what follows.

Asylums are profoundly ambiguous institutions. In its literal translation, the term ‘asylum’ is a place of refuge and sanctuary, it exists to safeguard those within it who are threatened by an existence outside its walls. At the same time, lunatic asylums especially, have become strongly associated with the notion of the protection of that outside society from those confined within the boundaries of the asylum buildings and grounds. Sanctuary for the sick has become security for the sane. Asylums may thus be simultaneously places of retreat and of confinement, and of refuge and restraint. My first concern, then, is to chart what was often an ambivalent relationship between the state, the NGA and its patients and staff, and the city and the citizens of Pietermaritzburg in the decades between the late 1860s and 1920. Moreover, if the image of the asylum has long been one of contestation – simultaneously a site of civic pride and of potential peril – in the context of South Africa in the early twentieth century, it is not surprising that it was the presence of a significant number of African insane, as well as black hospital staff, who were identified as posing a threat to the white rate-paying residents of Town Hill. Not only were the mad increasingly in the midst of the city, the majority were doubly alien, and feared, at a time of increasing racial segregation.

Historians of the institutional management of madness in southern Africa have emphasized, too, how profoundly foreign were colonial psychiatry and its asylums for the indigenous peoples of southern Africa as well as, especially in Natal, for substantial numbers of immigrant indentured

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workers from India, whose numbers equalled or surpassed those of settlers on the early 1900s. Much of the literature on the care of insane Africans emphasizes the rupture with pre-colonial indigenous practices that incarceration in such an institution represented. Robert Edgar and Hilary Sapire, for example, write of ‘a major contrast between African healing cultures, with their emphasis on collective, social responses to afflictions and those of Western psychiatry [with] the absence in the former, of traditions of separating the deranged and disruptive from their communities.’ They quote the Reverend Henri Phillipe Junod’s observations on Tsonga society, in which he claimed that segregation of lunatics from society was ‘unknown’ and that ‘only in the most extreme instances, when dangerous madness seized a person, was physical restraint and forcible restraint adopted.’<sup>5</sup>

Most recently, this stance has been underscored by Harriet Deacon, who writing of the Robben Island Lunatic Asylum from the mid-nineteenth century to 1910, comments: ‘How and why ‘lunatics’ entered mental institutions is related closely to the social function of the institution and the class, race or gender-specific meanings attached to insanity.’ She goes on to detail the social profile of that Asylum which was, usually, mostly male; ‘disproportionately single’; and aged largely between twenty and sixty. The Robben Island Lunatic Asylum patient population was also, except for a short period in the 1860s and 1870s, predominantly African. Deacon attributes this in part to ‘the legal emphasis on dangerousness as a criterion (more often applied to men) for admission to scarce asylum beds and the way in which asylums were used by the state to empty goals of disruptive criminals (who were predominantly men) ...’<sup>6</sup>

She goes on to explain that while white patients were overrepresented in asylum admissions compared to the general population [this] was explained at the time by racist theories that represented the white brain as more evolved and civilized, and therefore more susceptible to, and requiring more protection from, insanity than the black brain. ... White insanity was feared within the colonial order because it denoted degeneration and threatened hereditary insanity. Black insanity was feared mainly in its contact with white communities – potentially disrupting employment relations or breaking the taboo in sexual contact with white women.<sup>7</sup>

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<sup>5</sup> R. Edgar and H. Sapire, *African Apocalypse: The Story of Nontetha Nkwenkwe, a Twentieth-Century South African Prophet* (Johannesburg: Witwatersrand University Press, 2000), pp. 45-46.

<sup>6</sup> H. Deacon, ‘Insanity, institutions and society: the case of the Robben Island Lunatic Asylum, 1846–1910’ in R. Porter and D. Wright (eds.) *The Confinement of the Insane: International Perspectives, 1800–1965* (Cambridge: Cambridge University Press, 2003), p. 51.

<sup>7</sup> Deacon, ‘Robben Island Lunatic Asylum, 1846–1910’, p. 52.

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Deacon and others thus emphasise the role of the colonial state and its medico–psychiatric practitioners in identifying and incarcerating the black insane in colonial South Africa, highlighting the path to the asylum via the criminal justice system, transgressions of propriety in urban areas, and distance from ‘community networks of assistance’:

The black insane sequestered in relatively independent or isolated communities were thus not a major concern of the colonial state. African and Khoisan communities continued to use indigenous healing methods and to resist western medical treatment systems for mental illness well into the twentieth century.<sup>8</sup>

There is significant resonance with this picture in Natal, too. Nonetheless, and in the second thread of this chapter, I wish to argue that the NGA is of significance in the history of the management of madness both *of* and *by* blacks as well as whites in this region, and that the NGA should not be regarded simply as a ‘Western’ institution, one that was imported and imposed on a passive African population for the purposes of state–sponsored social control. Rather, and as the deposition by James Mkize clearly indicates, by the early twentieth century, Western psychiatry and its institutions had become an option – one amongst many, to be sure – that could be utilized by African families and communities in their own quest for a means of controlling, if not curing, the mad in their own midst. After all, and as Megan Vaughan has commented: ‘Far from being destroyed by the joint assault of colonialism and biomedicine, [African healing systems] tended rather to absorb and internalise, to “indigenize”, those elements of biomedical practice which seemed most effective and most impressive ...’<sup>9</sup> While her insight has been applied to practices employed by *izangoma* (diviners) or *izinyanga* (herbalists), such as injections, and diagnoses, such as hysteria, it has seldom been extended to include the role of Africans in initiating the process of committal of the deranged to a Western asylum.<sup>10</sup>

There is yet another strand which I wish to point to, but it unfortunately cannot be developed here in any great depth. This involves a further play on the word ‘accommodating’ in the title of the chapter: that is the outlining of the ways in which certain states of mind came, in the decades before 1920, to be gradually accepted as being more appropriately within the realm of

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<sup>8</sup> *Ibid.*

<sup>9</sup> M. Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford: California University Press, 1991), p.24.

<sup>10</sup> A notable exception, of course, is the work of Catherine Burns. See, for example, her ‘Towards a History of Hospitalized Childbirth in South Africa: A Case Study’, presented at the African Studies Seminar, University of Natal, Durban, 5 September 2000, and her PhD dissertation, ‘Reproductive Labors: The Politics of Women’s Health in South Africa from 1900 to 1960’ (PhD dissertation: Northwestern, 1995), and forthcoming manuscript. My point pertains more specifically to the historiography of psychiatry and mental health in Southern Africa.

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psychiatrists and their institutions than matters for law courts. In Natal and Zululand, such acceptance occurred at different rates and different times for whites and for Africans and for Indians. While the most striking example of this was perhaps colonial attitudes towards those settlers who were alcoholics or who attempted suicide, the story – inasmuch as we know it today – of James and Bennie Mkize serves as just one powerful example of how both medicine and hospitals beyond the West were the subjects of shifting understandings of their place, power, and promise.

