

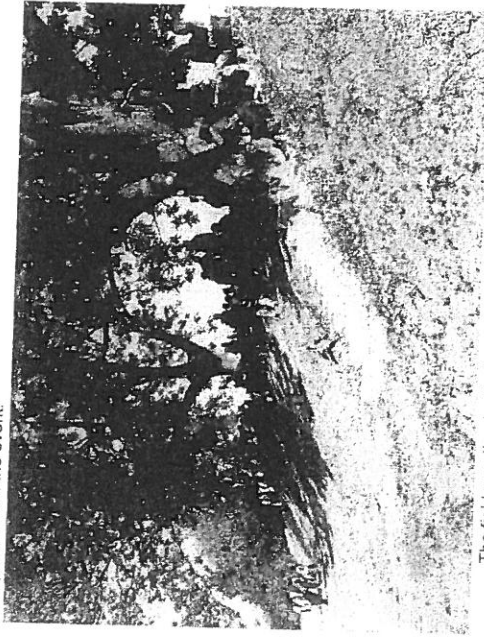
## 2. Soccer day

As the Annual Royal Show takes place towards the end of May every year in which large portions of the hospital grounds are used for parking, we were proactive this year and chose the date for the event for 2 weeks before the commencement of the Royal Show. This worked greatly in our favour as we had more control of the grounds' upkeep due to this. This event will continue to be planned in this manner in future. The event went well with almost 60% overall attendance. Due to the fact that the MHCUs thoroughly enjoyed the hot dogs provided at previous year's events, OT staff decided to make and serve hotdogs again this year which were, once again, well received. Snack packs, cooldrink and oranges were also provided to the MHCUs as outlined in the annual budget. Clarendon Primary School assisted the hospital in marking the lines for the soccer field which we are very grateful for. The hospital's line marking machine is broken and thus without their assistance we would have been unable to have lines drawn on the field. Ullsig G/H won the final match and Hillside D was the runner-up. Impala H won the best supporters prize. The winning male and female wards both each received a R150 gift card towards a ward party and the runner-up ward were given a bulk pack of chips and sweets to the value of approximately R30,00.

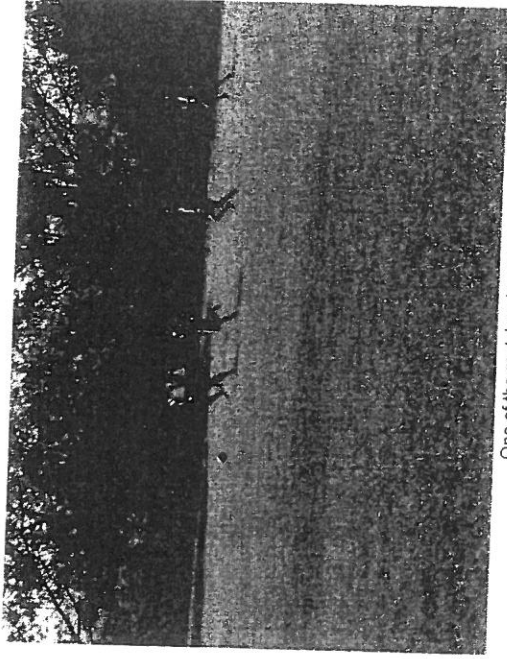
### Challenges:

- It was reported that the loud hailer was not loud enough at the event. It was suggested that we consider ordering a microphone system for use at the OT events.
- It was a challenge organizing the build-up matches in the week's leading up to the event due to ward's being unavailable or challenges with MHCUs. These matches are necessary though so as to ensure all wards have an opportunity to be able to play to take part on the day of the event.

