

The Place and Space of Illness: Climate and Garden as Metaphors in the Robben Island Medical Institutions

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Introduction

There has been considerable recent interest in the history of landscape representations and environmental intervention within the British Empire. [1] This work has drawn on literary theory and art history as well as earlier studies examining the socially-constructed relationship between humans and their environment. [2] In Europe, this relationship both informed and was informed by the process of imperial expansion. Both European and colonized peoples' understandings of nature formulated complex ideas about environmental influence on human health and disease. [3] A connection was commonly made between the healthiness of the physical and the social body and a particular type of landscape. Some attention has been paid to the historical implications of the close relationship between environment and health in settler ideology during the colonial period in Africa. [4] As Ranger has pointed out, however, in order to understand fully the historical geography of colonial Africa it is crucial to examine indigenous as well as settler constructions of environment and landscape. [5]

This paper examines attitudes towards the natural environment (particularly climate and soil fertility) surrounding three Robben Island hospitals in the Cape Colony during the second half of the nineteenth century: a leper hospital, chronic sick hospital and mental asylum. Robben Island was depicted by colonial officials, hospital staff, Khoisan, Dutch and British patients, and by the Cape Town settler public in a variety of ways - as a secure holding place for the socially undesirable with the Spartan advantages of the public-school or workhouse, as a healthy curative resort for the sick, or as a barren isolated wilderness. [6] These visions constructed the natural environment of the Island differently. They reveal to the historian some of the elements in local understandings of the relationship between individuals, society and nature. Through the Robben Island case study I wish to explore the relationship between representations of the natural environment (climate and fertility) and the socio-political geography of health in the nineteenth-century Cape.

Robben Island performed multiple functions for the European settlement at the Cape, sustaining it on the one hand and protecting it from disruptive elements on the other. It was a secure sheep farm and a reservoir of seal and cormorant life for the Dutch East India Company settlement at the Cape after its establishment at Cape Town in 1652. Barely two years later, the first vegetable garden was made on the Island, which had long been plundered for seal meat and penguin eggs, and in 1658 it first served as a prison for the European settlement. [7] By the nineteenth century, the Cape was under British rule and the Island was used to imprison African leaders from the Eastern and Northern frontiers, for military and criminal offenders and, after 1846, as a hospital for lepers, paupers and lunatics from the colony. In founding the medical institutions on the Island in 1846 - termed the General Infirmary - the Colonial Secretary at the Cape, John Montagu, invoked both economic and medical necessity:

As the salubrity of Robben Island has long been acknowledged, and there is abundance of stone, lime and labour on the spot to erect the necessary buildings, I would strongly recommend ... the expediency of removing the leper and pauper establishments of Hemel-en-Aarde and Port Elizabeth, to Robben Island, also the pauper establishment of Cape Town, and the lunatics at present confined in the Somerset Hospital at Cape Town [which] are ... wretchedly conducted, at very heavy annual expense to the public. [8]

What Montagu did not say here, but was at the forefront of the plan, was the suitability of Robben Island as a secure dumping ground for certain groups in the new political economy of the Cape. The plan rested on the undesirability of having these incurable and unmanageable patients in the gaol system of the colony, which Montagu was turning into a cheap labour source [9] for public works, [10] and the undesirability of having them clogging up the hospitals and roaming the streets of Cape Town, which was struggling to incorporate poor British immigrants and recently freed slaves into an urban working class. For Montagu, the centralization of various institutions for the incurable poor on an *island*, which permitted incarceration without chains or undue expense, was perhaps the most attractive feature of his Robben Island plan.

Robben Island's 'salubrity', although convenient to Montagu's plan, had a medical justification and a local history. Europeans in the nineteenth century thought that Islands were particularly healthy because they were temperate and lacked 'many of the more exciting effects of the proximity of table land or mountain.' [11] The combination of heat and moisture (such as on islands or at the seaside) were thought to produce a relaxing effect, while dry heat and cold were considered stimulating. [12] Robben Island was suggested as a place of convalescence in 1820 and as a healthy resort for lepers in 1829 and 1842. [13] But less favourable reports of the Island environment were being made by the 1850s. Critics of the institutions characterized the Island soil as 'barren' and its climate as 'windy' or 'cold' where it had once been described as having 'good' soil, 'rich' herbage and a 'genial' climate. [14] The natural environment of the Island did change over the course of the nineteenth century. The groundwater of the Island, always brackish and never very plentiful, was depleted by the growing population of staff and patients. The introduction of trees in the late nineteenth century further reduced the available supply by lowering the water table. Yet gardens, which were an important feature of the Island during the Dutch period and even in the 1830s, remained a significant feature of the Island economy. The Island was never completely 'barren': it simply did not meet the expectations of its detractors.

