

Reconstructing Harry: A Genealogical Study of a Colonial Family ‘Inside’ and ‘Outside’ the Grahamstown Asylum, 1888–1918

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Abstract: Recent scholarship has explored the dynamics between families and colonial lunatic asylums in the late nineteenth century, where families actively participated in the processes of custodial care, committal, treatment and release of their relatives. This paper works in this historical field, but with some methodological and theoretical differences. The Foucauldian study is anchored to a single case and family as an illness narrative that moves cross-referentially between bureaucratic state archival material, psychiatric case records, and intergenerational family-storytelling and family photographs. Following headaches and seizures, Harry Walter Wilbraham was medically boarded from his position as Postmaster in the Cape of Good Hope Colony of South Africa with a ‘permanent disease of the brain’, and was committed to the Grahamstown Asylum in 1910, where he died the following year, aged 40 years. In contrast to writings about colonial asylums that usually describe several patient cases and thematic patterns in archival material over time and place, this study’s genealogical lens examines one white settler male patient’s experiences within mental health care in South Africa between 1908 and 1911. The construction of Harry’s ‘case’ interweaves archival sources and reminiscences inside and outside the asylum, and places it within psychiatric discourse of the time, and family dynamics in the years that followed. Thus, this case study maps the constitution of ‘patient’ and ‘family’ in colonial life, c.1888–1918, and considers the calamity, uncertainty, stigma and silences of mental illness.

Keywords: Archives, Case studies, Colonial lunatic asylums, Family-storytelling, Genealogy, Mental illness

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Genealogies of the Intimate

As a more nuanced theoretical understanding of the committal and confinement of the insane has emerged in asylum scholarship in recent years, scholars have foregrounded the relationships between families and colonial lunatic asylums. This writing of families into asylums resists the top-down social-control view of psychiatric institutions as state-controlled repositories for the 'dangerous', 'deranged', 'deviant' and 'defective', and posits instead a more porous and processual view of custodial care which involved intricate negotiations between families, doctors and asylums in the admission and release of troubled and troublesome spouses, parents, children, siblings or servants.¹ This porous view of custodial care finds the process of committal to implicate sometimes lengthy periods of home and community-based care of mentally ill family members before committal, as a last resort, to which they may intermittently return if and when released from the asylum.² As Catharine Coleborne has argued referring to the colonial asylums in Australia and New Zealand, families actively participated in the custodial care, asylum admission and release of the mentally ill.³ Thus, the different colonial contexts of asylums in the extant scholarship have accounted for variations in psychiatric, social and familial practices. This writing about the work that families do alongside asylums has run along several well-worn paths, which are guided by various methodologies for exploring the available archival materials of colonial asylums.

A broad socio-historical path has examined how the size, function and legitimacy of lunatic asylums swelled exponentially within the nineteenth-century forces of colonial expansion, industrial capitalism and psychiatric professionalisation.⁴ Andrew Scull's pivotal argument posited that families in England in this era effectively 'dumped' relatives in asylums due to the pressures of their waged employment to economically sustain their households.⁵ This view has weathered several challenges. Through exploring the criss-crossing web of writing that passed between families, patients and asylums, other paths of scholarship have explored how families shaped the medical care and treatment their relatives received in asylums,⁶ and cared deeply about their welfare.⁷ Coleborne's path-breaking research on the Australasian asylums, c.1860–1918, has pushed these ideas of family engagement in at least two useful directions. First, she reads archival materials to

¹ Mark Finnane, 'Asylums, Families and the State', *History Workshop*, 20 (Autumn 1985), 134–48.

² Julie Parle, *States of Mind: Searching for Mental Health in Natal and Zululand, 1868–1918* (Scottsville, KwaZulu-Natal: University of KwaZulu-Natal Press, 2007), 170–3.

³ Catharine Coleborne, 'Families, Patients and Emotions: Asylums for the Insane in Colonial Australia and New Zealand, 1880–1910', *Social History of Medicine*, 19 (2006), 425–42; 'His Brain Was Wrong, His Mind Astray: Families and the Language of Insanity in New South Wales, Queensland and New Zealand, 1880–1910', *Journal of Family History*, 31, (2006), 45–65; and 'Families, Insanity and the Psychiatric Institution in Australia and New Zealand, 1860–1914', *Health and History*, 11 (2009), 65–82.

⁴ For example: Finnane, *op. cit.* (note 1); Michel Foucault, *Madness and Civilisation: A History of Insanity in the Age of Reason*, R. Howard (trans.), (New York: Vintage Books, 1961/2006); Sally Swartz, 'The Regulation of British Colonial Lunatic Asylums and the Origins of Colonial Psychiatry, 1860–1864', *History of Psychology*, 13 (2010), 160–77; and David Wright, 'Getting out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century', *Social History of Medicine*, 10 (1997), 137–55.

⁵ Andrew Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (Harmondsworth: Penguin, 1982).

⁶ For example: Akihito Suzuki, *Madness at Home: The Psychiatrist, the Patient and the Family in England, 1820–1860* (Berkeley, CA: University of California Press, 2006); and Louise Wannell, 'Patients' Relatives and Psychiatric Doctors: Letter Writing in the York Retreat, 1875–1910', *Social History of Medicine*, 20 (2007), 297–313.

⁷ Coleborne, 'Families, Patients and Emotions', *op. cit.* (note 3).

find traces of patients' families 'inside' the asylum through physicians' case notes, letters to and from asylum doctors, patients' letters, visitors' logbooks, committal papers and maintenance payments. Second, she examines how various emotions, between patients and families in relation to confinement, are performed in various correspondences.

Another path of asylum scholarship – answering Roy Porter's call for evidence of patients' experience, to rewrite medical history 'from below'⁸ – has attended to the patient's voice in archival materials. This approach is exemplified in Allan Beveridge's analyses of patients' letters written from various British and Scottish asylums in the late nineteenth century.⁹ Such analyses valorise patients' authentic perspectives which are frequently found to be oppositional to the asylum regime; and as such, are seemingly unmediated by the medical or psychiatric gaze that 'constructs' asylum patients in particular ways.¹⁰ In patients' letters that have been retained in asylum archives, or not sent to addressees for whatever reason, Beveridge's patients were found to object to wrongful confinement, deception by relatives, brutality from attendants, coarseness of other patients, and overcrowding in the asylum. An epistemological dilemma of historical asylum scholarship in this Porter-tradition is the selection of sometimes quaint, deluded or florid bits from many patients' letters, which are clumped together as empirical evidence of general themes reflecting real patients' agency or states of mind. Beveridge and his collaborators have responded to the apparent loss of contexts for patients' statements in this thematic clumping with a raft of descriptive, historical case studies of individual inmates of various asylums.¹¹ These detailed case studies feature real patients, usually certified with mania, who have distinguished themselves as prolific producers of letters, poems, published articles and drawings that have survived in the archives.

This paper moves along these various scholarly paths, but with some theoretical and methodological differences inspired by the writing of several Foucauldian scholars. The study is anchored to one white British South African man who became mentally ill, and his settler family, as an illness narrative that is told from multiple perspectives. This is not a case study of the Beveridge ilk, but following the theoretical ideas of David Armstrong, it is a carefully contextualised analysis of a 'patient' as a 'subject', which seeks to examine particular archival scenes of his construction and reconstruction within mental health care in South Africa between 1908 and 1911.¹² For Foucault, narratives are understood through

⁸ Roy Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society*, 14 (1987), 175–198.

⁹ Allan Beveridge, 'Voices of the Mad: Patients' Letters from the Royal Edinburgh Asylum, 1873–1908', *Psychological Medicine*, 27 (1997), 899–908; and Allan Beveridge, 'Life in the Asylum: Patients' Letters from the Morningside, 1873–1908', *History of Psychiatry*, 9 (1998), 431–69; see also Leonard Smith, "'Your Very Thankful Inmate': Discovering the Patients of an Early County Lunatic Asylum', *Social History of Medicine*, 21 (2008), 237–52.

¹⁰ For the argument—contra Porter, *op. cit.* (note 8)—on the medical construction of patients within the clinical gaze of experts, see David Armstrong, 'The Patient's View', *Social Science and Medicine*, 18 (1984), 737–44; and Flurin Condrau, 'The patient's view meets the clinical gaze', *Social History of Medicine*, 20 (2007), 525–40.

¹¹ For example: Michael Barfoot and Allan Beveridge, 'Madness at the Crossroads: John Home's Letters from the Royal Edinburgh Asylum, 1886–1887', *Psychological Medicine*, 20 (1990), 263–284; Michael Barfoot and Allan Beveridge, "'Our Most Notable Inmate": John Willis Mason at the Royal Edinburgh Asylum, 1864–1901', *History of Psychiatry*, 4 (1993), 159–208; Allan Beveridge and Fiona Watson, 'The Psychiatrist, the Historian and the Christian Watt Papers', *History of Psychiatry*, 17 (2006), 205–221; and Allan Beveridge and Morag Williams, 'Inside the Lunatic Manufacturing Company: The persecuted world of John Gilmour', *History of Psychiatry*, 13 (2002), 19–49.