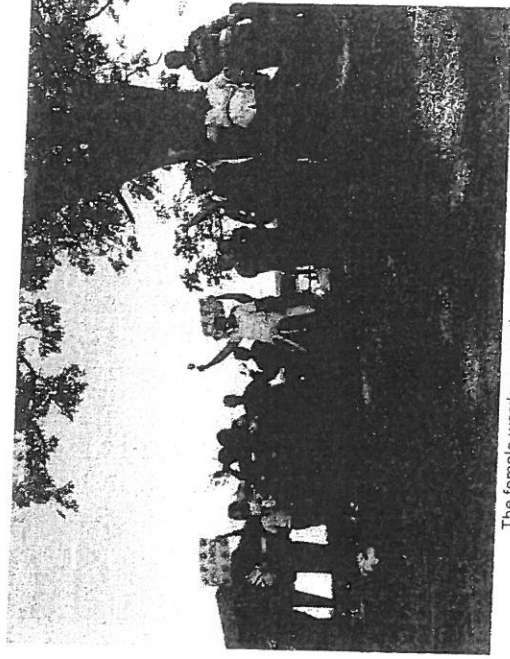
Here are a few photos from the event:



The field was lined with the many spectators from the wards.



One of the matches in progress.



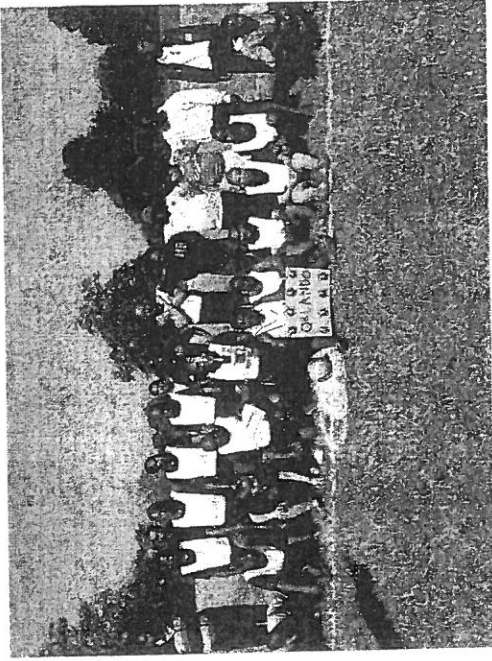
The female wards supporting their allocated team.



MHCUs received freshly prepared hotdogs and cold drink on the day at tea time.



J. Taylor handing over the trophy and certificate to the winning team from Utisig G/H



The winning team of the day...



Impala H won the prize for best supporters.

### 3. Geriatric fun day

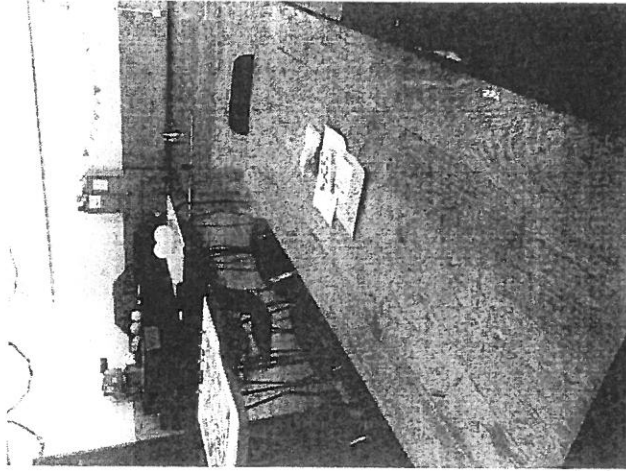
This event was planned purely for the Utisig A and C wards due to the fact that the remainder of hospital level events do not cater to their specific needs and interests. This morning included setting up a variety of different games and activities, mostly all tabletop which allowed the various MHCUs the opportunity to socialize with one another and play games of their choice. OT staff facilitated each of the various activities to ensure they were upgraded and simplified according to the functional level of the MHCUs. Once the activities were completed a number of different genres

of music was available for the MHCUs to then sing and dance to. A variety of musical equipment was also provided. Music was chosen that was more in keeping with the aging population and that they were familiar with to sing along to. A variety of different snacks and treats were available for the MHCUs to enjoy that were also appropriate for those on a soft diet. Those that were diabetic were warned to eat in moderation so as not to cause any increased sugar levels. Overall the event was considered a success and only four MHCUs were unable to attend the event due to either being unwell or immobile in bed. All the MHCUs who attended the morning reported that they had enjoyed the day.

Challenges:

- Being able to cater for MHCUs who are diabetic so that they could also feel included. At this event they ate all the food provided but were warned not to overindulge.

