Article

Madness, Masturbation and Masculinity in the Casebooks of the Grahamstown Lunatic Asylum, 1890–1907

Rory du Plessis
http://orcid.org/0000-0001-8907-9891
University of Pretoria, South Africa
rory.duplessis@up.ac.za

Abstract

Though there exists a wealth of scholarship dedicated to exploring the history and discourses of masturbation, a number of topics remain that still require ample academic attention and investigation. For example, only a handful of studies have engaged with exploring the concept of masturbation in the records of psychiatric facilities, and the history of masturbation in South Africa is still in its infancy. In this article, I seek to contribute to the scholarship of the aforementioned topics by exploring the discourses of masturbation in the casebooks of the Grahamstown Lunatic Asylum, South Africa, from 1890 to 1907. The exploration is a micro-study of masturbation that is delimited to a sample of men who were white, single and young. In doing so, I forgo offering a comparative analysis of the discourses of masturbation from different demographic groups, and instead aim to offer an in-depth exploration of the nuances, transformations and complexities in the discourse in only the aforementioned patient sample.

Keywords: Grahamstown Lunatic Asylum; Thomas Duncan Greenlees; manliness; masculinity; masturbation

Introduction

The path-breaking studies of Michel Foucault's *The History of Sexuality* (1980) and Thomas Laqueur's *Solitary Sex: A Cultural History of Masturbation* (2004) have given rise to a wealth of scholarship dedicated to exploring the history and discourses of masturbation (see Garlick 2012; 2014; Hall 1992; Hunt 1998; Kimmel 2005; Mason

Gender Questions
https://upjournals.co.za/index.php/GQ
Volume 7 | Number 1 | 2019 | #4401 | 22 pages

https://doi.org/10.25159/2412-8457/4401
ISSN 2412-8457 (Online) | ISSN 2309-9704 (Print)
© Unisa Press 2019

2003; Stolberg 2000a; 2000b). Though the range and depth of the scholarship is extensive, a number of topics have "eluded sustained historical enquiry" (Hodes 2015, 7). For example, only a handful of studies have explored the concept of masturbation in the records of psychiatric facilities (see Ek 2017; Goldberg 1999), and the history of masturbation in South Africa is still in its infancy (see Hodes 2015). In this article, I seek to contribute to the scholarship of these two "eluded" topics by exploring the discourses of masturbation in the casebooks of the Grahamstown Lunatic Asylum (GLA), South Africa, from 1890 to 1907. The exploration is a micro-study of masturbation (Ek 2017, 5; Goldberg 1999, 5) delimited to the cases of masturbation in a sample of men who were white, single, and young. In doing so, I forgo offering a comparative analysis of the discourses of masturbation from different demographic groups, and instead aim to offer an in-depth exploration of the nuances, transformations and complexities in the discourse in only the aforementioned patient sample.

The GLA was established in 1875 in Makhanda, formerly known as Grahamstown.[1] From 1875 to 1890, Dr Robert Hullah was the superintendent of the GLA. On 18 February 1890, Hullah died unexpectedly, and Dr Thomas Duncan Greenlees was appointed as the new medical superintendent. Greenlees (1858–1929) was born in 1858 in Kilmarnock, Scotland. He studied medicine at Edinburgh, graduating with an MB, CM in 1882, and an MD in 1901. Before taking up the post at the GLA, he had considerable experience working in British asylums: he was the assistant medical officer at the City of London Asylum at Stone (1882–1884), the Counties Asylum at Carlisle (1884–1887), and the City of London Asylum at Dartford (1887–1890) (Burrows 1958, 343). The regimen of the GLA, its ethos, and, to some extent, particular avenues for the discharge of patients were shaped and influenced by Greenlees's philosophy, his principles, and his priorities (du Plessis 2015; 2017).

The article is divided into four main parts. First, through a discursive reading of the casebooks, I consider how the label of "masturbator" coded and inscribed a group of men as deficient in manliness. To substantiate, in the Victorian era, the social construction of masculinity (Kimmel 2005, 126) was shaped by the ideals of manliness (Hogg 2007; Tosh 1994; 2002). For young men, the transition into adulthood was not a guarantee of manliness. Rather than being innate, manliness became the "product of a set of attitudes and behaviours that could only be acquired with conscientious effort and self-monitoring" (Hogg 2007, 67). For the group of men discussed in this section, I unpack how their lives were framed by the colonial authorities to be lacking in self-control and self-reflection. To this end, the label of "masturbator," which connoted the loss of manly self-control (Garlick 2012, 306), may have provided a means for the

1 The GLA was part of the Cape Colony's network of asylums established for the care and custody of the insane. The colony's network of asylums has been the subject of considerable scholarly research and has given rise to in-depth histories and nuanced analysis of specific institutions (see Swartz 2015). The GLA still exists today, but is now known as the Fort England Hospital.

colonial authorities to designate the life course of the men, their character and behaviour as deficient in manliness.

The subsequent parts of the article explore the "multi-tiered narratives" (Jackson 2013, 86) contained in the casebooks of the GLA. Casebooks, for Will Jackson (2013, 86), are comprised of "multi-tiered narratives" as they document the clinical record of illness, the therapeutic and disciplinary regimen of an asylum, as well as the life histories of the patients. In the second part of the article, I investigate how the testimonies tendered by the relatives of a patient provide a valuable resource for an exploratory understanding of a patient's life story, the context and circumstances that preceded asylum committal, and a window into exploring the social worlds of a patient (Coleborne 2009, 71; 2010, 14; Risse and Warner 1992, 190). Third, I investigate how confessions of masturbation submitted by the patients were instrumental in their pathways out of the asylum. To substantiate, a patient's admission of masturbation was taken as an act of confession, which was regarded by the asylum's alienists[2] as an important sign of a patient's path towards recovery, and their fitness for discharge from the asylum. Fourth, I survey the treatment and preventative procedures deployed by the asylum to manage the masturbatory habits of men. The aim is to draw attention to the sexual surgeries and treatments performed on male bodies by the alienists (Andrews and Digby 2004, 10).

To offer a general departure point for the article's exploration and introduce its main themes, I have singled out the case of Peter Jones. On 24 April 1896, Peter Jones (HGM 4, 131),[3] a young single schoolmaster, arrived at the asylum with his hands manacled. This was his second admission to the asylum. His first admission was in April 1894 (HGM 3, 130), when he was 29 years old and had been suffering from epileptic fits for eight years. The medical certificates for his first admission presented him as dangerous and threatening. Several days after admission, he confessed to Dr Walter Adam,[4] the assistant medical officer, that he was addicted to masturbation. The casebook entries do not contain any further mention of masturbation, but are largely concerned with documenting the nature and severity of his epileptic seizures. In October 1894, Peter's father petitioned the Under Colonial Secretary (UCS) for his son's discharge, and this was followed by the UCS requesting Dr Adam to provide a report on Peter's progress and fitness for discharge. The report (HGM 3, 130) stated that Peter was

> at all times excitable, quarrelsome and is quite unaccountable for his actions in the post-epileptic state. I cannot recommend his discharge except on the understanding that all

---

2 In the nineteenth century, psychiatrists were known as "alienists," as "they cared for individuals who were thought of as alienated from both society and themselves" (Bhugra 2014, 257).