¹² Armstrong, *op. cit.* (note 10). Armstrong argues in this paper that historically and institutionally situated medical knowledge 'constructs' patients through diagnoses, turning patients into medical subjects. Patients are

the forces of discourse, power and history,¹³ rather than an articulation of an authentic voice of experience that we have ready access to. The illness narrative concerns Harry Walter Wilbraham, who, after a long struggle with headaches and worsening seizures, was medically boarded from his position as Postmaster in Idutywa, in the Cape of Good Hope Colony in South Africa, with 'a permanent disease of the brain' and was committed to the Grahamstown Asylum in 1910, where he died the following year, aged 40 years. Harry was my great-grandfather, and this familiarity has facilitated an opportunity to reflect on a shrouded aspect of my own family history. Thus, this scholarly paper pulls between two meanings and methods of 'genealogy' in reconstructing patient and practitioner views, while also addressing involvement of family members in mental health care and the stigma of mental illness.

Foucauldian genealogy involves the writing of a critical history which explores the processes, procedures and conditions by which truth and knowledge are produced through the discursive regimes of the era.¹⁴ This interrogatory lens is 'problem-based'; and in this study, this lens produces two interwoven biographical accounts. The first examines the construction of Harry's patient-hood, as a 'case' diagnosed with general paralysis of the insane (GPI). The second examines how a settler family manages the calamity of losing a partner, father and breadwinner, and the uncertainty and silences around mental illness, against a context of domestic and colonial life, c.1888–1918. For Ann Stoler, genealogies of the intimate involve tracking how relations grounded in sex, sentiment, close association with bodies, the innermost and personal, child bearing and rearing, are performed in formal records and informal traces of how a household or 'home' works.¹⁵ This historical tracking involves sifting through sprawling archival documents and narrative materials about a family, about a family member's illness, looking for significant and accidental details that connect, reiterate, interrupt, challenge or destabilise in mapping how meaning was, is and might be made in daily life.¹⁶ This genealogical study moves among the scattered official traces of Harry's life and illness in an archive – the physician's reports, admission records, asylum case notes, pension and estate documents, and a letter he wrote to his mother from the asylum.

Popular genealogy involves tracing ancestors and heritage to produce a family tree¹⁷ and, by extension, 'family narratives' as the auto/biographical stories we tell and are told about our own families.¹⁸ These include formal intergenerational testimonies and heirlooms, such as diaries, letters, family photograph albums or inherited furniture; and the regaled reminiscences about the remarkable and the mundane minutiae of family living – the childhood scrapes, the hard times, the holiday at the sea, the courtship yarn. Family narratives are not always stories of closeness, safety and stability with neat beginnings

subjected to/by the clinical gaze, and collaborate in this construction to understand their condition, prognosis and healing options.

¹³ Maria Tamboukou, 'A Foucauldian approach to narratives', in Molly Andrews *et al.* (eds), *Doing Narrative Research* (London: Sage, 2008), 102–20.

¹⁴ *Ibid.*, 102.

¹⁵ Ann Laura Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule* (Berkeley, CA: University of California Press, 2002), 7.

¹⁶ Tamboukou, *op. cit.* (note 13).

¹⁷ For example: Kathy Chater, *How to Trace Your Family Tree in England, Ireland, Scotland and Wales: The Complete Practical Handbook for Family History, Heritage and Genealogy* (London: Anness Publishing, 2003), 2.

¹⁸ Kristin Langellier and Eric E. Peterson, *Storytelling in Daily Life: Performing Narratives* (Philadelphia, PA: Temple University Press, 2004), 3–4.

and endings.¹⁹ Complicated family narratives of trauma or illness, tough choices, secrets, disappointments, disputes, desertion and death trouble us, if not within our own histories, then permeating our awareness through pervasive representations of these experiences in other families.²⁰ This is where this genealogical paper swerves off the established paths of scholarship and biographies on families and colonial lunatic asylums. Because Harry was my great-grandfather, I have access to further layers of his construction through the family stories, secrets and silences about his illness and death; and I want to incorporate these memory traces of experiences and feelings as inaccessibly fractured, contested and irresolutely entangled in the present.²¹ These traces outside formal archives include a handwritten letter, family photographs, a budget-diary kept by a young widow, and interviews with Harry's living grandsons, my father and my uncle.

The contributions to historians of these Foucauldian ways of gathering and reading source materials are various. Against calls for more first-hand personal narratives in histories of mental illness,²² this case-study provides a microcosmic view of one patient's and one settler family's experiences within the discursive practices of a particular mental health care system and colonial society. The intimate arrangements of family life, the stuff of family-storytelling and memoir, are powerfully drawn into historiographical scholarship that engages with how the dynamics of family support and withdrawal, and the stigma of mental illness resonate inter-generationally. The methodology of interweaving archival sources highlights gaps and speculations within primary materials, and contradictions between them, which in turn reproduce the contingency, multiplicity, fragmentariness, silencing and unknowability of mental illness. Modern medicine's clinical gaze works within a restitution narrative, where we have come to expect that diagnosis leads to appropriate treatment and cure, with our lives and selves restored to go on as before.²³ But, as Maria Tamboukou, a Foucauldian scholar of genealogical life-writing, has asked: what if such narrative sequence and continuity is not possible?²⁴ Thus, this study contributes a meaning-making process that implicates many historically and discursively located protagonists and storytellers (including the author), and a life-story that is not easily resolved, rendered or represented.

The argument about Harry's repeated reconstruction as a mentally ill patient/subject proceeds below in five parts that examine different frames of his patient-hood and unfolding, inter-textual sets of materials as evidence. First, to broadly set the scene, Harry's 'case' is situated within historiographical scholarship about British colonial asylums and psychiatric care in the Cape of Good Hope Colony in South Africa in the late nineteenth

¹⁹ Several authors have explored the scholarly retelling of difficult family narratives using various personal documents and photographs from their own families' archives, e.g. Marianne Hirsch, *Family Frames: Photography, Narrative and Postmemory* (Cambridge, MA: Harvard University Press, 1997) and Annette Kuhn, *Family Secrets: Acts of Memory and Imagination*, 2nd edn (London: Verso, 2002).

²⁰ Akihito Suzuki, 'Review Essay: My Own Private England: The Madness of James Tilly Matthews and of his Times', *History of Psychiatry*, 16 (2005), 497–502.

²¹ Various critically acclaimed memoirists have used similar research and writing strategies to explore past and present resonances of mental illness within their own families, for example, see Michael Ondaatje, *Running In the Family* (London: Bloomsbury, 1982); and John Sedgwick, *In My Blood: Six Generations of Madness and Desire in an American family* (New York: Harper Perennial, 2007).

²² For example, see Catharine Coleborne, *Madness In the Family: Insanity and Institutions in the Australasian world, 1860–1914* (Basingstoke: Palgrave Macmillan, 2010), 84.

²³ Arthur W. Frank, *The Wounded Storyteller: Body, Illness and Ethics* (Chicago, IL: University of Chicago Press, 1995), 75.

²⁴ Maria Tamboukou, 'Working with Stories as Multiplicities: Opening Up the Black Box of the Archive', *Life Writing*, 7 (2010), 30.

century. Second, formal state archival sources and family-storytelling are deployed to produce a biographical account of his life, and the intimate familial arrangements around him. The following parts map three archival scenes of Harry's illness narrative. Third, various physicians' reports are used to account for Harry's condition, leading up to his medical boarding, pensioning and committal. Fourth, a first-hand account by Harry of his own illness is examined. This took the form of a letter he wrote from the Grahamstown Asylum to his mother. And fifth, Harry's asylum case-notes and archived estate papers are read to reconstruct his denouement and death.

Colonial Psychiatry and Asylums in South Africa

One of the more political or wide-angled contexts for the narrative of Harry's illness from 1908 and subsequent confinement in the Grahamstown Asylum in 1910–11 might be tracked through South African historical scholarship on the escalation of colonial asylums in the Cape of Good Hope Colony during the nineteenth century. The early institutions – for example the Old Somerset Hospital and the Robben Island Lunatic Asylum in Cape Town, established in 1818 and 1846 respectively – were fairly undifferentiated in their incarceration of lepers, the chronically sick, paupers and the insane.²⁵ However, colonial expansion, and the need for specialist facilities to contain the 'mad', soon led to the proliferation of asylums.²⁶ The Eastern Cape Frontier was forged at the outer geographical limits of the Cape of Good Hope Colony through contact between (white) British settlers who were funnelled into the region in waves from 1820, as professionals, trades-people and farmers, alongside and displacing indigenous communities of (black) isiXhosa-speaking people.²⁷ The Grahamstown Asylum was opened in 1875, using a disused British military barracks known as Fort England, and quickly became overcrowded, and stretched in terms of new admissions and transfers. For example, in 1909, the year preceding Harry's committal, there was a daily average number of resident inmates in the Grahamstown Asylum of 396, made up of 267 men and 129 women;²⁸ and the total number of cases under care during this year was 498.²⁹

By 1908, the Grahamstown Asylum was exclusively reserved for the "European" (white) insane, following the establishment within a 150 mile radius of the Port Alfred Asylum for the mentally handicapped and chronically infirm of all races and the Fort Beaufort Asylum for the black insane.³⁰ Thus, the majority of cases transferred from the Grahamstown Asylum in 1909 were categorised as "Coloured" – for example, forty-seven

²⁵ Harriet Deacon, 'Madness, Race and Moral Treatment: Robben Island Lunatic Asylum, 1846–1890', *History of Psychiatry*, 7 (1996), 287–297.