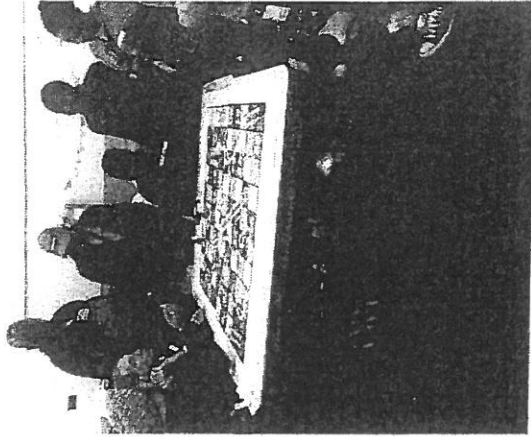
Here are a few photos from the event:



Some of the games and activities set up for the day



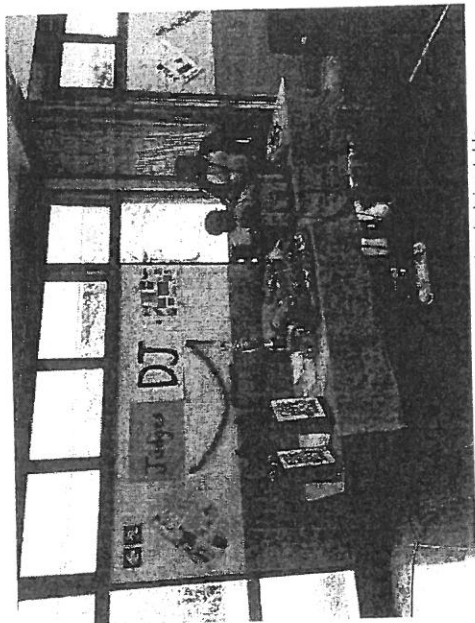
MHCUs enjoying a game of Rummikub



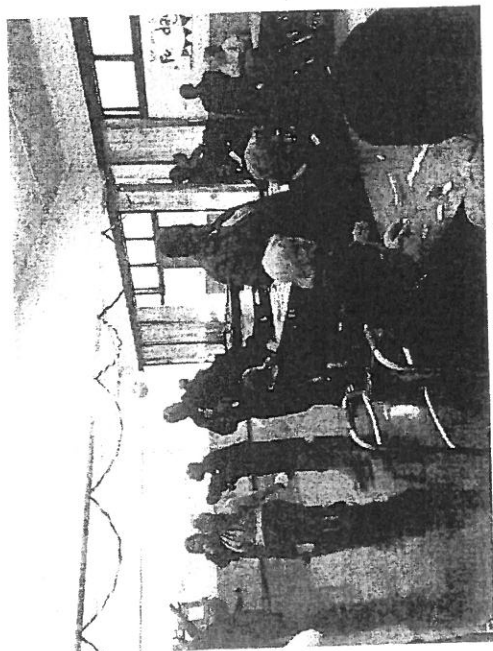
Others enjoyed the jumbo snakes and ladders

The winning ward was awarded to Hillside D, which was decided by a team of independent judges so that judging was done fairly. Mr Spring was from Hillside D and Miss Spring was from Impala G. Each ward was asked to select two MHCUs who were asked to model for the Mr and Miss Spring Competition, however due to the fact that so many MHCUs were eager to take part, all that wanted to participate were allowed to do so. Models were required to introduce themselves and to then strut their stuff on the runway for the judges and attendees at the event. All wards took part and the activity was well supported by staff and MHCUs. The winner of Mr Spring was awarded to a MHCU from Hillside D and the winner of Miss Spring was awarded to a MHCU from Impala G. Spot prizes were also given to enthusiastic or skilled dancers on the dance floor. The OT department managed to bake and decorate flower themed cupcakes for the MHCUs who were attending the dance which was enjoyed by all. In addition MHCUs were given snack packs and juice to enjoy during the tea break.