### **From ‘that miserable place’ to a ‘Model Asylum for the Insane’: Accommodating insanity in colonial Natal**

At no time in the history of southern Africa, or anywhere else, have the majority of those who suffer from mental illness been accommodated in formal institutions such as hospitals, clinics or asylums.<sup>11</sup> From the 1860s onwards, however, the colonial state in Natal began to assume responsibility for the definition of and provision of facilities for those it designated ‘lunatics’. This followed imperial promptings by the Colonial Office in London, which was becoming increasingly concerned with the reform of hospitals and lunatic asylums throughout the empire.<sup>12</sup> In 1864, Secretary of State for the Colonies, Edward Cardwell, sent a Circular Despatch to the Governors of the Colonies referring to a request he had sent out the previous year requiring answers to one series of interrogations respecting Public Hospitals, and to another respecting Lunatic Asylums. In his despatch he commented:

I regret to find that, generally speaking, the state of these Institutions in the Colonies, though not perhaps worse than in England at a former period, is yet widely and deplorably different from what would be now considered in this country to be consistent with the humane objects they are designed to promote; whilst in some cases, though not I trust, in very many, the state of Colonial Hospitals and Lunatic Asylums would seem to be such as can hardly be deemed to be consistent with humanity itself.<sup>13</sup>

The despatch went on to outline how the majority of hospitals and asylums in Britain had their origins in the ‘bounty and philanthropy of private persons’ but that in the colonies the responsibility for establishing and maintaining such institutions would have to be ‘founded and

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<sup>11</sup> For the limits to the influence of colonial psychiatry, and the variety of other strategies for managing madness and for seeking ‘mental health’ in Natal and Zululand in this period and beyond, see J. Parle ‘States of Mind: Mental Illness and the Quest for Mental Health in Natal and Zululand, 1868–1918’ (PhD dissertation, University of KwaZulu–Natal, 2004), esp. chapters 3 and 4.

<sup>12</sup> E. H. Burrows, *A History of Medicine in South Africa up to the end of the Nineteenth Century* (Cape Town: A.A. Balkema, 1958), p. 216.

<sup>13</sup> PAR Government House (GH) 359, Circular Despatch from Secretary of State for the Colonies, 6 April 1864.

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supported from public funds' being 'dependent for their well-being on the Executive and Legislative Authorities.'<sup>14</sup> Cardwell closed by asking for further information on the progress that had been made in the provision of public hospitals and lunatic asylums, statements on what was still required, and by saying that he was 'confident that in the interests of humanity the exposition of the subject thus afforded will command, not only your own serious attention, but also, if necessary, that of the Legislature.'<sup>15</sup>

In response to this request, Lieutenant Governor Scott had been able to supply information on the recently completed Grey's Hospital in Pietermaritzburg, but had had nothing to say about institutions for lunatics in the Colony, for there were none. Lunatics were detained either at the city's gaol, or – for those of melancholic rather than murderous disposition – at Grey's Hospital. Four years after Cardwell's despatch, in 1868, the government of the Colony of Natal, by now headed by Lieutenant Governor Robert W. Keate, passed southern Africa's first legislation that formalized the detention of persons 'dangerously insane' or 'of unsound mind'.<sup>16</sup>

Before his arrival in Natal, Keate had been the Governor of Trinidad. From there he too had replied to the Despatch of 1863, and in May 1864, on the day before his departure to take up his new appointment in Natal, he had written to Cardwell about the Trinidad Lunatic Asylum in which he had 'evidently taken much interest.'<sup>17</sup> Keate's report had represented the asylum there as the exemplar of mid-nineteenth century enlightened psychiatric thinking and practice, using no mechanical restraints, but instead resorting occasionally to the seclusion of patients in rooms – padded or otherwise – as the only 'discipline resorted to.' Patients were kept occupied and amused in 'household services, washing, needlework, working at trades, gardening, reading and writing, various games, music and dancing.'<sup>18</sup>

In Natal, even for the white insane, these luxuries were probably unknown until the opening of the NGA in 1880. Throughout the 1860s and 1870s lunatics, dangerous or otherwise, continued to be housed as they had before, at Grey's or in the gaol, or at home, or in a series of makeshift

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<sup>14</sup> *Ibid.*

<sup>15</sup> *Ibid.*

<sup>16</sup> Natal Custody of Lunatics Law (No.1) of 1868, "To make provision for the safe custody of persons dangerously insane, and for the care and custody of persons of unsound mind'. In the Cape, the legal basis for the detention of lunatics was 'questionable' until the passage of the Cape Lunacy Act (No. 20) of 1879, which was a very close copy of the Natal 1868 Act.

<sup>17</sup> PAR GH 359 105, Despatch 45, Edward Cardwell, Secretary of State for the Colonies, to Governor Keate, 1 July 1864.

<sup>18</sup> *Ibid.*

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asylums where the accommodation was basic, cramped and custodial in intent. The inadequacy of such measures for managing the mad was becoming increasingly evident, however, and it is not coincidental that the early lunacy law in Natal was passed at a time when economic depression had made poverty among white settlers publicly visible for the first time. During ‘the dismal sixties’, more particularly between 1865 and 1871, Natal experienced a sharp economic setback accompanied by many bankruptcies, widespread unemployment and destitution, especially acute in the urban areas.<sup>19</sup> For the first time, the existence of settler poverty and the colony’s lack of welfare provisions became glaringly obvious. Grey’s Hospital became, so the Town Council frequently complained, effectively a ‘Poor House’, taking in the elderly, the indigent, the dissolute, and the demented. In 1866 the Town Council drew attention to the number of people, who were not necessarily ‘proper subjects for admission’ to Grey’s: These included ‘... the insane – in some instances mild cases – where proper care and kind treatment might produce speedy recovery; yet it is to be regretted that no satisfactory provision has been made to meet their cases.’<sup>20</sup>

According to historian of medicine in South Africa in the nineteenth century, Edmund Burrows, in the following year, 1867, Keate was moved to appeal to the Cape to admit Natal’s lunatics to the Robben Island Asylum.<sup>21</sup> When this was refused, ‘the Natal Government decided to erect a temporary lunatic asylum at the Pietermaritzburg gaol which was already in use when Law No. 1 of 1868 made provision for the custody of lunatics within the Colony.’<sup>22</sup> The conditions for the care and even custody of the mentally ill were woefully inadequate: it was here, for instance, that on the night of 29 October 1876, the quixotic Thomas Phipson, former Sheriff of Natal and outspoken critic of the colonial government, hanged himself from the window bars. The contagion of craziness and criminality that tainted Phipson’s death, according to his biographer, ‘caused a sensation’, but the shame of his madness, the meanness of the temporary asylum, and the stigma

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<sup>19</sup> J. Parle, ‘The Impact of the Depression Upon Pietermaritzburg During the 1860s’ (unpublished M.A. thesis, University of Natal, Pietermaritzburg, 1988).

<sup>20</sup> PAR PC Town Council Minutes 1/1/3, Mayor’s Minute, 4 August 1866.