²⁶ Sally Swartz, 'Fools and ships: psychopathology and colonial experience in South Africa, 1818–1930', in Clifford Van Ommen and Desmond Painter (eds), *Interiors: A History of Psychology in South Africa* (Pretoria: University of South Africa Press 2008), 263.

²⁷ Noel Mostert, *Frontiers: The Epic of South Africa's Creation and the Tragedy of the Xhosa People* (Johannesburg: Pimlico, 1992).

²⁸ Report of the Medical Superintendent, Dr A. Cowper, on the Grahamstown Asylum and Institute for Imbecile Children: Table III: Admissions, Discharges and Deaths for Each Year since January 1899, 45. Annual Reports on Government Hospitals and Asylums, including Reports by the Inspector of Asylums, 1909, G41–1909. South African National Library, Cape Town.

²⁹ *Ibid.*, 31.

³⁰ Felicity Swanson, "'Of Unsound Mind": A History of Three Eastern Cape Mental Institutions, 1875–1910' (Unpublished master's dissertation, Department of Historical Studies, University of Cape Town, 2001).

out of fifty-four cases transferred.³¹ The colonial policy of maintaining separate, racially segregated institutions for white and black patients was gradually phased out for practical reasons of convenience – for example, it was difficult to transfer patients to their designated asylum, miles from their homes, and black patients provided manual labour in asylums' farms and laundries – but patients within asylums remained racially segregated until the end of the apartheid era in the 1990s.³² With the settlement of the Union of South Africa in 1910, British colonial authority over civic services including hospitals and asylums shifted from the Cape of Good Hope Colony towards a centralised legislative system, with its headquarters in Pretoria, further away.

Recurrent themes in the South African asylum literature suggest that these political rearrangements would have infused Harry's illness experience, diagnoses, medical boarding, committal and psychiatric care as a white settler man and civil servant in the Cape of Good Hope Colony, between the years of 1908 and 1911. First, Harry would undoubtedly have been afforded privileged asylum space,³³ and would have been assured of a relatively smooth passage through the sticky processes of his medical boarding from his Postmaster position, and of the regulatory legalisation of asylum committal through medical, magisterial and colonial authorities.³⁴ That there existed substantial archival traces of his 'case' is noteworthy here, within a colonial apparatus that governed from a distance via pervasive official chains of paper.³⁵ Against an assertion that case records and archived documents were less readily kept for black patients, colonial asylum record-keeping was both more intricate and more nuanced. An overwhelming amount of statistical data was amassed on cases in increasingly finely calibrated categories, including race, sex, occupation, marital status, diagnosis, aetiology of illness, and so on.³⁶ There were also thicker archival trails for mentally ill patients who could speak English, who had money/assets or owned and sold property, who were the subjects of legal scrutiny, or who were paying inmates of asylums and whose families were pursued for maintenance payments.³⁷ Fragmentariness of archival traces was produced through transfers and readmissions of patients, and through erratic archiving after 1910 (Union of South Africa), when many asylum records were lost or destroyed.³⁸

Secondly, there were substantial developments in the professionalisation of psychiatry and diagnostic knowledge about psychopathology in the period 1818–1930,³⁹ although asylums during this time were largely holding institutions providing secure and safe custody for those with severe mental illness, brain disease and mental handicap who were unable to care for themselves.⁴⁰ Sally Swartz's scholarship has tracked the increasingly sophisticated classificatory activity in and through the work of British colonial asylums in South Africa, with the emergence, for example, of GPI in the late nineteenth century and

³¹ Dr A. Cowper's Report, *op. cit.* (note 28), Table 1: Admissions, Re-Admissions, Discharges and Deaths during the year ending 31st December 1909, 40.

³² Swartz, *op. cit.* (note 26), 264.

³³ Swanson, *op. cit.* (note 30), 27.

³⁴ Swartz, *op. cit.* (note 4) and 'Colonial Lunatic Asylum Archives: Challenges to Historiography', *Kronos*, 34 (2008), 285–30.

³⁵ This argument broadly follows Ann Laura Stoler, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense* (Princeton, NJ: University of Princeton Press, 2009).

³⁶ Parle, *op. cit.* (note 2), 87.

³⁷ Swartz, 'Colonial Lunatic Asylum Archives', *op. cit.* (note 34), 290–2.

³⁸ Parle, *op. cit.* (note 2), 87.

³⁹ Swartz, *op. cit.* (note 26), 261.

⁴⁰ *Ibid.*, 269.

psychotic personality disorders in the early twentieth century.⁴¹ Thus, Harry would have received specialised medical attention and clinical opinion on his condition, discursively contingent to this era. Genealogies of the British-trained doctors of the insane, who were imported into the Cape of Good Hope Colony, have explored their 'styles' or 'schools' of asylum doctoring expertise, noting their developing interest in neurology, with advanced neurosyphilis as a powerful aetiological factor in diagnoses of mental illness prior to the development and application of penicillin antibiotic treatment for venereal syphilis.⁴² One of Harry's consultant nerve-doctors and brain surgeons in Cape Town in 1909, prior to his committal in the Grahamstown Asylum, was one Dr Hugh Smith, who was reported to have been a student of Dr John Hughlings Jackson, the eminent British neurologist, at the London Hospital.⁴³ However, this professional specialisation and clinical practice was inevitably inscribed with the discriminatory class-based, racialised and gendered norms of understandings of pathology of the colonial era, and prone to shifting aetiologies and diagnoses.⁴⁴ These developments governed what was findable, knowable and tellable about Harry's condition, then and now.

South African asylum historians have suggested that mental illness (GPI in particular) was on the rise in South Africa in the period 1880–90 because of the high incidence of acquired or venereal syphilis infection,⁴⁵ but it is hard to establish firm causal associations with GPI admissions and deaths because of erratic numbers.⁴⁶ GPI appeared in British psychiatry from the 1840s onwards, and was associated with the tertiary and fatal phase of neurosyphilis, but was also initially related to 'the destructive influences of alcohol, tobacco and sex'.⁴⁷ In 1909, five white men diagnosed with GPI were admitted to the Grahamstown Asylum,⁴⁸ and two white men and one woman were reported to have venereal syphilis.⁴⁹ Karen Jochelson's epidemiological history of syphilis in South Africa found that although congenital forms of syphilis were endemic in indigenous populations, venereal or sexually transmitted syphilis was introduced to South Africa by European settlers, sailors and soldiers.⁵⁰ From the mid-nineteenth century, venereal syphilitic disease was seen as the 'settler scourge', located initially around ports and garrison towns where migrancy and prostitution thrived, and then moved inland with the army during the South African (Anglo-Boer) War and migration towards new diamond and gold-mining towns.⁵¹

⁴¹ *Ibid.*, 270–8; and see also Sally Swartz and Faldiela Ismail, 'A Motley Crowd: The Emergence of Personality Disorder as a Diagnostic Category in Early Twentieth-Century South African psychiatry', *History of Psychiatry*, 7 (2001), 157–76.

⁴² Anne Digby, 'A Medical El Dorado? Colonial Medical Incomes and Practice at the Cape', *Social History of Medicine*, 7 (1995), 463–79.

⁴³ Dr Richardson's report, dated 29 July 1909, 1. HGM, Vol. 26, Patients' Letters c.1910–File 'Harry Walter Wilbraham'; South African National Archives, Cape Town.

⁴⁴ For example, see Harriet Deacon, 'Racial Segregation and Medical Discourse in Nineteenth-Century Cape Town', *Journal of Southern African Studies*, 22 (1996), 287–308; and Sally Swartz, 'Lost Lives: Gender, History and Mental Illness in the Cape, 1891–1910', *Feminism & Psychology*, 9 (1999), 152–8.

⁴⁵ Parle, *op. cit.* (note 2), 137; and Swartz, *op. cit.* (note 26), 279.

⁴⁶ Parle, *op. cit.* (note 2), 113.

⁴⁷ Gayle Davis, 'The Most Deadly Disease of Asylumdom: General Paralysis of the Insane and Scottish Psychiatry, c.1840–1940', *Journal of the Royal College of Physicians of Edinburgh*, 42 (2012), 266.