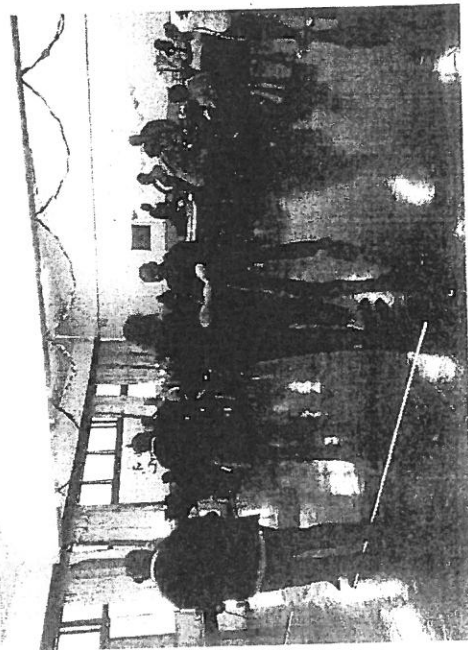
Here are a few photos from the event:



The DJ table and accompanying judging table



A view of everything taking place

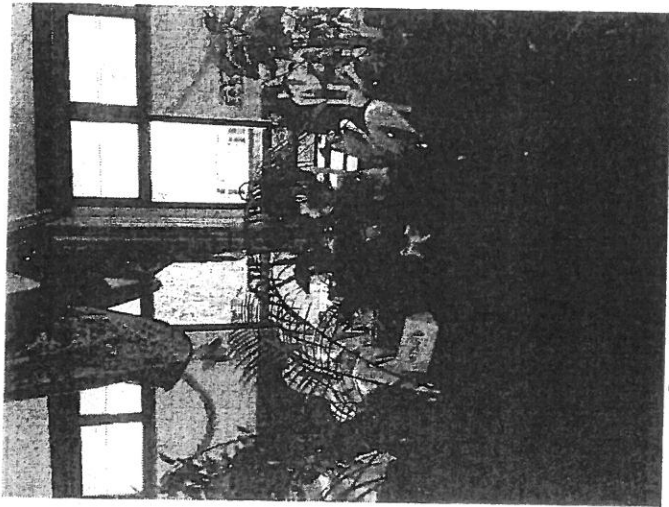


MHCUs enjoying some dancing and music

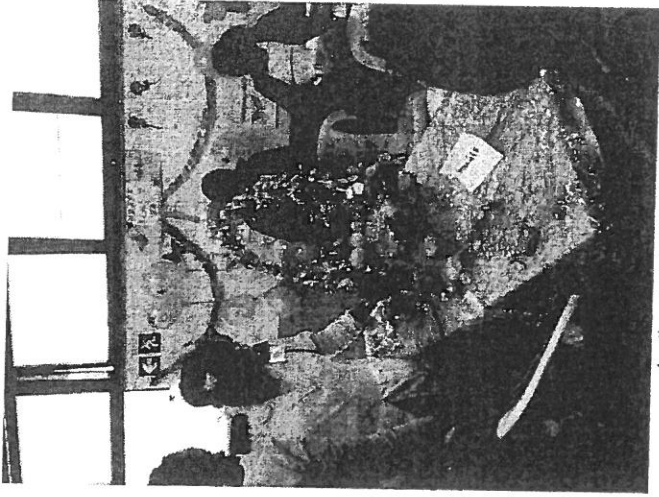
#### 4. Spring dance

The event was a success with 113 MHCUs attending, resulting in 60% attendance and MHCUs reported to enjoy the event. In order to create the festive atmosphere of a dance, each ward was allocated a colour and asked to decorate a table for their ward using that colour. The OT department were in awe of the effort that the wards went to in competing for the floating trophy, a snack hamper for the MHCUs and title of "winning ward". Nursing staff had brought scarves, water features and vases from home and had even made things for the table in the ward. Some wards had provided hats for their MHCUs. The hall was thus a vibrant mass of colour and excitement.