<sup>21</sup> Burrows, *A Medical History of South Africa*, p. 218. Unfortunately, Burrows gives no sources for this claim beyond, ‘Personal Communication, Dr. M. Minde’. Max Minde was a psychiatrist who between the 1950s and 1970s wrote a series of articles for the *South African Medical Journal* on the early history of psychiatric services in South Africa.

<sup>22</sup> Burrows, *A Medical History of South Africa*, p. 218.

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of suicide, meant ‘his family dropped a curtain of silence over the whole affair.’<sup>23</sup> For many, too close association with madness was a terrifying prospect.

It was also under Keate’s curatorship that Natal’s first temporary lunatic asylum that was not attached to the gaol, or part of Grey’s Hospital, was opened. This property, at 525 Longmarket Street, was purchased by the government at a cost of £1,112, and consisted of ‘about eight-and-a-half acres of ground and a house’.<sup>24</sup> Somewhat ironically, this had once been the home of prominent Natal Judge, Lushington Phillips.<sup>25</sup> By the mid-1870s, this temporary asylum housed between thirty and forty inmates, but it seems doubtful that it was a significant improvement on the gaol: the Colonial Secretary, for instance, was said to have referred to it as ‘that miserable place’, where mechanical restraint by wrist straps and iron handcuffs was still practised.<sup>26</sup>

As in the Cape, in Natal during this time the majority of persons detained or restrained as lunatics were men; and of these there were roughly equal numbers of ‘Europeans’ and Africans, and very few Indians. African males formed the greater number of psychiatric patients in Natal from the late 1890s, but until then white men were the single largest category of legally-detained lunatics. Indeed, rather than being designed to nullify the growing numbers of African insane that were endangering the emerging capitalist colonial social order – as several scholars have suggested – it was the presence of the mad in the midst of colonial society which was most troubling. This echoed the situation in nineteenth century India, where as Waltraud Ernst has described, the European insane were regarded as potential transgressors of class and racial borders, and early asylum construction was largely in response to the need to prevent the undermining of the colonial image – of and to itself – of fitness to rule.<sup>27</sup> Unlike India, however, as a settler colony, in Natal mad whites were not repatriated, and there was apparently a growing need for their acceptable accommodation. Instead, indentured Indians in Natal who were found to be unsuitable for work by reason of insanity were returned to India to face an uncertain future there. This meant that the

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<sup>23</sup> R.N. Currey (ed.) *Letters and Other Writings of a Natal Sheriff, 1815-1876, Selected and Introduced and Edited by R.N. Currey*, (Cape Town: Oxford University Press, 1968), pp. 22-23.

<sup>24</sup> M. Minde ‘Early Psychiatry in Natal’ in *South African Medical Journal*, 30, 24 (March 1956), p.287.

<sup>25</sup> Union of South Africa, U.G. 31-‘20, *Report of the Commissioner of Mentally Disordered and Defective Persons* (Cape Town: Government Printer, 1920), p. 25.

<sup>26</sup> A.F. Hattersley, *A Camera on Old Natal* (Pietermaritzburg: Shooter and Shuter, 1960), p. 59.

<sup>27</sup> W. Ernst, ‘The European insane in British India, 1800–1858: a case-study in psychiatry and colonial rule’, in David Arnold (ed.) *Imperial Medicine and Indigenous Societies* (Manchester: Manchester University Press, 1988), pp. 27–44. Ernst has subsequently elaborated this argument in several other articles and in her book, *Mad Tales from the Raj: The European Insane in British India, 1880–1858* (London: Routledge, 1991).

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number of Indian inmates in the formal institutions of insanity in colonial Natal was kept artificially low.

The Natal Custody of Lunatics Act of 1868 was important in establishing a framework for the institutionalisation of insanity in colonial Natal and elsewhere in this region, for despite recognition of several important shortcomings in the Act – including by the emergent psychiatric profession in Natal – and with only a small modification in 1891, it remained in force until 1916, when it was superseded by the Union of South Africa’s Mental Disorders Act. During the half-century that followed its enactment, the state and medicine would strengthen the alliance between them that had been first formally established in 1868, and the Natal government would honour the promptings of the imperial government to provide a lunatic asylum that, in avowed intent at least, was ‘consistent with the humane objects’ that such institutions were, by the mid-nineteenth century, ‘designed to promote.’<sup>28</sup>

It took recovery from economic depression and an eventual return of prosperity, almost a decade after the passage of the ‘Lunacy Act’, before the Colonial Secretary was, in 1877, finally able to authorize the expenditure of £20,000 for the construction of a new lunatic asylum on the Town Hill, then on the outskirts of Pietermaritzburg. He had been nagging the colony’s Civil Engineer for at least a year to put forward building plans and estimates. When these were finally delivered, there were three alternatives: ‘For No.1 – £20,000, For Nos. 2 and 3, £15,000 each. Each of these would accommodate about 100 patients ...’<sup>29</sup> Lieutenant Governor Bulwer opted for No.1, which he deemed to be ‘the latest and most approved design’.<sup>30</sup> In 1878 actual construction began: it was this building which, though considerably expanded and reconstructed over the following decades, formed the nucleus of the Natal Government Asylum. District Surgeons for the City, Charles Gordon and Charles Ward were optimistic that with the appointment of a permanent resident medical officer and a ‘new system of superintendence’ there could be no reason why it ‘should not become, in every respect, a Model Asylum for the Insane’.<sup>31</sup> This ‘New Asylum’ was formally opened in February 1880: it housed just under sixty patients.

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<sup>28</sup> PAR GH 359, Circular Despatch from Secretary of State for the Colonies, 6 April 1864.

<sup>29</sup> PAR Colonial Secretary’s Office (CSO) 539 1876/96, ‘New Lunatic Asylum’, Civil Engineer for the Colony to Colonial Secretary, 18 July 1876.

<sup>30</sup> G. Fouché, ‘Mental Health in Colonial Pietermaritzburg’, in J.P.C. Laband and R. Haswell (eds.) *Pietermaritzburg: A New History of an African City* (Pietermaritzburg: University of Natal Press and Shooter and Shuter, 1988), p. 186.

<sup>31</sup> *Natal Blue Book (NBB)* 1879, Lunatic Asylum Return.

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The location of the NGA – on the Town Hill – was not the first choice of the Pietermaritzburg Town Council, but was rather the result of a compromise it had been forced to make in order to accommodate the objections of some of the city’s citizens. For, despite the commitment of the imperial and the colonial governments to the provision of lunatic asylums, the people of the city of Pietermaritzburg soon expressed mixed feelings about the permanent presence of madmen in the borough. An early proposal – made in 1865 – had been for the public asylum ‘in extent not more than ten acres’ to be situated near the base of the garrison at Fort Napier, on land where the Railway Station (which has subsequently become famous for its association with Gandhi) stands today.<sup>32</sup> Nothing came of the matter until 1873, when, this time, the government asked for 100 acres. This proposal met, however, with resistance from a significant number of white burgesses, and 115 petitioners persuaded the Town Council to withdraw its offer to donate any land within the city. The Council bowed to the pressure, and decided to offer the state fifty acres of land ‘provided that it be not within 1 mile of the City, and does not abut on any of the main roads.’<sup>33</sup> Later that year, a site of fifty acres on the Town Hill, then a mile and more to the west of the town, was mooted and eagerly accepted by the Council. A temporary asylum was established here, marking the beginning of a permanent accommodation of the legally–defined mentally ill on the hill overlooking the city.