⁴⁸ Dr A. Cowper's Report, *op. cit.* (note 28), Table XI: Form of mental disorder on admission, 52.

⁴⁹ *Ibid.*, Table X: Aetiological Factors and Associated Conditions in Admissions, 51.

⁵⁰ Karen Jochelson, *The Colour of Disease: Syphilis and Racism in South Africa, 1880–1950* (Basingstoke: Palgrave, 2001), 3.

⁵¹ *Ibid.*; Elizabeth Van Heyningen, 'The Social Evil in the Cape Colony, 1868–1902: Prostitution and the

Familiar and Unfamiliar Narratives

Harry Walter Wilbraham was born in 1871 in England, the fourth child of George and Mary Wilbraham. His father George was a printer compositor, and the Wilbraham household – including two older sisters (Fanny and Jane), an older brother (Alfred), and a boarder who became like a brother to Alfred and Harry (James Morrison) – was situated at 14 Tresco Road, Camberwell, Surrey.⁵² The circumstances of Harry's arrival in the Eastern Cape Frontier in South Africa are conjectural and somewhat heroic in family-storytelling about him.⁵³ He was sent by his fretful parents by Settler ship to Cape Town to find a sister who had run away; but when he arrived in Cape Town, the sister had married following a shipboard romance and sailed with her new husband for Australia. As the family story goes, Harry was 17 years old in 1888, and he “trouserred” (or kept) the money he had been given for his and his sister's return sea-journey to England, and decided to stay and make a go of it in the Cape of Good Hope Colony.⁵⁴ He was known to be clever, and had a beautiful, copperplate handwriting. Official archival records find him gainfully employed by the Cape of Good Hope Colony government as an Assistant Postmaster from 1894 in various towns in the Eastern Cape Frontier (Kokstad, Port Elizabeth, Uitenhage, Mthatha), before being appointed as Postmaster in Idutywa, now known as Dutywa, in 1906.⁵⁵

A postmaster's work during this era of the South African or Anglo-Boer War (1899–1902) is understood to entail postal administration and delivery, and telegraphy, maintaining capillaries of communication between officials, individuals and families in far-flung peripheries and their colonial centres. As such, postal work served as a pivotal technology of effective colonial governance, and an epistolary distribution of affect and sentiment, what Ann Stoler has called ‘the colonial heart’.⁵⁶ The speed of official correspondence about Harry's early pensioning was noteworthy, given that letters moved by horse, cart and coaster-ship between Dutywa, Port Alfred, Port Elizabeth and Cape Town, arriving in less than five days.⁵⁷ Thus, a postmaster's position is read here as requiring responsibility and grit in the portability of its civic and political duties, while providing considerable social footing within the everyday *habitus* of colonial settler communities.⁵⁸ The loss of this position and work due to his physical infirmity and mental

Contagious Diseases Acts’, *Journal of Southern African Studies* 10 (1984), 170–97.

⁵² Population Census of England and Wales, 1881, Public Records Office, Kew. Genealogical information supplied on Wilbraham family-tree, 19 January 2007, by Dr R.M. Pelteret: www.pelteret.co.za (accessed 12 February 2012). The address 14 Tresco Road, London SE15, still exists.

⁵³ These family stories are based on life-history interviews I conducted with Harry and Jessie Wilbraham's grandsons: my father, Bernard Oswald Wilbraham, and my uncle, Richard Arthur Wilbraham, in May 2012, in Cape Town.

⁵⁴ It is conjectured that Harry arrived in Port Elizabeth (by coaster ship from Cape Town) in 1888, but no record can be found of his name, nor his sister's, in the passenger lists of ships arriving from England. His name does not appear on the Population Census of England and Wales, 1891, suggesting that he had emigrated from England by this time.

⁵⁵ Detailed records of Harry's formal employment by the Post Office Department of the Cape of Good Hope Colony Office—his annual salary, bonus plus overtime, and contributions to the Civil Service and Widows' Pension Fund—are archived with his application for early retirement and medical boarding on grounds of physical infirmity in 1909. His Postmaster salary in 1909 was £250 per annum, or £268 including salary, bonus and overtime components. Documents 4591/09, Annexure A and B, File T/1207, South African National Archives, Cape Town.

⁵⁶ Stoler, *Along the Archival Grain*, *op. cit.* (note 35), 57.

⁵⁷ For example, a letter from the Resident Magistrate in Dutywa, F.S. Osman, dated 30 March 1910, was officially stamped as received by the Treasury of the Cape of Good Hope Colony in Cape Town on 4 April 1910, and replied to (in writing) on 11 April 1910. Documents 4591/09, File T/1207, South African National Archives, Cape Town.

⁵⁸ Personal communication, 2 April 2012, Professor Jeff Peires, Eastern Cape specialist historian, Cory Library



Figure 1: Harry Walter Wilbraham, c.1900. Copyright reserved, Wilbraham Family Archive. Reproduced with kind permission.

illness is reflected later on by his wife, in the stigma and embarrassment of his increasingly bizarre and deluded public behaviour, and by himself, in a letter to his mother from the Grahamstown Asylum, an account of his being rendered 'useless' for his chosen profession in telegraphy.

Harry met Jessie May Hall in 1901 in Mthatha, and they were married in 1902, settling in Dutywa, where Harry was Assistant Postmaster at the time. Their only child, a son, my grandfather, Harry Oswald Wilbraham, known as Chick, Howie or Oswald, was born in 1903. Jessie May, known as Maysie, was born in 1882 in Port Elizabeth; an only child of working-class Eastern Cape settlers. Her father was a stonemason who built lighthouses along the Eastern Cape coast, and her mother operated an ox-cart haulage business between Frontier towns. Maysie was schooled in Butterworth, and in 1895, aged 14 years, enrolled at the Grahamstown Teachers Training College to study for a Licentiate Diploma in Music.⁵⁹ Three years later in 1898, her first appointment as a qualified music

Archive, Rhodes University, Grahamstown, South Africa.

⁵⁹ The Grahamstown Teachers Training College was established by the nuns of the Community of the Resurrection of Our Lord in 1894, at St Peter's Home on the Eden Grove property in Grahamstown. The college was incorporated into Rhodes University in 1904, and officially closed in 1975. Source: *Grahamstown Teachers*



Figure 2: Harry Walter Wilbraham, Harry Oswald Wilbraham ('Howie' or 'Chick', aged 5 years) and Jessie May Wilbraham (Maysie), c.1908. Copyright reserved, Wilbraham Family Archive. Reproduced with kind permission.

teacher was at St Margaret's School for Girls in Mthatha; and it was this profession as a working woman – teaching the pianoforte – that was the livelihood, creativity and passionate self-description⁶⁰ that sustained her when adversities arrived.

Following disabling spells of poor health, Harry was medically boarded as 'physically infirm' and pensioned from his Postmaster position in December 1909, was committed to the Grahamstown Asylum in March 1910 with a 'disease of the brain', and died there in October 1911, aged 40 years.⁶¹ Harry was awarded a Civil Service and Widows' Pension of £70 per annum, which was paid from the outset to his wife on grounds of his disability. Maysie continued to live and give private piano lessons in Dutywa until 1918, and subsequently in Mthatha, where she lived in the house that had been built by her parents for almost 60 years. She died in Port Alfred in 1979, aged 97 years.

The family stories that are retold about Maysie celebrate her independence, her eccentricity and her doughty resilience through almost 70 years of widowhood when means were tight.⁶² She lived alone with her young son and augmented Harry's pension by taking in lodgers and with income she earned as a piano teacher and the church organist. Harry's income as Postmaster was recorded as £268 per annum, including salary, bonus and overtime.⁶³ The household inevitably struggled to meet the 'heavy expenses' of Harry's illness and medical treatments⁶⁴ prior to his committal in the Grahamstown

Training College Magazine, 26, 3 (1975), 26–41. Cory Library Archive, Rhodes University.

⁶⁰ An interview with Jessie May Wilbraham was published on the occasion of her ninety-fourth birthday, in the newspaper *Eastern Province Herald*, 16 May 1975.

⁶¹ Harry Walter Wilbraham was medically boarded from his position as Postmaster in October 1909, on grounds of his permanent incapacity for work. His death certificate was issued from the Grahamstown Asylum in October 1911. Documents 4591/09, File T/1207, South African National Archives, Cape Town.

⁶² Interviews with Maysie's grandsons, (note 53).

⁶³ His Postmaster salary in 1909 was £250 per annum, or £268 including salary, bonus and overtime components. Documents 4591/09, Annexure A and B, File T/1207, South African National Archives, Cape Town.

