

***Insanity, Identity and Empire: Immigrants and Institutional Confinement in Australia and New Zealand, 1873–1910*, by Catharine Coleborne**

Manchester University Press. 2015. xiv + pp. 224.  
ISBN: 978-0-7190-8724-0

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In *Insanity, Identity and Empire*, Catharine Coleborne provides a very readable and detailed study of insanity at two public hospitals, namely Yarra Bend in Melbourne, Australia, and the Auckland Asylum in the province of Auckland, New Zealand. Coleborne's investigation is limited to the years 1873 to 1910 and is set within the context of migration to the Australasian colonies. The book makes use of the archived records of the two institutions to explore the lives of the confined patients, as well as to explain how the sites established “an institutional language of gender, class and race” (p. 2).

Chapter 1 primarily examines the immigrant populations of Melbourne and Auckland who were “caught in social institutions” (p. 12). Coleborne explains that the immigrant groupings who constituted the populations of the welfare, social and health institutions, namely poor white male immigrants, were “treated as depleted specimens of the male colonial citizenry” (p. 27). By failing to “meet expectations of strong, white masculinity in a variety of respects—as robust fathers, marriage partners, providers and economically productive citizens” (p. 27–8)—these immigrant men disturbed notions and ideals of settler stability and success. Along these lines, Coleborne compellingly concludes that the unsettled roaming of white immigrant men was the “real locus of anxiety about settler stability” (p. 27). Chapter 2 examines the network of welfare and medical institutions of the two cities from the 1850s to the 1890s. A subject worth exploring is the manner in which Coleborne unpacks the connections between asylums and welfare institutions, as well as the ways in which asylums provided a form of outdoor relief for indigent individuals. Coleborne, in this way, pinpoints the porous



boundaries between the aforementioned types of institutions. In summary, chapters 1 and 2 bring perspective to the historical connections between medical and welfare institutions, and how they offer new and important dimensions for understanding the chequered journeys of immigrants seeking relief from social problems and mental suffering.

Coleborne, in Chapter 3, provides a quantitative analysis of the casebooks from a database of more or less 4,000 patients sampled from the two sites for every third year between 1873 and 1910. Though Mark Finnane (2016, 504) “raises questions about the inferences that may be drawn” from Coleborne’s large sample, by recognising that the book is part of a larger research project (see McCarthy et al. 2017), I see the book as supplemented by later texts that interrogate the methodological issues and modes of analysis that are necessitated in working with a “large multi-sited data sample” (McCarthy et al. 2017, 360).

In chapters 4 and 5, gender is used as a tool to “explore the function and representation of whiteness as ethnicity” (p. 116). To substantiate this line of enquiry, Coleborne argues that “colonialism developed notional meanings of whiteness as an ethnicity and characterised these through gendered identities” (p. 133). Coleborne’s reading of “whiteness as ethnicity” is aimed at addressing and correcting the predominance of studies in colonial psychiatry that frame ethnicity solely in terms of non-white populations. By addressing this blind spot, Coleborne unpacks the problems of whiteness incited by the patients of the asylums. To this end, the book provides, in chapters 4 and 5, descriptions of masculinity and femininity that are underpinned by an interest in exploring gendered patient identities while simultaneously revealing colonial notions of whiteness.

Chapter 4 examines how specific forms of medical diagnosis and their symptoms—including sunstroke, mania, delirium tremens and alcoholism, as well as general paralysis of the insane (GPI)—were considered “gender-specific” (p. 116) to colonial white men. Accordingly, these medical diagnoses hold the potential to tell us “something about constructions of colonial masculinity and gender relations” (p. 116). The chapter also provides a moving portrait of the humanness, sufferings and tragedies of the men who were institutionalised. In the portrait that Coleborne sketches, the immigrant white men are depicted as “a population of people in need” who were in “search of respite from the toils of colonial labour, family distress, and worry about work and income” (p. 130).

A vivid and engaging description of white female patients is presented in Chapter 5. Coleborne provides a richly nuanced “profile” of the female inmates of the institutions that features “variations in age, class, marital status, ethnicity and experiences of family life and work” (p. 142). An outcome thereof is an awareness and understanding of the “ways that ordinary life presented mental illness challenges to women from all walks of

life” (p. 151). While the discussion highlights the distinctive features of the women’s individual stories, one theme (p. 158) becomes discernible:

[The] theme of “rescue” emerges throughout the cases of women who had fallen on hard times, with the institution for the insane just one of the agencies among several that impoverished women might encounter during their lifetimes. This idea of women as a colonial population who needed to be rescued—from men, from poverty, or from themselves—distinguishes women inmates from men, and seems to suggest that women were more likely to be perceived as subjects of institutions.

Chapter 6 examines the intersections of gender, race and class in the non-white populations of the asylums. In particular, the chapter offers an examination of the Chinese population at Yarra Bend and the Māori patients at Auckland. Coleborne demonstrates how the casebooks constructed Chinese male patients as feminised, while she speculates that the records of Māori patients reveal that the “mental health of the Māori peoples was not upmost in the minds of the European doctors who treated them” (p. 174). The lumping together of all non-white subjects into a single chapter is largely a result of the small number that they constituted in the populations of the asylums. This is starkly apparent in the rarity of Aboriginal People at the Yarra Bend asylum. To glimpse the narratives of the institutionally confined Aboriginal People, the research by Philippa Martyr and Sophie Davison (2018) offers a historical profile of the admissions of this population group to psychiatric health facilities in Western Australia during the first half of the twentieth century.

Scholarly inquiries into the history of madness and psychiatry, for example Elaine Showalter’s *The Female Malady* (1985), have drawn on gender studies to analyse the histories and stories of the individuals who were suffering from mental illness. Coleborne breaks new ground by tracing the diversity of the stories of men and women suffering from various mental diagnoses who represented a heterogeneous mix of social and class backgrounds, as well as all ages and occupations. Thus, rather than repeating the dominant tropes that have characterised academic studies of gender and psychiatry—the female hysteric, the melancholic “Ophelia,” masturbating men, shell-shocked men—Coleborne sympathetically and humanely catalogues the gendered aspects of stress, trauma and abuse that patients encountered and how some patients “buckled under the strain and pressures of colonial life” (p. 8).

## References

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