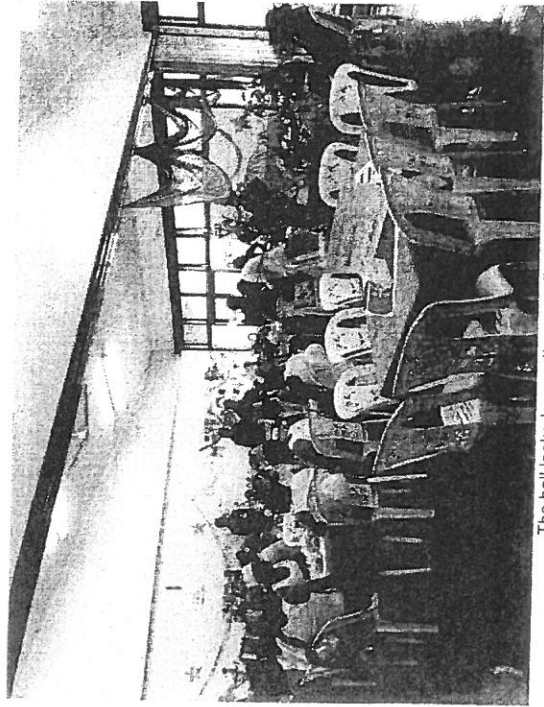




One of the beautiful table displays



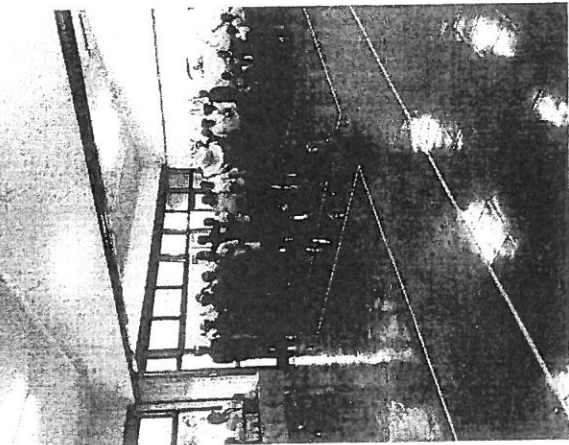
Another stunning table display



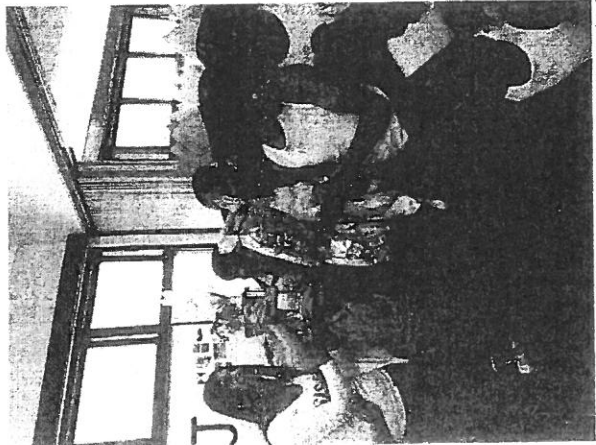
The hall looked so pretty once all were set up



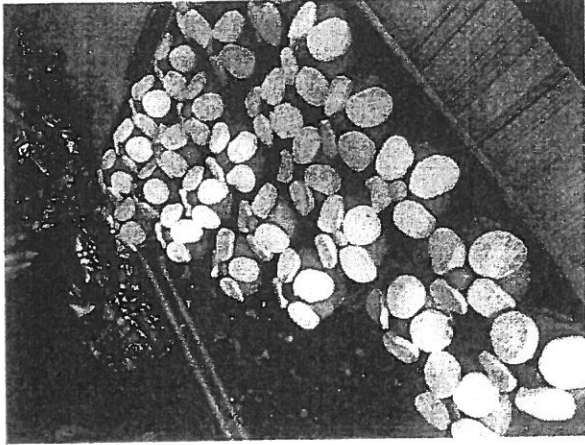
MHCUs enjoying dancing to the music



A MHCU taking part in the modelling competition



The winning ward, Hillside D, receiving their trophy and prize



Some of the spring themed cupcakes that were prepared by OT staff

These special events are planned for our mental health care users in order to improve their quality of life and to facilitate appropriate social skills as part of their rehabilitation programme and therapeutic care, as well as to make their stay at Town Hill Hospital as pleasant an experience as possible.