3 Although the casebooks of the GLA are in the public domain, the article retains the anonymity of the patients by using pseudonyms.

4 During Greenlees's superintendence, he was supported by several different assistant medical officers. Dr Walter Adam was the assistant medical officer at the GLA from April 1894 to 1896 (du Plessis 2017, 66).

> responsibility for his removal and safekeeping rests with his friends. I would suggest that his father be asked to sign a document to that effect.

In October 1894, Peter's father signed the paperwork, and Peter was discharged "relieved"[5] to his father's care. Two years later, he was readmitted to the asylum. In the casebook for his second admission (HGM 4, 131), Peter's parents sought his committal on the grounds that he had recently been giving them "much trouble and has … threatened violence to his mother."[6] Peter's readmission included the father suggesting castration to "cure" his son's masturbatory habits. This was followed by a signed document (HGM 4, 131) consenting to such a surgical procedure being performed on his son:

> I hereby give my consent to any operation being done to my son … to cure him of the filthy habit of masturbation. Should castration give a chance for cure I willingly consent to it, he being at this time insane, and incapable of giving his own consent. I am extremely anxious that anything may be done if it gives the slightest hope of alleviating his condition.

It is of interest that in the entries recording Peter's time at the asylum, no further reference to castration is made. The entries open by identifying him as a masturbator, but subsequently the focus shifts to his epileptic fits. By November 1896, his conduct was improving, but his epilepsy was unremitting. Peter was designated as a chronic case and was transferred to the Port Alfred Asylum (PAA).[7]

Masturbation was recorded throughout the patient population of the asylum,[8] yet it would be erroneous to claim that there is a universal or dominant discourse for masturbation. Rather, each demographic profile had a particular set of discourses, which were informed by sociocultural norms and beliefs. Thus, the following discussion does not seek to provide an overarching reading of all the cases of masturbation at the GLA, but rather has been limited to cases from the same demographic profile as Peter Jones, namely male, white, single, and young.

---

5 The term relieved "connoted relief from symptoms of insanity, without the belief that the insanity had been cured. Those relieved were therefore presumed to be more vulnerable to the return of insanity at some future date than those seen as recovered" (Melling and Forsythe 2006, 105).

6 The article makes extensive use of quotes and information obtained from the casebooks. Thus, to avoid repetitive and identical citations in my discussion, I only cite the first instance in which a casebook reference is used.

7 Greenlees embarked on an intensive programme of transferring patients who were chronic to the PAA and the Fort Beaufort Asylum. The PAA opened in 1889 and was reserved for the transfer of docile and demented patients whose chances of recovery were very remote (du Plessis 2017, 77).

8 The GLA admitted, in terms of race and gender, a heterogeneous patient body. However, in 1905, the GLA embarked upon the removal of all black females, and in so doing created more room for white female patients. While 1905 marked the removal of black female patients, it was only in 1908 that the GLA, by removing black males, became a facility reserved solely for white patients (du Plessis 2017, 16).

A Discursive Reading of Masturbation

The cause of Peter's second attack of mental illness was attributed to masturbation and was informed by the testimony of his father. Peter's case is in this way unique when compared to the majority of the cases from the patient sample. In these cases, although the resident magistrate assigned masturbation as the cause of the attack,[9] the medical certificates do not contain evidence of masturbation, nor is there a testimony presented by a patient's family to confirm the practice of masturbation. In the absence of direct evidence and testimony of masturbation, I suggest that sections of the casebooks—in particular the content under the headings "medical certificates" and "history of the case"—can aid a discursive reading of masturbation. In such a reading, the focus is on identifying how texts are laden with symbolic, cultural and gendered meanings, and, in turn, how these aspects construct an individual in terms of the typology of a masturbator. Thus, the interest is not in uncovering the "truth" or "validity" of the assigned cause, but rather in how the designation of "masturbator" classified and inscribed the person and subjectivity of the patient.

For the patient sample where there is no record or testimony of the act of masturbation, the majority of the cases share a co-attribution of the cause of insanity to masturbation and drink. In these cases, there is an emphasis on the patients' loss of self-control. These men were described as confused, violent and being eccentric and wild in conduct. The casebooks for these men do not record the practice of masturbation, but the loss of self-control was a key index for alcohol abuse and masturbation.[10] Although masturbation and alcohol were paired on several levels (Laqueur 2004, 241), the shared index for the loss of self-control was only applicable to the patient sample in question. Alcoholic white men who were married and who lost their self-discipline to drink were not provided with masturbation as a cause of insanity.

The willingness of the magistrates to co-attribute the cause of mental illness to masturbation, despite evidence pointing only to alcohol abuse, could be regarded as a strategy to pathologise "a wide array of behavior, much of which lay in the realm of indiscipline and disobedience" (Goldberg 1999, 161). To elucidate, Ann Goldberg (1999, 161) describes that in the process of assigning masturbation as a cause, acts of social deviance—for example, alcohol abuse—are no longer framed as mere acts of waywardness, but as a medical concern that requires treatment in an asylum. Goldberg's thesis was developed from a sample of men who did not "outwardly appear mad: they were not raving, hallucinating, or displaying any of the other obvious signs of madness that doctors used to diagnose insanity" (Goldberg 1999, 161). In contrast, the patients

9 The committal forms for a patient were completed by the resident magistrate. In completing the committal forms, the magistrate was responsible for assigning the cause of the patient's insanity. A criticism of Greenlees (1905, 220) was that the magistrates' assignment of causes was "frequently unreliable, often wrong, and even occasionally misleading."

10 For example, Thomas Clouston (1840–1915) identified masturbation as a "common sign of the loss of self-control" (Clouston 1892, 520).

in my study were not only behaving in an intractable manner, but were identified as insane. For example, the medical certificates for Thomas Brown (HGM 3, 79), a 26-year-old from England, record his depressed state, delusions and destructive tendencies. By recognising the severe symptoms of insanity presented by these men from the GLA, it is clear that any attribution to masturbation did not function—as in Goldberg's sample—to recast unruly behaviour and the loss of self-control as indicative of lunacy. Put differently, the casebooks for the men sampled at the GLA are replete with multiple markers of mental illness. Therefore, with or without the attribution of masturbation, the men were deemed to be insane. I suggest that in the sampled cases, where there is no record of the practice of masturbation, co-attribution of the cause of insanity to masturbation was a discursive formation that constructed the life course of the young men, their character and behaviour as lacking the qualities of manliness.