The NGA did not have an especially auspicious beginning. The site allocated on the Town Hill was, at the time, largely barren and there was a single well, which provided sufficient water for cooking and drinking purposes only. Water for laundry and bathing had to be carried in buckets from a stream about 350 yards away. Sewage was received into wooden buckets, which were emptied daily in a trench sunk for the purpose in the grounds. Light was supplied by oil lamps.<sup>34</sup> The NGA’s first Physician Superintendent, James Hyslop, a newly–minted twenty–six year old, fresh from graduating from Edinburgh University and a three year–stint ‘specializing in mental diseases at Berlin, Vienna, and Munich’<sup>35</sup> was later recorded as being so ‘much disappointed with the primitive arrangements that he seriously considered the advisability of resigning and returning to Scotland.’ The design of the asylum buildings did not impress him either.<sup>36</sup>

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<sup>32</sup> PAR Pietermaritzburg Corporation (PC) 3/PMB 1/1/3, p. 1031. Minutes, Town Council Meeting, 8 March 1865.

<sup>33</sup> PAR PC 3/PMB 1/1/4, p. 802. Minutes, Town council Meeting, 14 March 1873.

<sup>34</sup> U.G. 31-‘20, *Report of the Commissioner of Mentally Disordered and Defective Persons*, p. 25.

<sup>35</sup> Obituary, *South African Journal of Science*, 14 (1917-1918) pp. 312-314.

<sup>36</sup> U.G. 31-‘20, *Report of the Commissioner of Mentally Disordered and Defective Persons*, p. 25.

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Nor did he find the colonial government willing to lay out further funds: without official support, he obtained ‘a few barrows and a few spades and set to work laying out the grounds and tree planting. In 1883 over 2,000 trees were planted and a start made with road making.’<sup>37</sup> Over the next several decades Hyslop oversaw the expansion of the buildings, which became more imposing, combining nineteenth century thinking about asylum construction with the especially aesthetically-pleasing Victorian salmon-pink brick architecture for which Pietermaritzburg became well-known.

Originally intended to accommodate a hundred patients, the NGA was always filled to capacity, often beyond. In 1887, there were 112 patients. Ten years later, there were 263 patients; and in 1909, 589.<sup>38</sup> Hyslop and his successors constantly commented upon the ‘overcrowding’ that was a ‘more or less prevalent condition.’ Some temporary wards were constructed out of wood and iron, at times patients slept in the corridors, and several houses on properties adjoining the asylum estate were purchased, both for private patients and for staff. It was, however, a point of pride for Hyslop, that no-one was turned away, provided they were accompanied by the correct documentation.

As the asylum facilities were expanded, they increasingly reflected the social stratifications of late colonial Natal. From the beginning, white and black patients were accommodated in different wards or ‘quarters’; later, in separate buildings. In 1891, the imposing and attractive Main Building – which still today acts as the most public face of the hospital – was completed. The front part of the building was ‘occupied by Europeans’.<sup>39</sup> At the beginning of the next decade, the original kitchen was replaced; a ‘general bathroom’ and laundry were built, and a drawing room, recreation rooms and two new dining rooms – one being for private patients – were added.

Men and women were accommodated in separate wards and wings, but there was no strict segregation of the sexes as appears to have been the case at some other asylums. Indeed, men and women were encouraged to mix, sharing the dining rooms, recreation facilities, and at the

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<sup>37</sup> *Ibid.*

<sup>38</sup> I have discussed the social profile of the NGA patients in detail in Chapter 2 of my dissertation, ‘States of Mind: Mental illness and the quest for mental health in Natal and Zululand, 1868–1918’ (PhD dissertation, University of KwaZulu–Natal, 2004) and an analysis of the asylum patient statistics was published in J. Parle, ‘The Fools on the Hill: The Natal Government Asylum and the Institutionalisation of Insanity in Colonial Natal’, *Journal of Natal and Zulu History*, 19 (1999–2001).

<sup>39</sup> U.G. 31-‘20, *Report of the Commissioner of Mentally Disordered and Defective Persons*, p. 26.

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weekly dances.<sup>40</sup> To what extent, if any, black patients were permitted to use the private or recreation facilities, we do not know, but it seems unlikely. African and Indian patients did not sleep in beds, but on mattresses on the floor.<sup>41</sup> Dietary provisions were less varied, and less nutritious, than those received by white patients, more of whom in any case were able to supplement their hospital food with items bought or brought by visiting friends or relatives.

In 1904, Hyslop commented on the building then underway – ‘the Male side being completely occupied at the end of 1905 and the Female side in 1906’<sup>42</sup> – to provide ‘new quarters for the Native and Indian patients. He explained that although the construction of separate amenities appeared to be costly in terms of the duplication of facilities, in fact, through economies achieved by the deployment of black patients on the estate grounds (which now produced vegetables, milk and eggs, and kept cattle and pigs, as well as having a quarry) this arrangement would ultimately be a beneficial one. For white patients, the assumption was that minimizing contact with ‘coloured’ patients was in and of itself conducive to their better state of mind.’<sup>43</sup>

At the same time, the number of private patients was increasing. At the end of 1904, Hyslop reported that there were seventy ‘European private patients, nineteen of whom were paid for at rates varying from £104 to £200 per annum.’ He added that this was a ‘very high proportion’, especially of the white women patients at the NGA, of whom just over fifty percent were privately paid for, while this was the case for only nineteen percent of the men.<sup>44</sup>

When building of the NGA first began in the late 1870s, the site of fifty acres on the Town Hill was somewhat remote from the city, though its elevated position on a bare hill made it visible for some miles around. Until the extension of the railway up the Town Hill in the early twentieth century, many of the staff travelled to and from town on horseback and, later, by rickshaw. Hyslop’s merging of his passion for horticulture and the regimes of moral management, especially purposeful work by patients meant that, by the 1890s, the grounds were well planted with trees and shrubs. All patients were encouraged to become involved in the gardens and fieldwork, or in the laundry, on the asylum farm, or at the quarry. Hyslop once remarked that ‘You might as well

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<sup>40</sup> SC. 14- ’13, *Report of the Select Committee on Treatment of Lunatics*, May 1913 (Cape Town: Cape Times Limited, Government Printers, 1913), p. 54. Evidence of Dr. J. Hyslop, 16 April 1913.

<sup>41</sup> *Ibid.*

<sup>42</sup> U.G. 31-’20, *Report of the Commissioner of Mentally Disordered and Defective Persons*, p. 26.