It has been agreed by all allied health and nursing staff that with effect from 2016 onwards the OT Department will only be responsible for planning one event each year, i.e. the annual soccer day. Staff agreed that majority of the hospital-level events did not necessarily cater to the specific needs and interests of the various MHCUs and they also often posed a challenge within the wards when faced with shortage of staff, ward rounds, etc. The idea is to have events on a ward-level as opposed to hospital-level as this will ensure the events are more relevant and appropriate to the context of the respective MHCUs. These ward-level events will now be planned by each of the multidisciplinary teams (MDT) specifically for their group of MHCUs. These MDTs have been encouraged to draw up business plans to submit to the hospital board when requesting funds for these events and they have also been provided with a template to follow to ensure they are requesting funds appropriately. We hope this will ensure that the various MDTs take ownership for the MHCUs and plan events that are therapeutic and meaningful within their wards.

Please feel free to contact me should you require any further information.

Ginette Poigrieter  
Chief Occupational Therapist  
Town Hill Hospital

## History of the Mental Health Services in South Africa

PART V. NATAL

M. MINDE

### SUMMARY

The early history of psychiatry in Natal is the history of Town Hill Hospital. A second hospital was opened at Fort Napier in 1927. They have for clinical purposes, now been placed under the control of the Professor of Psychiatry at the medical school of Natal University, and it is planned to merge them into a single hospital.

*S. Afr. Med. J.*, 49, 322 (1975).

Most of the history of the mental health services in Natal is synonymous with the history of Town Hill Hospital, which provided the only treatment facilities in the province for the greater part of the period under consideration. There was, however, a time before Town Hill was built when mental patients in Natal had to be otherwise accommodated. At times they were admitted to Grey's Hospital in Pietermaritzburg, where they were charged 1 shilling and a penny per day, while Black servants of the patients were kept for 7 pence per day.<sup>1</sup> As early as 1864 it was stated that "seps are being taken for the erection of a lunatic asylum". At this time patients were also being detained in Pietermaritzburg gaol, and the first temporary asylum, erected in 1868, was actually situated within the gaol precincts.

Meanwhile the Acting Lieutenant-Governor, Mr Bussel, wrote to the Governor of the Cape Colony, Sir Philip Wodehouse as follows: "The custody of persons of unsound mind in this colony has become a question of serious importance. There are at present about 16 of these unfortunate persons who have been kept in the hospitals or gaols, but this (for obvious reasons) is found to be objectionable and impracticable. The expense of building and maintaining an asylum for so small a number of patients would be a serious burden on our limited resources, and Your Excellency might be willing to admit patients from Natal to the asylum at Koblen Island." Sir Philip replied: "I have to express my regret that the accommodation for lunatics now at the disposal of this Government is so inadequate as to preclude any hope that this Colony will be able to provide room for lunatics from Natal."

### Clorenton, Cape

M. MINDE, M.B., (1916), *Epigraphical*

100 (November 3, 1969), p. 194

7 a.m. to 6 p.m. The 1877 report lists the following improvements recently carried out: (i) a padded room for the convenience (ix) of violent inmates; (ii) night lights have been placed round the building; (iii) a night patrol has been installed; (iv) various sources of amusement such as musical instruments, books, and chess sets have been provided; and (v) divine service on Sundays.

By this time plans for a permanent asylum were well on the way, as can be seen from this report of certain questions put in the Natal Legislative Council on Tuesday 16 July 1878: "Mr Akerman asked the Colonial Engineer: 'What progress has been made in the erection of the Lunatic Asylum in Pietermaritzburg for which large sums were voted for the current year?' The Colonial Engineer replied: 'The foundations of the whole building have been completed with the exception of those of the native and Indian wards. I hope to have a sufficient portion of the asylum completed by the end of the present year to allow the removal thereto of the occupants of the present asylum. This reply was unduly optimistic, as the new asylum only came into use in February 1880.