In the Victorian era, a significant conception of masculinity was the ideal of manliness (Hogg 2007; Tosh 1994; 2002). A wide range of attributes, values and behaviours encapsulated manliness, including self-restraint, self-control, self-reliance, steadfast dedication to hard work, as well as perseverance while enduring hardships (Hogg 2007, 56–7; Tosh 2002, 466). The desired outcome of upholding the ideal of manliness was a life course underpinned by "self-control, hard work and independence" (Tosh 1994, 183). For young men, the path to manliness was paved by exercising self-governance of their thoughts, deeds and actions. In this way, when young men engaged in acts and choices that represented a "loss of control over (their own) nature" (Garlick 2012, 306) their manliness was brought into question.

In the patient sample of the GLA, the alcohol abuse by the young men may have been the result of a momentary lapse of self-control, but once it featured alongside masturbation, it was taken as pointing to a life story of deficient self-will. Thomas Brown (HGM 3, 79) worked for a business in Manchester, but soon thereafter left England for the Cape, with the intention of doing some farming. However, on arriving in the Cape, he could not find work, and so he joined the Cape Mounted Police. He was later expelled from the police for being drunk, and he took to staying at various hotels, before his behaviour, as previously noted, became strange, and his committal to the GLA followed. Although the act of masturbation does not feature in Thomas's committal documents, the co-attribution to masturbation may have presented the magistrate with a means to inscribe Thomas's life course as carelessly capricious and desultory.

While the label of "masturbator" provided a means to frame the life lived by Thomas as inherently deficient in discipline, direction, and self-control, in the case of Callum Macdonald (HGM 4, 83) it provided a means for the magistrates to classify him as a "deviant gender type" (Goldberg 1999, 97) who absconded from work and responsibility. Callum disappeared from his family and his work. After a few days he was located, but he "appeared to be out of mind." Desertion of work and withdrawal from society and family embodied not only the stereotypical traits of a

masturbator (see Clouston 1892, 527), but also the antithesis of the core values of manliness.

Oliver Williams (HGM 9, 45), a 25-year-old originally from London, was for four and a half years in the service of the Cape Mounted Riflemen (CMR). He was regarded to be in an exalted state of mind, as he was "rude to his officers." He also had various delusions of grandeur, including that he was "King of Africa" and "stronger than Hercules and able to show that he is the best all round man in the world." Oliver's case does not chart a life story of a chronic loss of self-control, but his committal documents emphasise a bachelorhood bravado of inflated importance despite there being no indication of him having shown "decisiveness, courage and endurance" in the "struggle[s] of life" (Tosh 2002, 460). Implicit in the concept of manliness was that it "had to be earned … by mastering the circumstances of life" (Tosh 2002, 458). Thus, with the committal documents lacking evidence of Oliver having achieved mastery in his life course, the resident magistrate may have perceived him to present a distorted form of masculinity that exuded self-aggrandising tendencies but was devoid of the traits of manliness.

In sum, these men failed to uphold the ideals of manliness. They were seen to be lacking manliness, either in the sense of failing to be hard-working and responsible citizens in terms of work and family commitments (Thomas Brown and Callum Macdonald), or in presenting a bachelorhood bravado (Oliver Williams). In scholarly investigations, the discourses of masturbation are generally linked to notions of effeminacy (Goldberg 1999, 97). For the men discussed here, the discourses of masturbation are not connected to effeminacy on the part of the men, but rather to questions regarding their manliness. Here it is important to underscore that "boys do not become men just by growing up, but by acquiring a variety of manly qualities and manly competencies" (Tosh 1994, 181). For young men "manliness was a guide to life" (Tosh 2002, 459) that not only promised access to the qualities and competencies of manhood but also a benchmark "to stand on one's own two feet" (Tosh 2002, 467) for the purposes of leading a life course defined by independence and self-control. The sampled young men had not achieved the qualities, virtues, discipline and attributes that would affirm their manhood, and thus the label of "masturbator" framed the men, their young adulthood, and their life story as lacking manliness.

It is important to underscore that the discussion does not claim that the label of "masturbator" was a means to discipline and incarcerate the young men who unsettled the ideals of manliness. All of the men presented several psychopathologies, and their admittance to the asylum was not based on social control of morally aberrant behaviour, but was informed by delusions, threats to family, and depressive states on the part of the men. I do, however, claim that the co-attribution of masturbation as a cause of insanity operated on a discursive level to frame the subjectivity of the men in a certain way. As early as 1892, Clouston (1892, 521), a prominent alienist of the late nineteenth century, vehemently stressed that in cases of insanity masturbation is "not the chief cause, nor is

it the chief symptom present, and it does not colour the cases so as to give them any distinct mental features.” While Clouston championed the idea that masturbation had an inconclusive influence on cases of insanity, the typology of a masturbator may have provided the magistrates with a means to label a subordinate masculinity in young men that failed to possess the character and values of manliness.

While loss of self-control is a central tenet in the discourses of masturbation (see Garlick 2012, 306; Oppenheim 1991, 159), the discussion has contributed to the discourses by enumerating how loss of self-control is linked to anxieties regarding manhood and manliness. Nevertheless, this finding is limited to the sample in question. In the casebooks that do contain records of masturbation for the patients who were white male single youths, loss of self-control was typified as a form of “unbridled sexuality” (Laqueur 2004, 66). For example, in January 1907, the 18-year-old clerk Matthew Parker (HGM 9, 127) was assigned masturbation as the cause of his mental attack. The medical certificates and the reports on his condition on admission describe an adolescent that used filthy language, shouted raucously, was violently maniacal and at one time proceeded onto the ground “with penis in hand calling for a woman with whom he might fornicate.”

Family Testimonies

The casebooks contain traces of the testimonies submitted by the families of the patients. In most instances, the testimonies were never more than a few sentences, and they were mainly garnered from the committal forms and certifying certificates. Nevertheless, there are a few casebooks that contain the letters written by family members, which provide a full-length written testimony. The testimonies provided a lay description of a patient’s onset of mental distress and a summary of their history, which was used in an asylum’s “profiling and diagnosis of patients” (Coleborne 2006b, 45). The following discussion aims to explore the extent to which a family’s testimony “filtered” (Coleborne 2006b, 48; 2010, 68) through into Greenlees’s understanding of the case and his treatment of the patient.