<sup>43</sup> *NBB* 1904, Report of the Medical Superintendent, Natal Government Asylum.

<sup>44</sup> *Ibid.*

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deprive the inmates of the institution [asylum] of medicine as deprive them of work, and the most suitable work for most is on the land. I regard useful employment for inmates of an asylum as quite as important as medicine.’<sup>45</sup>

By the early twentieth century, the asylum grounds had come to represent a country estate, both reassuring and desirable for a city that sought to establish its colonial credentials. The opening of the Main Building, in 1891 added substantially to the image of the NGA as a monument to the civilizing influence of British culture and bourgeois values. Moreover, as we have noted, the racial geography of the estate soon reflected that of the city and the country in which it was rooted:

In the decades that bracketed the turn of the twentieth century, the NGA was often referred to in approving terms. No doubt Hyslop’s character, his deep involvement in the colonial military, the town’s civic affairs and social life, helped to alleviate any elite suspicions of the institution he so dominated. From 1887, for instance, comes the following comment:

The Lunatic Asylum at Pietermaritzburg, to which insane persons are sent from all parts of the Colony, is a fine, brick building situated on a hill about one mile north-west of the city, in well-kept grounds, 50 acres in extent, commanding a beautiful view of the city and its suburbs. Female patients are housed in a separate block. ... We carefully inspected all the arrangements of the institution, and we now record, with great satisfaction, that under the care of Dr. Hyslop, who assumed charge in 1882, the comfort and welfare of the afflicted inmates are sought to be secured by all means which ability and experience can suggest.<sup>46</sup>

In 1906, the glossy publication, *Twentieth Century Impressions of Natal*, devoted some space to both the NGA and to Hyslop, and expressed similarly approving sentiments. The tributes paid to Hyslop after his death in 1917 also made frequent mention of the manner in which the asylum grounds added to the aesthetic and architectural appeal and prestige of the city. So long as the asylum remained on the outskirts of the city, madness was segregated and domesticated. When the city encircled the asylum, however, the mad in the midst were once more to be feared.

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<sup>45</sup> *Select Committee, 1913*, p. 42. Evidence of Dr. J. Hyslop, 16 April 1913.

<sup>46</sup> Natal Government Gazette XXXIX No. 2262 Tuesday, September 20 1887, Government Notice No. 430, 1887, *Report of the Commission appointed to inquire into and report upon the Indian Immigration Laws and Regulations of the Colony, and on the general condition of the Indian population of Natal*, Chapter XXVIII, p. 59.

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## **‘The Night Long Song of a Hundred Mad Natives’<sup>47</sup>: The mad in the midst of Pietermaritzburg, 1910–1920**

By 1910, Natal had the ‘highest ratio of white [mental] patients to general population’ in the Union of South Africa.<sup>48</sup> Hyslop attributed this to the smooth, if not to say lax, operation of the 1868 Custody of Lunatics Act, and not to any greater incidence of insanity in Natal and Zululand. While the growing numbers of private patients would seem to indicate that the asylum was gaining in respectability as a place to which mentally ill whites could be sent, this did not necessarily mean the stigma and shame of having an insane relative had disappeared. Indeed, testifying before a Parliamentary Select Committee on the Treatment of Lunacy in 1913, Hyslop emphasized that ‘people’ – meaning whites – ‘are very averse to sending their relatives to an asylum ... it is regarded as a sort of disgrace to have relations in an asylum.’<sup>49</sup> Perhaps more surprisingly, however, he went on to say, ‘but I fancy the natives are not at all averse to sending theirs and that they take full advantage of the opportunity of getting rid of the troublesome relatives in this way. I have noticed more especially of late cases are being sent to the asylum which at one time would not have been sent.’<sup>50</sup>

This is an intriguing statement. A dearth of extant patient records – especially those of African and Indian patients – unfortunately makes it difficult to gauge with accuracy the extent of family involvement in initiating asylum committals. Nonetheless, snippets of documentary evidence indicate that some African families were beginning to regard the asylum as the appropriate place where those of unsound or disturbed states of mind could and should be sent. The family of Bennie Mkize were not alone: in 1913, to take just one example, Johannes Mhlongo, a plantation worker from the Natal Midlands, was ‘consigned to the Asylum by the Magistrate of the Lions River Division at the express request of his relatives who were living in considerable fear of him.’<sup>51</sup> The threat of violence was uppermost in this appeal, but who was most at danger is not specified.

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<sup>47</sup> National Archives Repository, Pretoria (NAR), Department of Health (GES) 2767 4/78, Land for Natal Mental Hospital. Minutes of the Meeting of Finance and General Purposes Committee, Held on Thursday, 26 September, 1918, at 2:30 pm. 877/18. ‘Grant of Land to Mental Hospital.’ See below for the context of this phrase.

<sup>48</sup> NAR Prime Minister’s Office (PM) 1/1/322 184/2/1913, ‘Public Health: Extension of Lunatic and Leper Asylums’, Memorandum from Dr. J. T. Dunston and Mr. P. Eagle to Acting Secretary for the Interior, 22 December 1912, p. 8.

<sup>49</sup> *Select Committee, 1913*, pp. 52-53. Evidence of Dr. J. Hyslop, 16 April 1913.

<sup>50</sup> *Ibid.*

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If African families and communities were beginning to turn to Western psychiatric institutions for their own protection, from the early twentieth century, dangerousness – to oneself and not necessarily to others – became a common reason for the committal of white patients to the NGA: of the 251 ‘European’ admissions recorded between 1904 and 1908, more than forty persons were identified as being ‘suicidal’. Many of these were admitted as private patients.<sup>52</sup> Along with alcoholism, which was coming to be spoken of as a ‘disease’ rather than a mere moral failing, attitudes towards suicide – for upper-class whites at least – were by this time beginning to undergo a shift towards a more sympathetic understanding.<sup>53</sup> For several more decades, however, Africans or Indians who attempted or threatened self-destruction were more likely to be gaoled or fined than regarded as mentally frail. Nonetheless, in the early decades of the twentieth century, for some people, in some states of mind, the NGA now came to represent a less shameful alternative to incarceration. Particularly in cases where the deranged could afford private quarters or personal nurses, the stigma of suicidal behaviour began to lessen, or at least began to be regarded as more appropriately the domain of the doctor than of the magistrate.

More patients meant an even greater strain on the existing facilities of the NGA and a need for more extensive buildings and grounds. In 1909, another 36 acres of ground had been acquired for the asylum, and in 1910 building began on new housing for both paying patients and the white male staff. This coincided with a new phase of thinking about both psychiatric practice and asylum construction. In tandem with international trends, in South Africa, doctors, psychiatrists and law-makers shifted away from fears about an apparently general increase of madness, to a concern with ‘mental hygiene’ as a vital strand in the effort to preserve racial purity. In South Africa, these fears contributed, both directly and indirectly, to the elaboration and implementation of segregationist legislation.<sup>54</sup> Moreover, class distinctions amongst white South Africans acquired great salience, as poorer class whites – even more so if they were mental patients – were viewed with increasing

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<sup>51</sup> PAR uncatalogued Accession Papers of John Lidgett, Letter Book, October 1911 to February 1914, p. 908. John A Lidgett to Medical Superintendent, Natal Government Asylum, Maritzburg, 9 January 1913. My thanks to Allison Drew for this reference.