Dr Gordon gave the following review of the lunacy position in Natal at the time of the opening of the new hospital: "When Law No. 1 of 1869, known as the Lunacy Law, came into force, the insane of the Colony were kept within the precincts of the gaol, and a few idiotic, epileptic, and paralytic cases in the hospitals of Durban and Pietermaritzburg. In February 1875 the temporary asylum was opened and 37 inmates from the Pietermaritzburg gaol were removed to it. He then recommended that a full-time medical superintendent should be appointed. This did not happen until 1882, when Dr James Hyslop was appointed full-time resident surgeon by the Governor at a salary of £400 per annum.

This appointment may be said to mark the real beginning of Town Hill Hospital, and its subsequent history is easy to follow in the annual reports issued by Hyslop and published in the yearly *Natal Blue Book* right up to 1898. In 1899 this publication was replaced by individual Departmental Reports on the Colony of Natal. As the years go by, the reports unfortunately become less descriptive and more and more statistical, in imitation, no doubt, of the asylum reports then fashionable in England. This method still persists in the annual reports issued by our Commissioner for Mental Health. There were, and still are, page upon page of figures, which are undoubtedly still of value. In those early days, conclusions were drawn from figures so small as to be statistically insignificant.

Nevertheless, there was also progress in many directions. The institution gradually increased in size with the steady increase in the number of patients. New buildings were added as money became available, while old ones were modernised. Electric light replaced paraffin lamps in 1899, the water supply was improved, sewerage became water-borne, and more modern kitchens were installed. The grounds were extended and developed, and are still probably the finest of any mental hospital in South Africa, with wooded parklands, lush meadows, rich orchards, and vegetable gardens, and beautiful sports-grounds.

### GROUNDNS AND BUILDINGS

The ground on which Town Hill is situated was originally owned by the city of Pietermaritzburg. By a deed of transfer dated 19 November 1873, the mayor, Mr Peter Davis senior, on behalf of the Municipality, transferred the 50-acre site, parcel No. 205 of the town lands, to the Government of Natal in perpetuity, on condition that it be used solely for the purpose of building an asylum. A diagram of the site drawn by Mr J. H. Spence, surveyor, is still attached to this transfer, as well as his account for £5 6 shillings. In 1878 an additional 26 acres adjoining the original site was purchased from the municipality at £7 10 shillings an acre. Dr Hyslop was very keen on developing the grounds, and in 1883, shortly after his appointment, he mentions that an outside attention had been appointed and that over 2 000 trees had been planted. In 1885 the water supply was connected with the town mains. The Botanic Society supplied the hospital with its trees for many years,<sup>2</sup> but in 1888 Hyslop started his own nursery and in 1892 a new orchard was planted. By 1897 the hospital had its own dairy herd. In 1904, 1909, and 1913 more ground was purchased,<sup>3</sup> while in 1916 and in 1936 two adjoining estates were acquired, the last named Redlands, being converted into a residence for the medical superintendent.

As in every other hospital, overcrowding was a constant problem. In 1887, dormitories intended for 10 patients held 17 to 20. There were 115 patients in accommodation intended for 89. In 1889 a new main building was begun, and when it was opened in May 1891, the old White wards were taken over by the non-Whites. The successful tender for the new building, for £14 000, came from Mr Robert Bullen of Durban.

By 1899, all paraffin lamps were replaced by electricity. The hospital had its own inefficient and expensive plant, light being available only while the engine was running. The first telephone came in November 1894. New wards for non-Whites were opened during the first decade of this century, and were occupied in 1908. A considerable fall in the death rate resulted, which Dr Hyslop claimed was due to the diminution in overcrowding and improvement in the former unhygienic living conditions.

be used for other purposes. The first superintendent at Fort Napier was Dr H. G. Willis and his successors were Dr A. S. Van Celler, Dr D. J. Rossouw, and Dr M. Cimbung in that order. The first matron was Miss Asher, followed by Miss du Plessis and Miss Van Antwerpen. The first head nurse was Mr Harris. The latest available report gives the patient population as 876.