From the casebooks it can be observed that the testimony provided by families had a direct influence on attributing the cause of insanity to masturbation. However, once the patient was institutionalised, there are instances where Greenlees refuted the testimony presented by the family. The 15-year-old Dylan Cameron (HGM 6, 28) entered the asylum with thoughts fixated on “prayer and his soul’s salvation.” A month after admittance to the asylum, his thoughts of wishing to die and his being a “great sinner” ceased, and he became more rational. After two months of institutionalisation, he was discharged recovered. Several months later, Dylan (HGM 6, 82) was readmitted to the asylum. His mother testified that he became unmanageable, had threatened her, and “would lie in bed and not go to his work.” Her testimony also mentioned that he was “masturbating,” and this information was used by the magistrate to assign the cause of his attack. After three days at the asylum, Greenlees stated that his behaviour was

satisfactory and that he was "not addicted to masturbation." Over several later entries, Dylan made steady progress and was praised for working well and being "anxious to please." He was discharged recovered.

The casebook contains only fragments of the testimony presented by Dylan's mother, and hence it is impossible to provide a comprehensive exploration of her claims. Yet it may be possible to examine the testimony as a rich source of the "language used by ordinary people to describe mental states" (Coleborne 2006b, 45). In this sense, Dylan's mother's testimony displays an awareness of and familiarity with the stereotypical traits of a masturbator being a person who is in a state of "idleness, indecisiveness and inertia" (Ek 2017, 132). To substantiate, Dylan's threatening and unmanageable behaviour was sufficient sign of a relapse, and it was substantial grounds to warrant readmission to the asylum. However, Dylan's desire to remain in bed and abscond from work was in itself not a marker of insanity or grounds for committal, but it did transgress acceptable behavioural norms and codes of conduct. The mother may have interpreted such behaviour as synonymous with the stereotypical traits of a masturbator, and as an appropriate cause to explain her son's relapse. In this way, the popular discourses of masturbation offered her a lay framework for coding her son's apathy towards work and his current mental state (see Appendix A). Her lay description was recorded in the committal documents, but once Dylan was under Greenlees's watch, her descriptions were discounted and had no bearing on Greenlees's care and treatment of Dylan.

Generally, when patients were committed to the asylum with very little known of their background, Greenlees sought to gain an account of the patient's life story by requesting a written testimony from a family member. In the cases of Thomas Brown (HGM 3, 79) and Oliver Williams (HGM 9, 45), both were recent immigrants to the Cape Colony, with their next of kin still residing in England. To ascertain the family and personal history of each of the patients, Greenlees wrote to their next of kin. Although copies of Greenlees's letters to the families are not available, the letters written by the families indicate that Greenlees presented the circumstances that precipitated admittance of their loved one to the asylum, informed them that masturbation was the assigned cause of the attack, and made enquiries into the family's history of mental illness. The letters written by the families are extraordinary examples of how families grappled with the cause of insanity, the language used in testifying about their loved one's life (see Coleborne 2009, 66), and the relationship that families had with Greenlees (see Wannell 2007, 297).

In the letter written by Thomas's sister (HGM 3, 79), she was "very anxious and uncertain as to the best plan" of dealing with her brother, and therefore requested information from Greenlees on "the best course to be adopted" for Thomas's recovery, whether "it would be advisable for him to be sent home as soon as possible, or kept in Africa," and, lastly, "[w]hether or not it would be possible for him to work again on his recovery." The sister's requests clearly indicate that she sought Greenlees's expert opinion in terms of Thomas's condition and prognosis. Yet it may be suggested that she

resisted the attribution to masturbation as the cause of Thomas's insanity. Instead of unreservedly accepting such an assignment of cause of insanity, she offered her own suggestion: "is it possible that the heat can have had anything to do with the lapse of sanity? My brother used always to complain of any great heat at home." In this way, she submitted a cause of insanity that was informed by an intimate understanding of her brother's life story.

The brother of Oliver Williams (HGM 9, 45) wrote a comprehensive letter, which in many ways can be regarded as a denial of the cause of insanity being attributed to masturbation:

> It is most unfortunate you have not fuller details of the fall from his horse, which he is supposed to have had, as I feel sure that must be the cause of his present condition, and I am writing Capt. Roy, asking him to prosecute enquiries, and send you the fullest information he can.
>
> I feel sure that my brother's addiction to "self abuse" must have started subsequent to his accident, as he was clean minded, took care of his physical condition (being a keen athlete), and had too much strength of mind to become demoralised into such a habit.
>
> My brother was certainly evenly balanced mentally, and not subject in any way to extremes of temperament, on the contrary his disposition was most equable. … His appearance must have changed very much for him to look "of unstable mental calibre". …We have been considering the question of getting him home, and I would expect to be able to get the necessary funds for such a purpose from our relations. Do you think that his case is one where it would be better for him to come to England and be seen by a specialist?

Oliver's brother deemed a fall from a horse as the cause of the attack, and he wished to solicit further evidence from a captain in the CMR. Of interest is the way the brother seeks to demonstrate the non-existence of masturbation in Oliver's life story, by testifying to his manly vigour, self-governance and "strength of mind."

The letters most certainly demonstrate the broad range of ways in which families regarded the expert opinions of Greenlees and the asylum officials (see also Coleborne 2006a, 435; Wannell 2007, 297), from seeking and respecting their opinion in regard to repatriating their loved ones to casting doubt on the assignment of masturbation as the cause of the attack. The latter included families offering alternative explanations for the onset of the attack, as well as making their own enquiries into the events that led to the loss of sanity. Furthermore, the letter written by Oliver's brother can be read to be indicative of the "struggle" between the asylum officials and the family "over the power to define the identity of the patient" (Suzuki 1999, 117). Put differently, letters by the family can be regarded as significant channels by which they sought to present an individual's life story, which acted as a counterbalance to the asylum's construction of the individual as a clinical case that is defined in terms of an "illness narrative" (Swartz

2008, 297). The letter by Oliver's brother (HGM 9, 45) elaborates that while in England, Oliver "succeeded in any matter he took in hand" and was "promoted as a clerk in the London & Lancashire Fire Assurance Co's office," which he left only "from his desire to become a member of the C.M.R, and thereby lead a healthier and an active military life." The insertion of the letter within Oliver's casebook allows us to catch a glimpse of aspects of his life story that move beyond a dominant clinical context or narratives of mental illness.[11] Although the letter acts as an aide-mémoire that Oliver should not be solely defined by his institutionalisation at the asylum, the contents of the letter did not "filter" through into casebook entries completed by the asylum's alienists. To expand, the letter never led to the alienists revising the cause of Oliver's attack, nor did it result in any attempt to reframe the contents of the medical certificates, nor did it filter through into the entries describing Oliver's institutionalisation.