⁶⁴ A letter from the Postmaster General in the General Post Office in Cape Town, dated 22 December 1909

Asylum, while using up their savings and surviving on the reduced household income of his pension of £70 per annum. There is mention in the certification of insanity and committal documents issued from the Resident Magistrate's Office in Dutywa, of fees that would be deducted from this pension for Harry's maintenance in the asylum.⁶⁵ However, there is no surviving official or familial record that Harry was a paying inmate in the Grahamstown Asylum; or that these fees were formally appealed against or waived on grounds of the family's penury or his status as a former civil servant of the colonial government.⁶⁶ Harry was in possession of a Post Office Savings Bank book when he was committed,⁶⁷ and the meagre amount of this investment was paid to Maysie according to the terms of his will in 1913.⁶⁸ Maysie balanced every penny she spent against her monthly and annual incomes in a small budgetary notebook that remained in the family's possession amongst her photograph albums; and she was known to be thrifty and frugal. She kept a sharp eye out for bargains at the local second-hand shop, and heated her bathwater in dozens of brown glass sherry bottles lined up in the sun. She was also notoriously preoccupied with music, and undomesticated; and whether it was due to this preoccupation, or penury, mealtimes frequently produced inadvertent surprises, such as weevils in your porridge and sour milk in your tea.

Maysie and Harry's son, Chick, became a Magistrate in the Transkei region,⁶⁹ married and had two sons; and Maysie was adored by her grandsons, my father and my uncle, who spent considerable amounts of their boyhood growing up in her company. They recall a head and shoulders photograph of Harry that hung above her bed in her Mthatha home, and that if really pressed, she would say that Harry had always had sharp wits about him. Beyond this, very little was said. Stories about Harry are perhaps the kind that families hold back, or carefully shroud, due to the uncertainty and stigma of mental illness. My father and my uncle recall their father, Chick, saying that Harry got headaches and beat him as a child for making a noise. The family story that 'explains' Harry's condition and death, still told today with various plot embellishments, involves reference to an accident in the course of his Postmaster duties in which he fell off his horse and injured his head, precipitating a brain tumour. My archival research with patients' case files from the Grahamstown Asylum uncovered some unexpected twists and darker corners in his illness narrative.

appeals on Harry's behalf to the Treasurer of the Cape of Good Hope Colony to expedite the calculation and payment of his pension. He states: 'Mr Wilbraham has had to meet heavy expenses in connection with his illness, and it is feared that he will be put to some inconvenience if payment of this award is delayed.' Documents 4591/09, File T/1207, South African National Archives, Cape Town.

⁶⁵ Letter from F.S. Osman (Acting Resident Magistrate) to the Treasury, Cape Colony Office, Cape Town; and copied to the Superintendent of the Grahamstown Asylum, dated 30 March 1910—Documents 4591/09, File T/1207, South African National Archives, Cape Town; and Dr Cowper's Report, *op. cit.* (note 28), notes that the average fee per paying patient per diem was 1s. 7d, 32.

⁶⁶ No record of annual or monthly maintenance fees was found in two sources of financial records: first, the Paying Patient's Ledger HGM, Vol. 28, January 1910–November 1913, South African National Archives, Cape Town; and secondly, a small budget notebook in which Jessie May Wilbraham recorded every penny of household income and expenditure (family document).

⁶⁷ Patient Admissions Register, 24 March 1910: Fort England archival material, housed in Cory Library Archive, Rhodes University, Grahamstown. There is no indication of the amount of money that was invested.

⁶⁸ The legal documentation of Harry's death in October 1911, and his will and estate dated June 1913: Documents 148/900, File MOOC 6/9/718. South African National Archives, Cape Town.

⁶⁹ Mostert, *op. cit.* (note 27), xxv. He explains that the 'Transkei' refers to the area beyond the Kei River in the Eastern Cape, the western region of the original Cape of Good Hope Colony, which was one of two homelands established by the South African government for isiXhosa-speaking people as part of an apartheid-era policy of separate development and nominal autonomy for ethnic groups, c.1963. This region reverted to being a province of South Africa, the Eastern Cape, following the new, post-apartheid South African constitution in 1994.

Chaos Narratives of Rupture and Loss

Harry's troubled body moved into plane of sight in 1908, with headaches, for which he was treated by Dr Chas Armstrong Lumley, a Cambridge-trained British medical doctor stationed in Grahamstown, approximately 250 km (155 miles) from Harry's home in Dutywa.⁷⁰ Later in 1908 and early 1909, these headaches progressively evolved into periodic seizures resembling epileptic fits, after which Harry was left for some days with visual disturbances and without speech or use of his limbs. Dr Lumley's various letters and clinical reports concerning his referral of Harry, in June 1909, to various medical colleagues in Cape Town who had specialised clinical interests in 'nerve cases' (neurology) have not been archived.⁷¹ However, Dr Wood's, Dr Richardson's and Dr Smith's extensive reports, including a technically detailed surgical account of Harry's brain operation on the 22 June 1909, as report-backs to Dr Lumley in Grahamstown, have survived within Harry's asylum case-notes.⁷² It is clear from the Cape Town doctors' five reports, spanning a two-month spell from 16 June to 11 August 1909, that Harry and his wife Maysie were in Cape Town during this time of examination, hospitalisation, surgery and recuperation; and that there was ongoing debate in the to and fro correspondence between the doctors concerning his diagnosis and prognosis. It appears from this correspondence that Lumley's initial diagnosis involved a brain tumour – a tumour precipitated by the head injury in the horse accident, which was established to have occurred in 1897, 11 years prior to the onset of the headaches and fits – and optical neuritis. However, Lumley suspected syphilitic disease in the neurological reactivity, and had been medicating Harry with an iodide and mercury tincture to treat syphilis, prior to the Cape Town referral.

Lumley's hypotheses were referred to the Cape Town doctors for testing; and they ruled some out and mooted others, but Dr Richardson regretted 'that the case was not sufficiently clear to come to definite conclusions'.⁷³ No evidence of optical neuritis was found; but the pupils of his eyes were irregularly shaped and not responsive to light. This was taken as a symptom of cerebral vascular compression, or of neurosyphilis – the so called Prostitute's Pupil. The brain surgery revealed no tumour or cyst in the left frontal lobe, but found suspicious lesions on cortical vessels, thought to have been caused by thrombosis, Jacksonian epileptic seizures and/or tertiary syphilitic disease. The intermittent symptoms of physical paralysis, diagnosed as GPI, also causally associated with neurosyphilis, were thought to be at an early, indeterminate stage. Dr Smith's reports strongly suggested syphilis in Harry's case. He wrote that 'Mr Wilbraham denies syphilis but of course in these cases one never allows a negative history of this disease to affect one's diagnosis or treatment'; and later on, that 'it would be interesting to know if the child [Chick] shows any signs of hereditary mischief'.⁷⁴ It was hoped that the decompressive

⁷⁰ Dr Chas Armstrong Lumley's medical certificate, produced on 29 October 1909 to support Harry's medical boarding and pensioning due to his infirmity, states that he (Harry) had been under his (Lumley's) medical treatment since March 1908. Documents 4591/09, File T/1207. South African National Archives, Cape Town.

⁷¹ I have been unable to establish whether Harry was referred to an asylum or hospital in Cape Town, or if this was a private medical practice. He must have had the surgical brain operation and a period of recuperation in a hospital. Harry's letter—see later on—refers to travelling by tram to Tamboerskloof in Cape Town.

⁷² Dr Wood's report, dated 16 June 1909, Dr Hugh Smith's reports, dated 30 June 1909 and 27 July 1909, and Dr Richardson's reports, dated 29 July 1909 and 11 August 1909. File 'Harry Walter Wilbraham', *op. cit.* (note 43).

⁷³ Dr Richardson's report, dated 30 June 1909, 3. File 'Harry Walter Wilbraham', *op. cit.* (note 43).

⁷⁴ Dr Hugh Smith's reports to Dr Lumley, dated 30 June 1909, and 27 July 1909. File 'Harry Walter Wilbraham', *op. cit.* (note 43).



Figure 3: Chick Wilbraham (aged 11 years) and Maysie Wilbraham, c.1914. Copyright reserved, Wilbraham Family Archive. Reproduced with kind permission.

brain surgery would relieve intracranial vascular tension to extinguish symptoms, and it was recommended that the iodide and mercury treatment be continued 'in the event that there is a syphilitic origin in the case'.⁷⁵ However, remission did not materialise for Harry. The periodic seizures resumed and the left frontal lobe brain damage resulted in spells of aphasia, physical weakness and paralysis, and increasingly, confused and delusional behaviour. His medical boarding and pensioning on grounds of 'physical infirmity' and 'a permanent disease of the brain' was applied for in November 1909, effective from December 1909.⁷⁶

A Patient's Letter to Hold a Disintegrating Life and Self Together

I move now to another archival scene in Harry's illness narrative: the letter Harry wrote to his mother (in England) from the Grahamstown Asylum on the 23 May 1910, two months

⁷⁵ Letter from Dr Richardson to Dr Lumley, dated 11 August 1909. File 'Harry Walter Wilbraham', *op. cit.* (note 43).