<sup>52</sup> Natal Government Asylum (European) Patient Case-Book XI. This is a conservative estimate as I have not included those who were said to be ‘probably suicidal’.

<sup>53</sup> L.R. Anderson, ‘Society, Economy and Criminal Activity in Colonial Natal, 1860–1893’ (unpublished PhD dissertation, University of Natal, Durban, 1993), p.282.

<sup>54</sup> The general South African picture - of the eugenics and mental hygiene movements, concerns about degeneration, poor ‘whiteism’, the ‘feeble-minded’ and racial purity - is well covered in chapters 4, 5 and 6 of Saul Dubow’s *Scientific Racism in Modern South Africa* (Cambridge: Cambridge University Press, 1995). See also P. Rich, ‘Race, Science, and the Legitimization of White Supremacy in South Africa, 1902–1940’, *The International Journal of African Historical Studies*, 23, 4 (1990), pp. 665–686.

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suspicion along with the perceived threat they supposedly posed to the vitality and mental vigour of ‘the white race’.

With some justification it might be said that, by 1920, South African psychiatry – although still bearing the imprint of its nineteenth century origins – had taken on a different orientation, one that was more carefully directed in the interests of a state that was concerned to systematize the segregation of its citizens and its subjects. In this, the boundaries of race, gender and class continued to be potentially threatened by those who exhibited insanity or idiocy, a concept and a category that was now more broadly understood to include the ‘feeble-minded’. These concerns would come to be reflected in the spatial organisation of the asylum. The new thinking favoured several small ‘villas’ on a larger hospital estate, with different ‘classes’ – both in terms of social and psychiatric classifications – of patients accommodated according to their different requirements and to the state’s willingness to provide facilities. This was an arrangement that Hyslop endorsed, believing that a move away from the ‘block system’<sup>55</sup> would increase the therapeutic value of the asylum, especially for the growing numbers of private patients.

In the years following Union the South African asylum system was placed on a national footing and reorganized according to a scheme first articulated by a newer generation of psychiatrists. The most influential of these was Dr. J.T. Dunston, the Union’s Commissioner for Mentally Disordered and Defective Persons, whose office fell under the Department of the Interior.<sup>56</sup> Addressing the 1913 Select Committee, Dunston explained that the new ‘science’ and ‘economy’ of psychiatric classification required hospitals on a substantial scale. While an older, retiring generation of asylum superintendents – such as Hyslop at Pietermaritzburg and W.J. Dodds at the Cape – feared the creation of huge ‘monster asylums’, Dunston recommended economies of scale both within individual asylum estates and across the new Union. This necessitated the enlargement of some asylums, and also the more efficient allocation of different categories of patients around the country. Accommodation of criminal lunatics would be centralized at a new facility at Bloemfontein in the Orange Free State; Fort Beaufort in the eastern Cape was for troublesome, but not criminal, black patients; Valkenberg and Grahamstown were to be for white patients only; and

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<sup>55</sup> *Select Committee, 1913*, p. 13. Evidence of Dr. W. J. Dodds, 14 April 1913. This term was also used by the Chairman of the Select Committee to describe the ‘huge asylums’ in America and elsewhere that had around 2,000 patients.

<sup>56</sup> From the 1920s, the Commissioner for Mental Hygiene.

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until it could be closed down – which was finally achieved in 1921 – the Robben Island Asylum housed black patients; only chronic, long-term patients were sent to Port Alfred.<sup>57</sup>

Underpinning Dunston's design was the revolutionary reordering of psychiatric classification under the system advocated by Emil Kraepelin. Key to the success of recovery from insanity was its early detection, classification, and the allocation of the patient to the correct facility. It was important that 'Class 1' patients, the neurasthenics and those vulnerable from stress, worry or other enervating conditions, should never have to come into contact with 'Class 2' patients, who were 'troublesome' but, who, after a time spent at a 'special psychopathic hospital' or treated as out-patients, stood a reasonable chance of recovery. They, in turn, needed to be kept separated from patients categorised as 'Class 3', who were described as being prone to mental disturbance because of 'hereditary and constitutional weakness'. The fourth and final 'class' – the imbeciles, degenerates, the demented, those who suffered from secondary dementia following epilepsy, and from general paralysis of the insane – were, Dunston believed, 'from the beginning incurable'. Their prognosis, he said, was hopeless and all that could be hoped for was custodial care to prevent them from being dangerous to themselves and to others.<sup>58</sup> Ideally, for each of these categories of patient, different wards, even hospitals, were required.

Clearly, this suggested overhaul of South African psychiatry could clearly not be achieved overnight. An asylum arrangement that combined different elements of the overall scheme was therefore mooted. Based on what was termed the 'villa' or 'village' system, it had already begun to be implemented at a number of older asylums. At Pietermaritzburg, as we have seen, private patients (who were invariably white) were housed separately from non-fee paying white patients as well as African and Indian inmates. The distinction between patients was on the basis of race and class, not necessarily on clinical categories. Nonetheless, it was recognized that dangerous, manic and disruptive white patients needed to be kept apart from those whites who were quiet and more melancholic. This led to a proliferation and multiplication of wards and buildings.

Dunston – and the Commissioners of Mental Hygiene who followed him – were primarily concerned with the prevention of the propagation of the white 'mentally unfit', and had relatively little interest in those already detained as mental patients in the country's asylums. This meant that

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<sup>57</sup> *Select Committee, 1913*, p. 134. Evidence of Mr. E.H.L. Gorges, 25 April 1913.

<sup>58</sup> NAR PM 1/1/322 184/2/1913, Public Health, Extension of Lunatic and Leper Asylums and Select Committee, 1913, p. 78. Evidence of Dr. J. T. Dunston, 18 April 1913

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there was even less concern with the provision of treatment for black asylum inmates.<sup>59</sup> Instead, they were to provide a pool of unpaid labour for the upgrading of mental hospital grounds and buildings. Under this new, less liberal, regime, discriminatory practices that had been initiated under colonial governments became an even more entrenched component of asylum administration and practice.

By 1914, when Hyslop retired, the Pietermaritzburg Mental Hospital was no longer on the outer boundaries of the city. Its patient numbers had increased vastly more than the 100 originally envisaged. Keeping pace with the expanding asylum population – with the attendant need for staff, room for recreation, as well as, increasingly, for land upon which to grow food for the patients – Hyslop had gradually expanded the grounds. By purchasing lands adjoining the original grant, by 1913, the asylum estate covered 140 acres. Following Union an even more concerted effort was made to acquire a number of properties abutting the asylum lands. During the years of World War 1 this became more important still as the country's mental hospitals were urged to make themselves as self-sufficient as possible.