For both men, the casebooks contain only the initial letter, and any further communication and contact from the family was incorporated in the casebook entries. The casebook for Thomas indicates that in the first year of his institutionalisation his mother wrote to him regularly, but that he never wrote back. In the subsequent years, there is no further mention of contact from his family. Thomas was regarded as a chronic case, and from as early as 1897, a mere five years after his admittance to the asylum, he was diagnosed as "demented." The entries for Thomas end in December 1923, with the following description: "Sits about all day in a dull, demented state. Apparently understands very little of what is said to him and is unable to make any reply."

In Oliver's case, once the asylum's alienists received the letter from his brother, arrangements were initiated for him to return home under the escort of a former friend in the CMR. In July 1906, a colonel from the CMR arrived to escort him home. Oliver was discharged into the colonel's care under the proviso that the colonel signed a "guarantee for his safekeeping," as Oliver could be "a source of trouble" and was still "full of delusions but very reticent and careful about expressing them." They boarded a ship in Port Elizabeth for England, but when the ship was 12 hours out to sea, Oliver jumped overboard. The casebook entries conclude with the following statement: "nothing more heard about him."

The letters by the families of Thomas and Oliver offer a snapshot of their life history prior to institutionalisation, and they thus provide the researcher with one way to develop an awareness of and appreciation for patients as individual subjects. Accordingly, the letters can be regarded as an aid that prevents the researcher from viewing the narratives of mental illness contained in the casebooks as the sole evidence of the subject's personality, behaviour, character and qualities. Said differently, while

11 It is worth returning to Oliver's committal documents authored by the resident magistrate to compare with the letter written by his brother: while the former coded Oliver's identity in terms of having the propensities of a self-aggrandising bachelorhood bravado, the latter provides a humane portrait of Oliver's personhood, aspirational dreams and his career achievements.

the casebooks chart the subject's time of institutionalisation and their illness, this is but a fragment of the subject's life story. Nevertheless, the letters are by no means a way to predict a foreseeable narrative for the subject's period of institutionalisation. Thus, the letters may aid in identifying the patient as an individual—"that this is a particular person in a particular time and place and with a particular history" (Logan 2008)—but they have no bearing on understanding the shifting and somewhat unanticipated progression of mental illness during a subject's institutionalisation.

Confessions by Patients

On Peter's first admission to the asylum, the casebook opens with the entry stating that he informed Adam about his addiction to masturbation. Throughout his period of institutionalisation, there is no record of masturbation being engaged in. It may thus be plausible to suggest that Peter's confession was not necessarily an expression of angst over an act that he was addicted to (Garton 1988, 124), but was indicative of the discourses of masturbation current in the public domain, which "caused so much anxiety that patients had thought they had symptoms caused by masturbation which in fact had other origins" (Laqueur 2004, 234).[12] Further insights into Peter's testimony are, however, limited by the casebook's focus on his epileptic fits. To offer deeper insights into a patient's confession of masturbation, the discussion turns to Shawn Patton (HGM 8, 15).

Shawn, a 25-year-old accountant, was depressed and very melancholic and had attempted suicide by stabbing himself. During the course of his institutionalisation, Shawn acknowledged to the alienists that he used to masturbate, but that he had stopped doing it "some time ago." After a little more than three months, Shawn was discharged recovered from the GLA. One way to interpret Shawn's acknowledgement of masturbation is to view it as taking the form of a confession. For Michel Foucault (1980, 61–2), the confession

> is a ritual of discourse in which the speaking subject is also the subject of the statement; it is also a ritual that unfolds within a power relationship, for one does not confess without the presence (or virtual presence) of a partner who is not simply the interlocutor but the authority who requires the confession, prescribes and appreciates it, and intervenes in order to judge, punish, forgive, console and reconcile; … a ritual in which the expression alone, independently of its external consequences, produces intrinsic modifications in the person who articulates it: it exonerates, redeems, and purifies him; it unburdens him of his wrongs, liberates him, and promises him salvation.

On one level, the confession takes on a disciplinary form, as it involves "pinning the individual to his identity, obliging him to recognize himself in his past, in certain events

12 For further discussion of how the mass dissemination of anti-masturbatory propaganda generated anxieties for men in regard to their masculinity and sexuality, see Hall (1992, 375), Hunt (1998, 607) and Mason (2003, 39).

of his life" (Foucault 2006, 270). However, on another level, as Foucault observes (2006, 274–75), the confession functions

> on the assumption and with the claim that if one avows the madness, one gets rid of it. In the technique of psychiatric questioning the double analogy with both religious confession and medical crisis comes into play: religious confession helps the pardon; expectoration and excretion bring out the morbific substance in the medical crisis. At the point of their convergence or, if you like, in a kind of oscillation between the confession, which brings about pardon, and the expectoration, which drives out the disease, the extreme confession of madness is—the psychiatrists of that time, and no doubt many others still today, assure us—ultimately the basis on which the individual will be able to free himself from his madness.

By acknowledging this function, I suggest that Shawn's confession could be regarded as a ploy by him to receive his discharge from the asylum. To elucidate, alienists held that an indication of a patient's recovery was when the patient came to an awareness and understanding of their mental health and the circumstances of their committal (Melling 2006, 81).[13] Thus, Shawn may have presented a testimony to the alienists that he had ceased to masturbate as a means to signal his restored mental health, his self-control, and commitment to maintaining a mental equilibrium that was free from destabilising influences.

Although Shawn's confession was a risky manoeuvre, as it confirmed the "individual's life as a tissue of pathological symptoms" (Foucault 2006, 269), it conversely held the potential to signal his status as "freed" and "cured" from his illness. Although it is impossible to ascertain the multiple reasons for a patient's confession to masturbation, we should be open to adding the possibility that the patient enacted it as a manoeuvre for seeking discharge from the asylum.

Managing the Masturbatory Habits of Men: The Asylum's Treatment and Preventative Procedures

Although patients were admitted to the asylum with masturbation assigned as a cause, Greenlees (1895, 74; 1907, 3) considered masturbation more often as a symptom of insanity. Greenlees's views were characteristic of the last decade of the nineteenth century, where the belief in masturbation as a cause of insanity was in decline (Hare 1962, 12), and gaining currency was the view that masturbation should be regarded as a symptom of mental illness (Clouston 1892, 521; Mercier 1902, 3).

---

13 A number of authors have raised the significance of patients complying with institutional rules and displaying an awareness of an asylum's operations as a means to "suggest recovery and bring about their discharge" (Digby 1985, 196), be rewarded with better living conditions and suggest recovery (Goffman 1968, 270), or pursue their own agendas, including comfort and personal advancement (Mills 2000, 182).

As a symptom of insanity, the practice of masturbation was thought to expose the institutionalised patient to a set of perils that compromised their prospects of recovery. For Clouston (1892, 520–21), the practice of masturbation by the patients of an asylum

> certainly tends to aggravate mental exaltation, to intensify depression, to produce stupor, to lead directly towards mental enfeeblement, and to make impulsive tendencies more violent. It counteracts the effects of treatment, it induces relapses, and in some cases prevents the recovery of otherwise curable cases.