⁷⁶ Medico-legal correspondence between the General Post Office and the Treasury regarding Harry's pension. Documents 4591/09, File T/1207. South African National Archives, Cape Town.

after his committal on 24 March 1910.⁷⁷ My reasons for including this letter as a first-hand account of mental deterioration, in its entirety, are various. Its form and contents resist, and augment, the ways in which patients' letters have hitherto been represented in various historical writings about colonial asylums as descriptive themes evidenced by decontextualised snippets from many patients' letters. Against this writing, Harry's letter offers a sustained opportunity to engage with his particular writing, in context, in a more theoretically interpretive way via a/his strategy of suture – in both narrative and Lacanian psychoanalytic senses of this term. It is read here as an attempt, performed for the audience of a beloved and distant mother, to stitch together a coherent narrative of the chaotic illness which has unmade his self, his family and his life;⁷⁸ and to stitch himself back into the relations of intimacy, affect and sentiment with those he loved and had lost.⁷⁹ Harry and Maysie's quest for diagnosis and effective treatment in Cape Town has been explored medically above. However, I point here to Harry's own uses of a clinical gaze on his seizures, symptoms and choices, and of everyday domestic details and emotions, in this epistolary performance of suture.

The letter was written on both sides of a torn-off half-sheet of thin gauge writing paper. The appearance of a letter, and the use of a letter as a form of suture, is perhaps unsurprising in Harry's situation. He was literally a man of letters, of beautiful copperplate handwriting, who, as a Postmaster, had made his livelihood within the 'texture' of colonial life. His mental and physical state was disordered at the time of this retrospective writing about his illness, and the letter mimics this desperate scrambling for order and sensibility with words omitted, illegible, scratched out, and added as marginalia. The letter was pinned to the Cape Town nerve-doctors' reports, and archived in a different location to the patients' casebook, a large leather-bound book in which Harry's (and other patients') asylum admission examination notes and weekly or monthly updates by the asylum's medical superintendent were handwritten.⁸⁰ There are fleeting moments of cross-reference between the sources. The superintendent's case-note dated 19 May 1910 figured Harry as follows: 'Remains very confused – wanders about picking up stones as diamonds, etc. Writes to his mother as Queen Mary and signs himself as King Edward Wilbraham'.⁸¹

This case-note, and that Harry's letter appears in the archived folder with other reports pertaining to his case, indicates that the letter was kept as clinical evidence of his confusion and delusions, and was not posted to his mother. Patients' letters from colonial asylums were read and vetted by asylum staff, and were usually sent to addressees as communication strategies to maintain familial ties with both inmates and doctors.⁸² But, there might have been pragmatic reasons to hold Harry's letter back. His letter was

⁷⁷ Harry's letter was sourced in a patients' letters and additional documents folder—in a different archival box to the asylum patients' casebooks—HGM, Vol. 26, Patients' Letters c.1910—File 'Harry Walter Wilbraham', South African National Archives, Cape Town. His admissions record appears in a different archive entirely—Patients' Admissions Register, Fort England material, Cory Library Archive, Rhodes University, Grahamstown.

⁷⁸ This argument concurs with Frank, *op. cit.* (note 23), 97.

⁷⁹ Several authors have documented the affective components of mental illness within familial bonds, for example, see Coleborne, 'Families, Patients and Emotions', *op. cit.* (note 3); Parle, *op. cit.* (note 2); and Stoler, *op. cit.* (note 15). I return to this idea in more psychoanalytic theoretical detail further on.

⁸⁰ Harry is Case 3414 in the Patients' Casebook: HGM, Vol. 11, 25–8. South African National Archives, Cape Town.

⁸¹ *Ibid.*, 26.

⁸² For writing on patients' letters from asylums, see Beveridge, 'Voices of the Mad' and 'Life in the Asylum', *op. cit.* (note 9); Coleborne, 'Families, Insanity and the Psychiatric Institution', *op. cit.* (note 3); Finnane, *op. cit.* (note 1); Swartz, 'Colonial Lunatic Asylum Archives', *op. cit.* (note 34); and Wannell, *op. cit.* (note 6).

addressed to 'Queen Mary, Idutywa'. This is written in pencil, in a different handwriting, in the margin; and it is not clear who this referred to. It might have been addressing his mother, Mary, who lived in England and the asylum may not have known her address; or his wife and next-of-kin, Jessie May, who lived in Dutywa and to whom Harry refers in his letter as 'Maysie' and as 'Queen June May'. Furthermore, contradictory archival sources suggest that Harry's mother died in June 1909, but it is unclear whether Harry (or Maysie) knew of her death or not.⁸³ The letter follows, with some clarifications in square brackets [thus] and Harry's own erasures represented.

GTown Asylum

23rd May 1910

My dear Mother,

I have not seen you for 22 years, and you cannot come to the Asylum. Please ask Dr C. Armstrong Lumley to go to Idutywa GT Asylum myself. I cannot go to see you and my wife if Dr C. A. Lumley takes me out of the Asylum. My wife has not written to me for two months, but I love my Queen June May too much and my mother too. I cannot write to my brothers and Mrs Mahan and Mrs Morrison. They are awful Doctors if you I wrote ten letters. Fred and Clare lost two girls and the boy 20 years they are very sorry. After the illness for 3 years I got useless for the telegraph area. [Page 2] The first attack Dec 3. I could not take. We went to ELondon 5 weeks, 1 week Kentani. We come to Idutywa Oswald had measles very mild, May had tonsilis [sic], we was [illegible] the house [in margin: Feb 5], and I finish up the an awful attack on the left on my head and in [illegible] on the right side on head. My arm and right leg are useless. I got right again in eight or ten days. I asked the Dr should I go to Cape Town. He said "wait for a many attack". So I had a attack May 16. Maysie birthday. [Illegible] the night but 10/30 pm May sent to the Dr, and I was too ill, I cannot talk again for 8 days. We went down by the Briton [illegible] June 12. Maysie was too ill, I was the best man. We saw 3 dressed elephants. Maysie was knocked [illegible]. We had to walk. We walk very quietly to Adderley. We waited for 9 trams and the 10 trams was the right one, Tamboers Kloof. Another man shaved on my head on Sunday morning and Doctor Richardson pencil and over my head. The operation on my head at 10.30 am on Tuesday next and it 2½ [hours] to open my head. Maysie came to see on Thurs but I good not talk and she came on Sunday and had a nice dinner. I was a month * [in the margin: *in the asylum] want to see my girlie. In 3 weeks Dr R. had a consultation on my head and [illegible] Dr and Surgeons talked my head.

I love my mother and my wife and Oswald very much.

King Edward William Harry Walter Wilbraham

Harry's letter finds himself in the Grahamstown Asylum, and isolated from the affective relationships that had sustained his sense of himself in the world. In the first instance, this is separation from his wife (Maysie) and young son (Oswald); but also from his mother (in England), his siblings and their families (in Australia and England), and Fred, Clare, Mrs Mahan and Mrs Morrison.⁸⁴ This alludes to the dispersed fragmentation of kin within an era of imperial colonisation, where people moved around within and between far-flung colonial sites.⁸⁵ Harry's writing reasserts a feeling-connection with these significant, distant others, replacing himself within idealised intimate arrangements and familial self-object relations to establish continuity of selfhood.⁸⁶ The warding off of chaos is most notable in his letter in the ways that he attaches the traumatic memories of his illness

⁸³ Mary Ann E. Wilbraham, born 1836 in Surrey, England, died June 1909, aged 73 years. Source: Public Records Office, Kew—District: Islington County, Greater London, London; Middlesex Vol. 1b, 102. From genealogical information supplied on Wilbraham family-tree, 19 January 2007, Dr R.M. Pelteret: www.pelteret.co.za (accessed 12 February 2012).

⁸⁴ These people, Fred, Clare and their family, and Mrs Mahan and Mrs Morrison are unknown. It is speculated that Mrs Morrison may be the wife or mother of James Morrison, a boarder in the Wilbraham's Surrey-household, who was incorporated into the family.

⁸⁵ Coleborne, 'Families, Patients and Emotions' and 'Families, Insanity and the Psychiatric Institution', *op. cit.* (note 3); and Wright, *op. cit.* (note 4).

⁸⁶ This argument follows the psychoanalytic (Object Relations) self psychology theory of Heinz Kohut.

episodes to domestic minutiae involving his wife and son. Thus, his first seizure on 3 December 1908 was followed by a long Christmas holiday at the coast. His second seizure on 5 February 1909 coincided with Maysie's tonsillitis and Oswald's measles. His third seizure on 16 May 1909 happened on Maysie's birthday. Similarly, the 1200 km (735 mile) journey to Cape Town by coaster-ship, the *Briton*, is represented as a shared familial experience of Maysie's seasickness, trying to understand tram transport in a strange city, and dinners during hospital visits.