#### PROVINCIAL HOSPITALS

Grey's Hospital, Pietermaritzburg, is served by the local mental hospitals who see patients on request. In Durban the medical school of the University of Natal has had the services of Professor R. W. S. Cheetham for a number of years in a part-time capacity, but he has recently been appointed full-time Professor of Psychiatry to the university. As is the case in the other provinces, he is now responsible for all clinical services in the province. Owing to the shortage of psychiatrists in Natal, Professor Cheetham's department is working under great strain. It has not only to serve the Durban hospitals, but runs the Mental Health Society's clinics for 2 different racial and language groups. The professor is now also employed by the Government, and no longer by the Provincial Administration, and he has the general control of the two Pietermaritzburg mental hospitals, which are to be combined into a single institution at some future date. There is great need for Black psychiatric personnel, and the first two Blacks whose aim is to be registered as specialists in psychiatry have already commenced work as registrars at the Natal Medical School.

#### LEGAL AND ADMINISTRATIVE

Lunacy administration in Natal was based on The Custody of Lunatics Act No. 1 of 1868. Its main provisions were that (1) a person could only be detained if certified as 'dangerously insane' by two doctors and committed by a magistrate; (2) the Lieutenant-Governor could authorise the release of a patient if he was certified by two medical practitioners as being of sound mind; (3) a person committed for trial on a criminal charge and certified insane by two medical practitioners could be removed to an asylum by order of the Lieutenant-Governor; (4) persons acquitted of a crime on grounds of insanity were detained in goal until they were removed to an asylum and

detained there at the Lieutenant-Governor's pleasure; (5) relatives could apply to the Lieutenant-Governor to have a patient certified, and if duly certified he might be ordered to be detained in an asylum by the Lieutenant-Governor.

In his first annual report Dr Hyslop strongly criticised the provision in this Act that a patient could only be detained if certified as 'dangerously insane'. This made it very difficult to detain many patients in need of asylum care. There was no provision in the Natal Act for the admission of patients for observation, nor, as Hyslop mentioned in his annual report for 1902, any provision for the admission of voluntary patients.

In the Lunacy Asylum return for 1875, Dr Charles Gordon states: 'An Asylum Board consisting of 5 gentlemen (partly official and partly unofficial) meet at the asylum monthly, and attend to the requirements of the institution. They enter the minutes of their proceedings. From 1876 onwards the Board consisted of only 4 members, viz. the Colonial Secretary, the Resident Magistrate the District Surgeon, and one unofficial member, who was 'R. Topham Esq.'. This Board did its duty conscientiously, and made frequent recommendations for the betterment of the institution. In 1881 the unofficial member, Mr Topham was replaced by Mr S. Williams. In 1885 a further change was made and the asylum was conducted under the supervision of a Board of Visitors consisting of the Mayor, the Resident Magistrate, and the District Surgeon.

In 1889 the Board was abolished, and an Official Visitor was appointed. He was the senior medical officer at Fort Napier, then still a military post. This system remained in force up to Union in 1910.

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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 *khawwa* (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'.<sup>2</sup> Only when James intervened did Bennie release Lena. James was then 'smashed about the face'.<sup>3</sup> 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

\* An earlier version of this paper was presented at the conference 'From Western Medicine to Global Medicine: The Hospital Beyond the West' hosted by the Wellcome Unit for the History of Medicine at the University of Oxford, 18-19 March 2004. It is to be submitted for consideration for inclusion in an edited collection of conference papers. I am grateful to the Wellcome Trust and to colleagues, friends and family for making my attendance at the conference possible. This is a draft, so please do not cite.  
<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.  
<sup>2</sup> Bennie Mkize of Rasmami's Location, Umzimkulu, 21st December 1916.

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>4</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>5</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>6</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

<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. Mellings and B. Forsythe (eds.) *Insanity, Institutions and Society: 1800-1914: A Social History of Madness in Comparative Perspective* (London: Routledge, 1999)

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 Philippe 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 gaols 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>

<sup>5</sup> R. Edgar and H. Sapire, *African Apocalypse: The Story of Nonetha 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.

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

<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.

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 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

<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.

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

<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*.

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 taunted 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

<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.

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

<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).

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.

<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.



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>

<sup>32</sup> PAR Pietermaritzburg Corporation (PC) 3/PMB 1/13, p. 1031. Minutes, Town Council Meeting, 8 March 1865.

<sup>33</sup> PAR PC 3/PMB 1/14, 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.

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

<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.

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

<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.*

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.

<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.