Masturbation was a common practice in the asylum, and it occurred, regardless of the cause of insanity, across the demographic profile of the patients.[14] In the patient sample of white single young men, there are two distinct phases in the treatment and preventative procedures deployed by the asylum to manage acts of masturbation.

From roughly 1890 to 1898, prevention of masturbation largely took the form of chemical and surgical interventions. In the case of Thomas Brown (see Appendix B), the first record of masturbation occurred several months after his admittance. He was described in February 1893 as "given to masturbation," but it was only in December 1894 that the asylum sought to treat his addiction to masturbation by blistering his penis.[15] This offered only a temporary cessation, and by June of the following year, he had resumed masturbating, and consequently was "blistered severely with a deterrent effect." This once more resulted in a momentary cessation of masturbation. On scrutinising the cases where blistering was applied, it becomes apparent that it offered only a temporary solution to stopping masturbation.

In only a few cases was circumcision performed in an attempt to prevent masturbation.[16] From September 1898, Ian Preston (HGM 4, 178), an 18-year-old grocer, masturbated day and night. By November his masturbation continued "sans cease," and it was thought that his addiction was aggravated by Ian having a "very long prepuce," which was removed by the assistant medical officer performing a circumcision. Apart from circumcision, the casebooks mention no other surgical intervention to prevent masturbation. Castration may have been consented to, but it was not, as far as I can ascertain, performed at the GLA. One reason for castration not taking place in the

---

14 Greenlees (1905, 221) stated that masturbation was undoubtedly a common practice among women, but the casebooks do not provide more than a handful of such cases. For the women that masturbated, the preventive practices included cold douches (HGM 22, 105) and supervision by nurses to stop patients from stimulating their vulvas by rubbing their thighs together (HGM 16, 313).

15 In the asylums of the nineteenth century, blistering of the penis was a common practice to prevent masturbation (Shepherd 2014, 137). Blistering could be seen either as an act intended "to produce a counter-irritant that diverted the mind" (Shepherd 2014, 137) or as a means by which "to make the organs of generation so sore that excitation of them becomes impossible" (Clouston 1892, 528). Apart from blistering, the asylums of this time often used sedative draughts as a depressant to reduce the sexual vigour of the patient (Crompton 2006, 59).

16 Besides circumcision, sexual surgeries performed by nineteenth-century asylums to combat masturbation included cauterisation and so-called wiring of the penis (see Oppenheim 1991, 161).

asylum may have been Greenlees's aversion to performing operations under his knife. The assistant medical officer performed Ian's circumcision, but other surgical procedures at the asylum were generally carried out by medical practitioners from the town.[17]

Overall, neither blistering nor circumcision offered a satisfactory procedure for the prevention of masturbation. The circumcision of Ian Preston (HGM 4, 178) did not offer a permanent discontinuation of masturbation, as he resumed his habits eight months after the procedure was performed. Although both procedures produced a temporary halt, they did not offer a permanent end to masturbation. In this sense, these procedures can be regarded as a form of "therapeutic impotence" (Scull 2006, 130). Faced with this impotence, the asylum's alienists may have rallied behind the rhetoric of castration as a "silver bullet," but more often than not, they ceased to provide the patients with any further procedures for eradicating masturbation. This should in no way be regarded as an acceptance of masturbation, but rather as an expression of the alienists resigning themselves to the chronic nature of a patient's insanity. To put it succinctly, in the patient sample, a patient's perpetuation of practising masturbation figures alongside indications of their enfeebled, chronic or demented state. For example, Thomas Brown (HGM 3, 79) continued to practise masturbation for several years, and each entry in the casebook was qualified by a description of his mental state as either "silly and demented" or "silly and irrational." In most instances, these men found themselves later cast out of the asylum, by being transferred to the PAA, as was the case with Ian Preston.

In the period from 1899 to 1907, masturbating male patients were seldom met with the asylum deploying surgical and chemical procedures. Instead, preventative procedures in the form of surveillance and physical restraint took precedence.

Several years after his discharge, Danny Cohen (HGM 8, 21) was readmitted to the asylum in a very restless, depressed and delusional state (see Appendix C). The committal documents include "self-abuse" as one of the first symptoms of the attack. During his institutionalisation, he was described as a "shameless masturbator," as he frequently practised his habits in the airing courts. During the time period of this study, he continued to practise masturbation without any preventive procedure being deployed by the asylum. However, he was deemed a "dement" by the asylum's alienists, and this most certainly qualified the asylum's lack of interest in treating the case.

The committal documents for the bank clerk Todd Sutherland (HGM 8, 173) identified him as violent, often inflicting wounds upon himself, and that he frequently masturbated. In his first few days at the asylum, he was violent, refused food, and constantly attempted to masturbate. Owing to this behaviour pattern, he had a special

17 For example, the trephining of a female patient in order to possibly ameliorate her epilepsy was conducted by Dr Greathead, a highly respected surgeon and general practitioner in the town (Greenlees 1894, 406).

attendant assigned to him throughout the day and night. After the attendant was removed, he continued to masturbate. A month later, on account of his masturbation and the unhealthy state of a wound on his hand, he was consigned to a strong suit during the night "for the purposes of restraint." Several months later he was regarded as improved: "brighter and more intelligent; is happy, contented and takes a lively interest in his surroundings; writes occasionally to his father; habits are improved but he still masturbates." Todd's habitual masturbation was in itself not sufficient to warrant any special procedures or preventive strategies. It was only because his masturbation was clustered with violent behaviour and a festering wound that physical restraint and surveillance was required. Todd's improved mental health, even though he continued to practise masturbation, culminated in a period of probation spent with his father. After only one week, the father considered Todd to be recovered, and his discharge from the asylum was processed.

The cases of Danny and Todd feature acts of masturbation from the time of their committal certificates to their time at the GLA. Yet this continuity is not a dominant theme in cases that feature masturbation. In the main, single white young men were committed for a variety of reasons and under diverse circumstances, and the first mention of masturbation takes place only after a lengthy period of institutionalisation. Gerrit Potgieter (HGM 6, 37) was admitted in January 1900, and the first mention of masturbation takes place in February 1902, with the following statement: "he is becoming demented; he is very untidy in his habits and will wander about with his trousers at half-mast if allowed. He masturbates." Joost Botha (HGM 8, 207) was a readmission to the asylum. In the casebook entries, Joost was deemed to be "going downhill; masturbates and is much enfeebled." Both of these men spent the remainder of their lives in the asylum. In the casebook entries for these men, the onset of masturbation was concurrent with a set of symptoms that marked the patients as suffering from chronic forms of insanity.