These reminiscences grapple with the longing to see Maysie ('my queen', 'my girlie'), against her disappearance and absence. She had not written to him for two months. I have been unable to establish whether Maysie did write to or visit him in the asylum before his death the following year; but I suspect that she did not. Harry's own spatial demarcation of visitation limits as ruptures of relationship – 'you cannot come to the Asylum' and 'I cannot go and see you and my wife' – and that his letter is addressed to his mother, and not to Maysie directly, are taken as clues to something or someone unfathomably altered or lost. As Harry's letter suggests, this had been a long, trying and perplexing illness, which had inevitably disrupted their lives, used up resources, and worn down those around him. Furthermore, Maysie's statement on his committal to the asylum on the 24 March 1910 indicates she had accompanied him to this point, but that his changed behaviour had become increasingly hard to handle, and the stigma of his condition seemed to be formalised through diagnosis and institutionalisation. The case-notes record her impressions of his 'childish and irresponsible conduct generally', 'foolish petty thefts' (stealing plants from their neighbour's garden), and his 'silly boasting' (pretending to be a church minister).⁸⁷ She had lost the familiar husband she loved and relied on; and, in family-storytelling about Harry's illness and her subsequent widowhood, she did not seem to want to say very much about this. How might Maysie's silence be read?

Whether Maysie 'dumped' Harry in the asylum in order to focus on her responsibilities as full-time breadwinner to support herself and her son – the household-economics in early capitalism hypothesis forwarded by Andrew Scull⁸⁸ and David Wright⁸⁹ – is perhaps imaginable and probable, but unknowable. But Grahamstown was not easily commutable from Dutywa, c. 1910, particularly when resources of money and time were tight. The Cape Town quest for medical answers had introduced the tangled intimate matter of syphilis, and the bleak indecipherability of Harry's prognosis. One of the nerve-doctors in Cape Town, Dr Richardson's report notes: 'I have explained to the wife the state of affairs and she seems to be reconciled'.⁹⁰ It is not clear what this 'state of affairs' was; nor what Maysie was 'reconciled' to. Was she told of the syphilis, and the implications of this for herself and her son? Were they tested for syphilis? Was she informed of ways to protect herself from infection? How did this remake or unravel intimacy between Harry

According to this theory, the self experiences itself as a continuous narrative over time, with a history and a future; and relationally, in terms of inter-subjectivities between the self and others as containing and reflecting-back audiences. For a full theoretical exposition, see Sally Swartz and Heinz Kohut, 'Self psychology', in Jacki Watts, *et al.* (eds), *Developmental Psychology*, 2nd edn (Cape Town, University of Cape Town Press, 2009), 183–214.

⁸⁷ A statement is customarily taken (and recorded) from the person accompanying a patient for committal to an asylum—in this case, Mrs J.M. Wilbraham, also his spouse and next-of-kin—followed by the superintendent's assessment, and a monthly log of the patient's condition and treatment. HGM Vol. 11 Casebook, p. 25, South African National Archives, Cape Town.

⁸⁸ Scull *op. cit.* (note 5).

⁸⁹ Wright, *op. cit.* (note 4).

⁹⁰ Dr Richardson's report, dated 30 June 1909, 3. File 'Harry Walter Wilbraham', *op. cit.* (note 43).

and Maysie? These are, of course, my own contemporary questions refracted through the lens of one sexually transmitted epidemic (HIV/Aids) onto another (syphilis). Certainly, nineteenth-century colonial asylums were providing custodial care for patients committed with GPI and other neurological disorders said to be due to tertiary syphilitic disease.⁹¹ These patients were represented in various relations with their spouses – for example, committal to the asylum as a refuge or escape from a sexually abusive husband,⁹² or a wife's appeal for her husband's release from an asylum without knowledge of his syphilis and gonorrhoea.⁹³ Mark Finnane has suggested that the asylum had physical and symbolic value in 'separating the two parties in a domestic war' in a rapidly changing social world.⁹⁴

It is unclear whether Harry was similarly informed about 'the state of affairs' by Dr Richardson; but it is on record that he denied the possibility of syphilis during the pre-surgical clinical examination.⁹⁵ Understandably, he does not refer to it in his letter to his mother, where his chaotic illness experience is carefully sutured to seizure-episodes as "attacks" beyond his control, comprehension or coping, and lists of bewildering and debilitating symptoms. Arthur Frank has argued that chaos narratives of illness are characterised by a rush of disjointed events that overwhelm reflective distance and the 'voice' (or self) that puts a coherent story together.⁹⁶ This chaos is poignantly caught in the hurried form of Harry's letter, scribbled quickly lest his mind escape again, and is managed through his docile surrender to the medical gaze. He does not appear to be contesting his confinement in the asylum. He recalls Dr Lumley's and Dr Richardson's names and the localities of their practices, and the terms, choices and procedures they prescribed. He 'waits for another attack' and 'goes to Cape Town' as advised. He describes the various medical technologies of examination of his head – shaving it, pencilling marks for the surgical operation, cutting it open and surgeons talking about it. This is the voice of a 'patient', constituted and wholly infused within medicalised discourse as a subject,⁹⁷ shored up by these certainties and reassurances, but denied restitution.

Case 3414 – a Denouement

The last archival scene incorporates writings about Harry as *Case 3414* in a patients' casebook of the Grahamstown Asylum where he was committed on 24 March 1910, and died on 23 October 2011.⁹⁸ Harry was noted on admission as bearing a large scar on his forehead ('left frontal region'), the mark of his brain surgery and prior patienthood. He was immediately recognised as insane in the admission notes by the medical superintendent, displaying the mental traces (delusional ideas about where or who he was, effusive speech and flight of ideas, impaired recent memory, inappropriate laughter) and the embodiments of insanity (dilated pupils, a 'fatuous' facial expression, jerky legs, slurred speech and tremor of the tongue and lips 'like that of GPI'). He reportedly settled down fairly quickly into the daily routines of the asylum, eating and sleeping well; but was 'of unsound mind' as demonstrated in his mental confusion, wandering about aimlessly,

⁹¹ Davis, *op. cit.* (note 47).

⁹² Finnane, *op. cit.* (note 1), 138.

⁹³ Coleborne, 'Families, Patients and Emotions', *op. cit.* (note 3), 437.

⁹⁴ Finnane, *op. cit.* (note 1), 139.

⁹⁵ Dr Hugh Smith's report to Dr Lumley, dated 30 June 1909, 1. File 'Harry Walter Wilbraham', *op. cit.* (note 43).

⁹⁶ Frank, *op. cit.* (note 23), 97.

⁹⁷ Armstrong, *op. cit.* (note 10).

⁹⁸ Patients' Casebook—HGM, Vol. 11, 25–28. South African National Archives, Cape Town.

picking up stones, following the attendants 'like a child', talking about being a doctor, and he was sometimes 'morbidly exalted'. This peaceable being for Harry was violently ruptured by intermittent seizures, also called 'convulsions' and 'epileptic-like fits', where his 'eyes rolled back and to the left', which gradually increased in frequency and severity, wearing away his ability to recover his speech and mobility. He was described, from nine months after admission, as 'incoherent'; as issuing 'weird guttural noises'; as violent towards other patients (e.g. 'joins in any little struggle and kicks anyone who is down'); as 'restless and quite demented'; and as having to be restrained in the padded room.

As distressing as Harry's denouement into madness and chaos is to read, it was disconcerting to find that the case notes shrunk in detail and frequency as his mental and physical condition deteriorated. Thus from cryptic entries detailing dementia and grimacing on 24 February 1911, and convulsions and restraint on 30 May 1911, the final entry was written, in a different handwriting, on the 23 October 1911, as follows:

The patient has been going downhill steadily for the last two months, having recurring bouts of convulsive seizures almost daily. His death has been expected at any time during the past month. He died today.

If a death certificate was issued for Harry by the medical superintendent from the Grahamstown Asylum at the time of his death, a copy of this document specifying the cause of death was not archived or has been lost. A formal Death Notice, accompanied by Harry's last will was filed with the Magistrate in Dutywa by his widow, Maysie, more than eighteen months after his death, on 19 June 1913.⁹⁹ In terms of this official correspondence with the Master of the Supreme Court of the Union of South Africa, and as set out in Harry's will, the full amount of Harry's moveable property, £2.4.3 (two pounds, four shillings and threepence) in the Post Office Savings Bank, was paid to Maysie on the 7 August 1913. It was formally stated in this correspondence that Maysie, as the widow and applicant, had 'discharged the funeral expenses'; although no details were given about when and where Harry was buried. In keeping with the silences Maysie maintained about Harry's illness and death, there is no surviving Wilbraham-family record or account of his funeral. His grave, if this was indeed marked by an engraved gravestone, has not been traced in the municipal or church cemeteries of Grahamstown, Dutywa or Mthatha.