In 1915, in accordance with the recommendations put forward in the Select Committee Report, part of one of the older buildings at the Pietermaritzburg Mental Hospital was converted into an admission ward for the reception of 'acute cases', and it was put under the charge of female nurses. This, Hyslop's successor, Dr. Robert Sinclair Black would later comment, 'was the first real attempt in Natal at Hospital treatment for the Mentally Disordered, and though it was make shift [sic] it was a very great advance and improvement on previous conditions.'<sup>60</sup>

Work on further accommodation for black patients began in 1917, but was considerably delayed because of materials shortages experienced during the War: new quarters for black men were opened in 1918, though not before the 'overcrowding' there had accounted for a high death toll following the Spanish 'Flu epidemic of that year.'<sup>61</sup> In late 1918, work commenced on 'New Female Native Quarters'. This was finished in 1919. For these constructions, all the labour was performed by patients. While some white inmates did join the work gangs, it was mostly African and Indian patients who were engaged in the heavy work of tilling, digging, and building.

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<sup>59</sup> See S. Swartz, 'Colonialism and the Production of Psychiatric Knowledge in the Cape, 1891-1920', pp. 31-32.

<sup>60</sup> U.G. 31-'20, *Report of the Commissioner of Mentally Disordered and Defective Persons*, p. 25.

<sup>61</sup> U.G. 31-'20, *Report of the Commissioner of Mentally Disordered and Defective Persons*, p. 27.

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Moreover, the accommodation given to black patients was of an inferior standard to that for whites. This had been firmly established in 1913 when the vast discrepancy between the officially calculated rates providing for the facilities of white and black mental patients was clearly stated: Secretary for the Interior, Edmond Gorges, had told the Select Committee, ‘we have made provision on the basis of £250 a bed for Europeans and £75 a bed for natives.’<sup>62</sup> Pressure for segregated facilities within the hospital complex came not only from administrators, state officials and psychiatrists, however, but also from the families of patients, including on occasion, some who would later be officially classified as being ‘not European’. In 1920, for instance, ‘Coloured’ voters in Pietermaritzburg petitioned the state for a greater measure of racial segregation within the mental hospital, asking that their relatives who were patients should not be housed with African inmates, and stating that they, the families, were prepared to pay substantially towards the maintenance costs of these ‘Coloured’ patients.<sup>63</sup>

All this meant for a sizeable community of people – patients, medical and nursing staff, attendants, gardeners and workmen – who were permanently resident at the Pietermaritzburg Mental Hospital. In 1910, there were 619 patients; in 1914, 643; and then, in the next four years, there came a large jump to 797, of whom only 355 were classified as ‘Europeans’. In 1918, there were also more than 140 staff, many of whom were black. The ambivalence towards the asylum shown in the 1870s by the white citizens of Pietermaritzburg was now turning to antipathy, if not hostility. For not only had the asylum expanded far further than had originally been anticipated, it was also increasingly anomalous as an institution housing large numbers of blacks in the midst of what were now predominantly white suburbs.

Opposition to the asylum coincided with its expansion during the years of World War 1. This was also a time when the city of Pietermaritzburg was characterised by growing numbers of African workers, Indian traders and artisans, and an expanding, though still relatively small, community of ‘Coloureds’. Suburban settlements were also accelerating, and competition for the most

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<sup>62</sup> *Select Committee, 1913*, p. 140. Evidence of Mr. E.H.L. Gorges, 25 April 1913.

<sup>63</sup> NAR Department of the Treasury (TES) 4009 F21/53, Asylums: Coloured People at the Mental Hospital, Pmb, Accommodation, Mr. Benjamin, 376 Greyling Street, Pietermaritzburg to Private Secretary, 4 May 1920. The petitioner was told that accommodation for ‘Coloureds’ would, in the future, be provided at Valkenberg.

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economically favourable land was closely tied to racial politics.<sup>64</sup> These suburbs included the Town Hill, and the plans to extend the asylum ignited a flash of protest in which concerns about class, race and gender were given an extra edge by the prospect of the presence of the insane in the midst of a white residential area.

The first signs of organized protest came in November 1916, when some twenty-four petitioners - 'and others', submitted a memorial to the Pietermaritzburg City Council in which they objected to an impending grant of a section of the town lands, at the back of the Mental Hospital. The Council, as it had done forty years before, bowed to the pressure of its rate-paying constituents, and passed a resolution refusing to enter into further negotiations on the matter with the government. Over the next few years, opposition to the extension to the hospital grounds became if anything more virulent and the demands for safeguards more specific. Furthermore, whereas the earlier objections had been to the asylum and its inmates in general, now the attempts to highlight the grievances of the residents became couched in overtly racialised terms that stressed the 'dangerousness' that 'mad Natives' posed to 'innocent' and 'peaceful' whites, especially women and children.

Further petitions in 1917 and 1918 spoke of 'the strength of the opposition to the grant of land in the midst of a popular residential area to the Mental Hospital' and of their fears that the suburb would soon become 'a total wreck'.<sup>65</sup> They pointed out that the number of patients at the Mental Hospital had originally been 'comparatively small' but that:

with the present growth with patients brought from other Provinces – the Cape and the Free State – the residents' disabilities and disadvantages had become very marked. ... the number of natives is on the increase and that it would be readily admitted that no one desired a Native Location in the neighbourhood. The residents were being saddled with a growing Native location in which the Natives are mad and while the night-long song of a 100 mad Natives is not too agreeable, the nuisance becomes far more than ten times as bad when the number is increased to 1,000. The same applies to the risk of escape.<sup>66</sup>

Combining white fears of black men making unprovoked sexual attacks on white women and popular stereotypes of mental patients as being dangerous, the head of a 1918 delegation, a Mr.

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<sup>64</sup> T. Wills, 'The Segregated City', in Laband and Haswell (eds.) *Pietermaritzburg: A New History of an African City*, p. 39. Also, T. Wills, 'Segregation, separation and desegregation: Pietermaritzburg since 1910', in B. Guest and J. Sellers (eds.) *Receded Tides of Empire: Aspects of the Economic and Social History of Natal and Zululand since 1910* (Pietermaritzburg: University of Natal Press, 1994), pp. 283–309.

<sup>65</sup> NAR GES 2767 4/78, Land for Natal Mental Hospital . Minutes of the Meeting of Finance and General Purposes Committee, Held on Thursday, 26 September, 1918, at 2:30 pm. 877/18. 'Grant of Land to Mental Hospital.'