Conclusion

By offering a micro-study of masturbation at the GLA, the article's primary contribution is the identification of the nuances, transformations and complexities of the discourses of masturbation in a sample of patients who were male, white, single and young. In exploring the "multi-tiered narratives" (Jackson 2013, 86) contained in the casebooks, the article has also contributed to developing an awareness of the "life stories and individual cases" (Goldberg 1999, 5) of the GLA's patients. The testimonies provided by the families of Thomas Brown and Oliver Williams provided a valuable resource in shifting our understanding away from the illness narratives presented by the resident magistrates and alienists to develop an awareness and understanding of the individual's life story prior to committal. Although the details captured in the testimonies are not a comprehensive and unmediated record of the individual's life, they do offer glimpses into the patient's past, their work, their family relations, and their aspirations.

Further research holds the potential to illuminate the discourses of masturbation for each of the demographic profiles that constituted the heterogeneous patient body of the asylum. In doing so, it will be possible to enhance and appreciate the intriguing complexity of the discourses of masturbation that operated at the GLA. Moreover, by scholars embarking upon future research on the history of masturbation in South Africa, it will be possible to identify, evaluate and understand the discourses that were specific to a historical period and geography, or unique to a particular site or institution.

References

Andrews, J., and A. Digby. 2004. "Introduction: Gender and Class in the Historiography of British and Irish Psychiatry." In *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry*, edited by J. Andrews and A. Digby, 7–44. Amsterdam: Rodopi.

Bhugra, D. 2014. "Alienated Alienists: A New Hope?" *The Lancet Psychiatry* 1 (4): 257–59. https://doi.org/10.1016/S2215-0366(14)70283-4.

Burrows, E. H. 1958. *A History of Medicine in South Africa up to the End of the Nineteenth Century*. Cape Town: A. A. Balkema.

Clouston, T. S. 1892. *Clinical Lectures on Mental Diseases.* 3rd ed. London: J. and A. Churchill.

Coleborne, C. 2006a. "Families, Patients and Emotions: Asylums for the Insane in Colonial Australia and New Zealand, c. 1880–1910." *Social History of Medicine* 19 (3): 425–42. https://doi.org/10.1093/shm/hkl042.

Coleborne, C. 2006b. "'His Brain Was Wrong, His Mind Astray': Families and the Language of Insanity in New South Wales, Queensland, and New Zealand, 1880s–1910." *Journal of Family History* 31 (1): 45–65. https://doi.org/10.1177/0363199005283009.

Coleborne, C. 2009. "Families, Insanity, and the Psychiatric Institution in Australia and New Zealand, 1860–1914." *Health and History* 11 (1): 65–82.

Coleborne, C. 2010. *Madness in the Family: Insanity and Institutions in the Australasian Colonial World, 1860–1914*. Houndmills: Palgrave MacMillan. https://doi.org/10.1057/9780230248649.

Crompton, F. 2006. "Needs and Desires in the Care of Pauper Lunatics: Admissions to Worcester Asylum, 1852–72." In *Mental Illness and Learning Disability Since 1850: Finding a Place for Mental Disorder in the United Kingdom*, edited by P. Dale and J. Melling, 46–64. New York: Routledge.

Digby, A. 1985. *Madness, Morality and Medicine: A Study of the York Retreat, 1796–1914*. Cambridge: Cambridge University Press.

Du Plessis, R. 2015. “The Principles and Priorities of Dr T. D. Greenlees, Medical Superintendent of the Grahamstown Lunatic Asylum, 1890–1907.” *Historia* 60 (1): 22–46. https://doi.org/10.17159/2309-8392/2015/v60n1a2.

Du Plessis, R. F. 2017. “Pathways of Patients Explored Hermeneutically in the Casebooks from the Grahamstown Lunatic Asylum between 1890 and 1907.” PhD diss., University of Pretoria.

Ek, I. H. 2017. “Erotic Insanity: Sex and Psychiatry at Vadstena Asylum, Sweden 1849–1878.” PhD diss., Stockholm University.

Foucault, M. 1980. *The History of Sexuality. Volume 1: An Introduction*. Translated by R. Hurley. New York: Vintage.

Foucault, M. 2003. *Abnormal: Lectures at the Collège de France, 1974–1975*. Translated by G. Burchell. New York: Picador.

Foucault, M. 2006. *Psychiatric Power: Lectures at the College de France, 1973–74*. Translated by G. Burchell. Houndmills: Palgrave Macmillan. https://doi.org/10.1057/9780230245068.

Garlick, S. 2012. “Masculinity, Pornography, and the History of Masturbation.” *Sexuality and Culture* 16 (3): 306–320. https://doi.org/10.1007/s12119-011-9125-y.

Garlick, S. 2014. “The Biopolitics of Masturbation: Masculinity, Complexity, and Security.” *Body and Society* 20 (2): 44–67. https://doi.org/10.1177/1357034X13506945.

Garton, S. 1988. *Medicine and Madness: A Social History of Insanity in New South Wales, 1880–1940.* Kensington: New South Wales University Press.

Goffman, E. 1968. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. Harmondsworth: Penguin.

Goldberg, A. 1999. *Sex, Religion, and the Making of Modern Madness: The Eberbach Asylum and German Society, 1815–1849*. New York: Oxford University Press.

Greenlees, T. D. 1894. “Trephining for Epilepsy: A Clinical Case.” *The British Journal of Psychiatry* 40 (170): 404–9. https://doi.org/10.1192/bjp.40.170.404.

Greenlees, T. D. 1895. “Insanity among the Natives of South Africa.” *The British Journal of Psychiatry* 41 (172): 71–8. https://doi.org/10.1192/bjp.41.172.71.

Greenlees, T. D. 1905. “Statistics of Insanity in Grahamstown Asylum.” *South African Medical Record* 3 (11): 217–24.

Greenlees, T. D. 1907. *Notes on Some Forms of Mental Disease*. Cape Town: Townshend, Taylor and Snashall.

Hall, L. A. 1992. “Forbidden by God, Despised by Men: Masturbation, Medical Warnings, Moral Panic, and Manhood in Great Britain, 1850–1950.” *Journal of the History of Sexuality* 2 (3): 365–87.

Hare, E. H. 1962. “Masturbatory Insanity: The History of an Idea.” *The Journal of Mental Science* 108 (452): 1–25. https://doi.org/10.1192/bjp.108.452.1.

HGM. Grahamstown Lunatic Asylum Casebooks. Vols 1–22. Western Cape Archives and Record Service.

Hodes, R. 2015. “Kink and the Colony: Sexual Deviance in the Medical History of South Africa, c. 1893–1939.” *Journal of Southern African Studies* 41 (4): 715–33. https://doi.org/10.1080/03057070.2015.1049486.