Conclusions: Partial Truths and Archival Fragments

This paper has mapped the intimate arrangements of familiarity through one family's management of the calamity and chaos, the stigma and silence, of mental illness. Harry emerged through this as a patient and a subject, constituted within the medical gaze of late nineteenth- and early twentieth-century psychiatry, but ultimately as a shadowy figure. A genealogical approach holds that archival and narrative materials do not capture 'the whole truth' of experience of family living, debilitating illness and loss, or a self's resilience; but construct versions of it as partial truths or truth claims.¹⁰⁰ Each account 'remakes history' and 'apprehends' its subjects, Harry or Maysie or Chick, with the subjective lenses and discursive tools of its specific milieu and location. The critical task of representation is not to settle on one or *the* truth, but to map how the possibilities within singular and different

⁹⁹ Correspondence regarding the last will of Harry Walter Wilbraham, and payment of his moveable property, his investment in the Post Office Savings Bank, to his widow, Jessie May Wilbraham. Documents 148/900, File MOOC 6/9/718. South African National Archives, Cape Town.

¹⁰⁰ This Foucauldian genealogical argument follows Stoler, *op. cit.* (note 15), and Tamboukou, *op. cit.* (note 24).

truthful stories construct, jostle with, fracture and resist what is taken for granted about families and selves.

This writing of the 'particular', of the intimacies of illness and intricacies of death among the minutiae of a family's lives, is cast against the sweeping generalities of claims about conditions or themes in extant colonial lunatic asylum literature. Beyond the historical description of carefully situated micro-practices, however, this paper has explored how a particular mental illness narrative is complexly entangled in an ongoing process of family storytelling, reminiscence and meaning-making in the present. This presented methodological opportunities to grapple with memory and stigma in a number of ways. Along a similar trajectory, Annette Kuhn, reflecting on her method of 'memory work' which used family photographs to unpack an estranged relationship with her mother, finds the value of such singular case studies thus:

for the stories they tell about a particular life, stories which will perhaps speak with a peculiar urgency to readers in whom they elicit recognition of a shared history; as a contribution towards understanding how memory works culturally; for what they offer more generally to theories of culture and methods of cultural analysis; and perhaps most important of all, as a recipe, a toolkit, even an inspiration, for further works.¹⁰¹

As any historical researcher knows, archives are 'black boxes' from which anything might or might not emerge.¹⁰² The archive's gaps are part of the territory of partial truths; as are the risks of jumping to too-easy, too-speculative or too-critical conclusions without adequate immersion in the available materials.¹⁰³ This paper has espoused a Foucauldian genealogical theoretical and methodological position on illness, and has used multiple genres of archival and narrative material to track this. Indeed, it was in the layering and interweaving of these materials, and in their resonances between various pasts as episodic archival scenes, and the present, that the true potential for resistance to the coherence of linear, unitary representations of selves, illness and families arose.¹⁰⁴ Where chaos narratives of mental illness might be thought of as running wildly amok, outside discourse, as they resist the predictable coherence of clinical expertise,¹⁰⁵ Harry's narrative was, instead, inexorably slow, ordinary and sad in its passage. Placing the archived bits and narrative fragments side by side allowed the silences to emerge within and between stories, as further points of unfolding, becoming and listening.¹⁰⁶

Given my familial relationship to Harry, and the secrecy woven into family storytelling about him, the engagement with the archival material was harrowing. This emotional aspect is eclipsed in the somewhat voyeuristic writing on families and colonial lunatic asylums that unpack quirks, foibles and misperceptions of the more bizarre, nineteenth-century 'cases' in an archive; as is the ethical dimension of accountability for representations of these 'cases' with the later generations of their living relatives.¹⁰⁷ The methodology pioneered in this paper made me aware of the number of hats I wore, so to speak, on different occasions. As a historical researcher, a psychologist and family

¹⁰¹ Kuhn, *op. cit.* (note 19), 10.

¹⁰² Tamboukou, *op. cit.* (note 24), 19.

¹⁰³ Swartz, 'Colonial Lunatic Asylum Archives', *op. cit.* (note 34), 286.

¹⁰⁴ Tamboukou, 'Working with Stories as Multiplicities', *op. cit.* (note 24), 26.

¹⁰⁵ Frank, *op. cit.* (note 23), 97.

¹⁰⁶ Julie McLeod, 'Narrative Coherence, Coincidence and Listening In-Between', *Current Narratives*, 3 (2011), 75.

¹⁰⁷ My argument here challenges the idea that colonial lunatic asylum case notes in an official archive exist, after a certain period of time has elapsed, as public records to be accessed and interpreted at will. For more on this, see Thomas G. Couser, *Vulnerable Subjects: Ethics and Life Writing* (Ithaca, NY: Cornell University Press, 2004).

memoirist, I was positioned as a broker of meanings between the asylum's texts and contemporary familial audiences. Some of the darker corners of Harry's illness narrative – his diagnosis with and treatment for syphilis, his journey to Cape Town for brain surgery, his death in an asylum – were unknown to the extended family around me. These unfamiliar knowledges reverberated back and forth in contestations about 'facts' and in reminiscences about Maysie's stoicism and silence.

The appearance in the asylum case notes of tertiary syphilitic disease as an aetiological factor in Harry's neurological reactivity, and my disclosure of this status, was predictably a skeleton rattling in a family cupboard. Did he really have syphilis? Where or who could he have got syphilis from? These kinds of defensiveness introduce different ways of reading the contingency of psychiatric case-material in colonial lunatic asylum archives. On the one hand, an against-the-grain argument for Harry's misdiagnosis might be based on the retrospective anecdotal evidence of the health and longevity of his non-symptomatic wife, Maysie, and son, Chick. Similarly, Harry's symptoms as presented within the extant case records may be reassessed within the clinical gaze of twenty-first-century psychiatric science to produce anomalous diagnoses and treatments. But, on the other hand, extended periods of Harry's life-narrative are without traces in formal and familial records, particularly accounts of his young manhood between the ages of 17 years, when he allegedly arrived in South Africa in 1888, and 31 years, when he married in 1902.¹⁰⁸ Within the true-romance marriage plot recycled in family storytelling, Harry's prior sexual desires and intimacies with other women, as inadvertent opportunities for contracting syphilis, remain uneasily hidden and difficult to talk or write about. The presence of syphilis in white settler men did not mean, of course, that they were immoral, but rather that their pre-marital sexual activity (usually with prostitutes) exposed them to the sexually transmitted diseases of the day.¹⁰⁹ However, although venereal syphilis was initially a white settler problem in South Africa, the disease would increasingly become associated with 'poor whites' in the early twentieth century, and later on, almost exclusively with black people or Africans.¹¹⁰ Thus the shame and secrecy associated with syphilis was related to its sexual transmission with black and 'continental' prostitutes, and fears about social hygiene and contamination of racial purity caused by venereal diseases.¹¹¹

The psychological discursive regime of our twenty-first century informs us that a narrative grasp on the domestic dramas of our histories and presents, as genealogies of the intimate, enable us to make sense of experience, to mark milestones and rites of passage, to learn about obstacles and what values matter, and to shore up our sense of self or identity through our belonging and footing in a family, community and socio-cultural milieu.¹¹² We moderns have also come to expect that the telling of troubling stories – finding out about and full disclosure of what really happened – is infused with powers of agency, healing,

¹⁰⁸ Harry first appears on the records of the Cape of Good Hope Colony in 1894, as an Assistant Postmaster, in various towns in the Eastern Cape Frontier: for Harry's formal employment by the Post Office Department of the Cape of Good Hope Colony Office, see *op. cit.* (note 55).

¹⁰⁹ Van Heyningen, *op. cit.* (note 51), 171–176.

¹¹⁰ Jochelson, *op. cit.* (note 50), 54; and Parle, *op. cit.* (note 2), 116.

¹¹¹ Van Heyningen, *op. cit.* (note 51), 187–192.

¹¹² For more on the function of stories to the 'self' in a narrative approach, see: Michael Bamberg and Alexandra Georgakopoulou, 'Small Stories as a New Perspective in Narrative and Identity Analysis', *Text & Talk*, 28 (2008), 377–96; Robyn Fivush, 'Remembering and Reminiscing: How Individual Lives Are Constructed in Family Narratives', *Memory Studies*, 1 (2008), 49–58; and Blair Thompson, *et al.*, 'Family Legacies: Constructing Individual and Family Identity through Intergenerational Storytelling', *Narrative Inquiry*, 19 (2009), 106–34.

closure and moving on.¹¹³ This has not been so in any simplistic sense of an outcome to this genealogical study. There is more at stake here than a lost grave, a sense of anguish and suffering uncovered, and uncertainty about what to do next. It is no accident that family memoirs are prefaced or followed by extensive acknowledgements of the forbearance, assistance and interest of family members, and apologies for any fictions that unwittingly or wittingly have slipped in.¹¹⁴

¹¹³ Molly Andrews, 'Beyond narrative: the shape of traumatic testimony', in Matti Hyvärinen *et al.* (eds), *Beyond Narrative Coherence* (Amsterdam: John Benjamins 2010), 147–66.

¹¹⁴ See Sedgwick, *op. cit.* (note 21), 383; and Ondaatje, *op. cit.* (note 21), 232. Ondaatje apologetically positions his family memoir as 'a portrait, a gesture', rather than a history, and claims that (in Sri Lanka) 'a well-told lie is worth a thousand facts'.