<sup>66</sup> *Ibid*

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Bigby, told the Town Council that his deputation ‘had thought out certain conditions (a) to secure protection and a sense of security for ladies and children living or having occasion to use the road in the vicinity and (b) to call a halt to the “peaceful penetration” and so preserve the suburb as a residential area.’<sup>67</sup> These conditions included a screen of trees and that ‘the Government shall erect and maintain in good repair a double fence along the whole of the boundaries’, the outer fence to be constructed of wire and the inner, a “Pale” unclimable [sic] steel fence.’ The two were to be ‘no less than 100 feet apart, and the belt of ornamental trees should be planted between them. Nor was there to be any new entrance to the Mental Hospital on the new grant of land, which was in any case only to be used for grazing purposes. Furthermore, no patients – unless ‘under strict observation’ while engaged in agricultural labour – were to be allowed on the land. These patients would, by and large, have been African and Indian. Finally, the government was not to seek to acquire any further land for the hospital on the Howick Road or in the remaining lands that approached the city.’<sup>68</sup> In November 1918, the Department of the Interior agreed to the conditions requested by the Deputation.<sup>69</sup>

The limits to any significant future expansion of the Mental Hospital in the midst of the city were thus established by 1918. In the next decade, a solution to the perennial overcrowding of patients that had characterised the asylum on the Town Hill almost since its inception in 1880, was sought by converting the former military barracks at Fort Napier into a mental hospital. The first patients were moved to this most unsatisfactory facility in 1928.<sup>70</sup>

### **Epilogue and Conclusions**

The history of the accommodation of insanity in Pietermaritzburg is simultaneously one of expansion and of contraction. While between the mid-1870s and 1920, the material facilities for the institutional care of the mentally ill were enlarged, under the Union, and later, the Republic, of South Africa, psychiatric patients in Natal arguably received less concern than they had under the colonial state. Located at some distance from the political and economic nub of Rand, Natal’s ‘mental services’ and its psychiatrists no longer occupied the position of prestige enjoyed by and under James Hyslop. Even as some forms of derangement were becoming, albeit gradually,

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<sup>67</sup> *Ibid.*

<sup>68</sup> *Ibid.*

<sup>69</sup> NAR GES 2767 4/78, Land for Natal Mental Hospital. Acting Secretary for the Interior to Secretary for Lands, 16 November 1918.

<sup>70</sup> See G. Fouché, 'Mental Health in Colonial Pietermaritzburg', in Laband and Haswell (eds.) *Pietermaritzburg: A New History of an African City*, p. 188.

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accepted as treatable, significant stigma remained attached to mental illness. Under great strain during the War years and after, facing escalating patient numbers, increasing bureaucratic burdens, and frugal finances, Hyslop's successors complained to state officials of overwork, official neglect, and extreme fatigue.

Since the late nineteenth century, the majority of patients accommodated at the Pietermaritzburg Mental Hospital were black – African, Indian and Coloured – and the over-riding interest of the emerging national South African psychiatric profession and scientific practice lay in a concern for whites. Nonetheless, numbers at the Pietermaritzburg Mental Hospital continued to rise: by 1918, nearly 800 patients were accommodated, in a variety of different buildings, wards, and wings, on the Town Hill. Of these, there were 294 'Natives', 31 'Coloured' and 117 'Asiatics': 'European' patients had long been in the minority.<sup>71</sup> In the absence of committal papers or patient records for the period before the implementation of the Mental Disorders Act of 1916, it is impossible to establish accurately the grounds on which patients, especially black patients, were admitted. The numbers of Indian patients at Pietermaritzburg had begun to escalate from the early 1900s. The reasons for this acceleration lie in both the dire economic circumstances experienced by Natal Indians at this time and, possibly, a gradual shift of attitude amongst Indians themselves towards Western psychiatry and medicine. Certainly, the constantly rising numbers of African inmates, as well as testimonies such as that by James Mkize, suggest that to see the asylum on the Town Hill simply as an alien institution that was imposed on subject peoples does not do justice to questions of medical pluralism, African agency, or to the complex social history of Western medicine in contexts far from its genesis.

The continued accommodation of several hundred black patients, as well as black staff who worked at the asylum, had, by the years of World War 1, aroused the resentment and animosity of a number of white Pietermaritzburg residents, who fused fear of the insane inmates, racial stereotypes, and avaricious interests in the, by now extensive and economically-desirable, lands that the Mental Hospital occupied at the heart of the city. While the asylum had always been regarded with ambivalence, by 1918, the mad in the city's midst were regarded as a nuisance at best, and a danger, at worst.

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<sup>71</sup> UG '31 –20, *Report of the Commissioner of Mentally Disordered and Defective Persons for the Union of South Africa*, p. 32.

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Even after further expansion of the Pietermaritzburg Mental Hospital was halted, the city's ambivalent attitude towards the accommodation of the mad did not disappear. Indeed, in the 1960s, by which time most of the patients at Town Hill Hospital were white, the Pietermaritzburg City Council again bowed to pressure from local ratepayers to approach the government to 'release' the 305 acres that the hospital then occupied. Arguments put forward ostensibly prioritised the needs of the patients for more 'modern' facilities, as well as the desire to run the city's two psychiatric hospitals on a more 'efficient' basis.<sup>72</sup> In a submission made in Parliament on 20 September 1966, Mr. Bill Sutton, the M.P. for Mooi River (whose constituency included Town Hill), gave voice to the concerns of the white citizens of Pietermaritzburg that can be seen as continuing to reflect the same motivations that had prompted the petitioners of the 1870s and of 1918. Sutton asked whether it was the government's intention to move some of the African mental patients from the city since 'both Town Hill and Fort Napier were now in the centre of Pietermaritzburg.'<sup>73</sup> Racial segregation of psychiatric patients was not sufficient however, and he pointed out that Town Hill occupied prime city land, which could be developed for residential purposes. There is an irony in the insane of Natal and Zululand occupying land that came to be highly desired by the citizens of the city. There is perhaps another irony in that it was the *apartheid* Minister of Health, Albert Hertzog, who rejected the request to close down Town Hill Hospital, saying that 'The plea for the hospital to be moved resulted from "glittering eyes on that ground."<sup>74</sup>

Today, Town Hill and Fort Napier continue to be regarded with some ambivalence by the citizens of Pietermaritzburg, and a series of recent tragedies and scandals involving patients has revived public concerns about the potential for abuse that exists in psychiatric hospitals.<sup>75</sup> Considerably reduced in extent from the more than 300 acres of grounds that it occupied in the 1960s, Town Hill Hospital is now bounded by the 'new' Grey's Hospital, an upmarket retirement complex, an exclusive hotel and restaurant – on the site of Hyslop's former residence – and a busy road that borders on a burgeoning commercial and light-industrial area. The 400 or so patients who are still accommodated at Town Hill are thus both more in the midst of the city than ever before, and as removed from it as they were in the past.

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<sup>72</sup> *Natal Witness*, 'Council Gets MP Support Over Hospital', 18 June 1966.

<sup>73</sup> *Natal Witness*, 'Minister Rejects Town Hill Plea', 21 September 1966.

<sup>74</sup> *Ibid.*

<sup>75</sup> See, for example, 'A Conspiracy of Silence: A little boy was murdered at Fort Napier and no official is taking the rap', *Natal Witness*, 13 February 1999, and 'When patients come last', *Natal Witness*, 13 April 2002.