Hogg, R. P. 2007. “Men and Manliness on the Frontier: Queensland and British Columbia in the Mid-Nineteenth Century.” PhD diss., University of Queensland.

Hunt, A. 1998. “The Great Masturbation Panic and the Discourses of Moral Regulation in Nineteenth- and Early Twentieth-Century Britain.” *Journal of the History of Sexuality* 8 (4): 575–615.

Jackson, W. 2013. *Madness and Marginality: The Lives of Kenya’s White Insane*. Manchester: Manchester University Press. https://doi.org/10.7228/manchester/9780719088896.001.0001.

Kimmel, M. S. 2005. *The History of Men: Essays in the History of American and British Masculinities*. Albany, NY: State University of New York Press.

Laqueur, T. W. 2004. *Solitary Sex: A Cultural History of Masturbation*. New York: Zone Books.

Logan, P. M. 2008. “Imitations of Insanity and Victorian Medical Aesthetics.” *Romanticism and Victorianism on the Net (RaVoN)* 49. https://doi.org/10.7202/017855ar.

Mason, D. E. 2003. “The Secret Vice: Masturbation in Victorian Fiction and Medical Culture.” PhD diss., Bath Spa University College.

Melling, J. 2006. “‘Buried Alive by Her Friends’: Asylum Narratives and the English Governess, 1845–1914.” In *Mental Illness and Learning Disability Since 1850: Finding a Place for Mental Disorder in the United Kingdom*, edited by P. Dale and J. Melling, 65–90. New York: Routledge.

Melling, J., and B. Forsythe. 2006. *The Politics of Madness: The State, Insanity and Society in England, 1845–1914*. London: Routledge. https://doi.org/10.4324/9780203335345.

Mercier, C. 1902. *A Text-Book of Insanity*. New York: Macmillan.

Mills, J. H. 2000. *Madness, Cannabis and Colonialism: The "Native-Only" Lunatic Asylums of British India, 1857–1900*. Houndmills: Macmillan. https://doi.org/10.1057/9780230286047.

Oppenheim, J. 1991. *"Shattered Nerves": Doctors, Patients, and Depression in Victorian England*. Oxford: Oxford University Press. https://doi.org/10.1093/acprof:oso/9780195057812.001.0001.

Risse, G. B., and J. H. Warner. 1992. "Reconstructing Clinical Activities: Patient Records in Medical History." *Social History of Medicine* 5 (2): 183–205. https://doi.org/10.1093/shm/5.2.183.

Scull, A. 2006. *The Insanity of Place/The Place of Insanity: Essays on the History of Psychiatry.* New York: Routledge. https://doi.org/10.4324/9780203087985.

Shepherd, A. 2014. *Institutionalizing the Insane in Nineteenth-Century England*. London: Pickering and Chatto.

Stolberg, M. 2000a. "Self-Pollution, Moral Reform, and the Venereal Trade: Notes on the Sources and Historical Context of *Onania* (1716)." *Journal of the History of Sexuality* 9 (1–2): 37–61.

Stolberg, M. 2000b. "An Unmanly Vice: Self-Pollution, Anxiety, and the Body in the Eighteenth Century." *Social History of Medicine* 13 (1): 1–21. https://doi.org/10.1093/shm/13.1.1.

Suzuki, A. 1999. "Framing Psychiatric Subjectivity: Doctor, Patient and Record-Keeping at Bethlem in the Nineteenth Century." In *Insanity, Institutions, and Society, 1800–1914: A Social History of Madness in Comparative Perspective*, edited by J. Melling and B. Forsythe, 115–36. New York: Routledge.

Swartz, S. 2008. "Colonial Lunatic Asylum Archives: Challenges to Historiography." *Kronos* 34 (1): 285–302.

Swartz, S. 2015. *Homeless Wanderers: Movement and Mental Illness in the Cape Colony in the Nineteenth Century*. Cape Town: University of Cape Town Press.

Tosh, J. 1994. "What Should Historians Do with Masculinity? Reflections on Nineteenth-Century Britain." *History Workshop Journal* 38 (1): 179–202. https://doi.org/10.1093/hwj/38.1.179.

Tosh, J. 2002. "Gentlemanly Politeness and Manly Simplicity in Victorian England." *Transactions of the Royal Historical Society* 12: 455–72. https://doi.org/10.1017/S0080440102000191.

Wannell, L. 2007. "Patients' Relatives and Psychiatric Doctors: Letter Writing in the York Retreat, 1875–1910." *Social History of Medicine* 20 (2): 297–313. https://doi.org/10.1093/shm/hkm043.

Appendix A: Lay Discourses of Masturbation

Dylan's case highlights how the discourses of the anti-masturbatory campaign exhorted parents to establish regimes of surveillance over their children (Foucault 1980, 104; Foucault 2003; Hunt 1998, 600; Laqueur 2004, 230)—an aspect Foucault (2003, 245–246) considers in the following quotation:

> The child's body must be the object of [the parents'] permanent attention. This is the adult's primary concern. Parents must read their child's body like a blazon or as the field of possible signs of masturbation. If the child has a pale complexion, if his face is wan, if his eyelids are bluish or purplish, if he has a certain languid look and has a tired or listless air about him when he leaves his bed, the reason is clear: masturbation. If it is difficult to get him out of bed in the morning: masturbation.

In this manner, children were subject to "continuous parental surveillance" (Foucault 2003, 251) for any indication or trace of the stereotypical symptomology of masturbation that was disseminated in the popular press (see Mason 2003, 39).

Appendix B: Masturbating while Institutionalised

In the cases of single white young men who were assigned masturbation as the cause of insanity, but without any direct testimony, only a portion of these cases mention acts of masturbation while the patient was institutionalised. For example, the casebook entries for Callum Macdonald (HGM 4, 83) relate his improvement and how Callum described himself as being "just the same" as his usual self. After two weeks at the asylum, his sister arrived and considered "that he has perfectly recovered." She applied for his discharge and wished to take him to the sea for a change of scenery. In assessing Callum's case for discharge, Greenlees had a long conversation with him and reported the following: "He is bright and cheerful, expresses no delusions and hallucinations, says he is quite well now and that the apparent cause of the attack was drink." Greenlees concluded that he had an "ephemeral mental attack" and was now fully recovered. He was discharged after less than a month at the asylum.

Appendix C: The Case of Danny Cohen

Danny Cohen's first committal was sought by his father on the grounds that Danny had not been in his "right senses" for about three weeks, and instead of working, he spent his days wandering in the veld (HGM 4, 79). After only eight months at the asylum, Danny's father applied for his discharge on probation for a period of three months. Danny kept well during this time and was discharged "recovered" in August 1896. He was readmitted to the asylum in November 1903, with his natural disposition defined as a "restless man who could never settle down to anything" (HGM 8, 21).