Criticisms of the natural environment of the Island were associated with growing political opposition to Montagu's autocratic and nepotistic government from middle-class Cape settlers who used a critique of the Robben Island institutions to suggest that, like Montagu's London-centered 'family compact', the institutions were old-fashioned and resembled a prison rather than a hospital, having failed to follow the example of European humanitarian reform. After heated debates in the mid-1850s, a Parliamentary Commission advised in 1862 that the Island institutions be relocated to the mainland:

The advantages originally anticipated from the concentration of all the leper inhabitants throughout the Colony, with the chronic sick and lunatics of Cape Town, on Robben Island, [had] not ... been realized, but on the contrary, ... the island was, on medical evidence, considered unfavourable to lepers and chronic sick, and as a site for a lunatic asylum altogether unsuited. [15]

Representations of the natural environment of the Island were linked not only to notions of health, based on humoral theories of disease, but also to ideas about controlling the social environment of the patients. Lepers from the Hemel-en-Aarde settlement and their Moravian missionary had complained from the very beginning, in the 1840s, that they were unable to continue their gardening on the Island. Here, gardening was linked to the process of civilization

ertaken at mission stations. Diametrically-opposed descriptions of the Robben Island climate (dry or damp, temperate or variable, bracing or cold) and its utility to support gardens were invoked to provide justifications for retaining or removing the Island hospitals. After middle-class Cape Town began to criticize the Island institutions as custodial and cruel in the 1850s, the success of the Island hospitals began to be judged by their curative role. Gardens were a central feature of curative programs in nineteenth-century asylums, providing useful work for the poorer patients and suitable recreation for the middle-class lunatics within a natural environment which echoed the social order. Supporters of the Island institutions thus pressed for the creation of a garden environment. By the 1890s, the greening of the Island again became a critical issue because popular opposition to the forced detention of many white lepers (mainly Afrikaner farmers) on the Island was linked to the 'barrenness' of the site.

The symbolism of island and garden were crucial elements in the debate about Robben Island's role within the colony. Richard Grove has argued that for Europeans intent on colonizing other parts of the world, both island and garden provided global analogues in a smaller, more manageable setting, offering the possibility of creating an earthly Paradise, controlling interactions between people and nature and, by the eighteenth century, representing human power within the world. [16]

The landscapes of island and garden were metaphors of mind. Anxieties about environmental change ... mirrored anxiety about social form (especially where the fragile identity of the European colonist was called into question) and motivated social reform ... [C]oncern about climatic change [was] ... related to the integrity and physical survival of people themselves. [17]

In this paper I will discuss the ways in which the natural environment was linked in nineteenth-century discourse not only to the function of the Robben Island hospitals (as curative or custodial institutions) and their place in the colonial order, but also to English, Dutch-Afrikaans and black identities in the Cape. The debate about the Island's healthiness was part of the broader discourse about the healthiness of the 'temperate' Cape Colony, which was also a claim for the moral and political status of its dominant class, and thus both informed and echoed the power relations between colony and metropole, British and Dutch, settlers and indigenes. The establishment of the General Infirmary as an *island* institution, a social wilderness for the secure custody of the incurable and troublesome poor, and attempts to reform it as a curative *garden* institution for lunatics, were symptoms of broader anxieties, mainly among the dominant-class in Cape Town, about urbanization, colonial modernity and preparedness for self-rule at mid-century. During the last decade of the nineteenth century and the first two decades of the twentieth, attempts to green the Island had different reference points, cultural connotations and political purposes. Driven not by the quest for the garden as aesthetic and social model, but by Afrikaner complaints that their leper relatives were isolated from the agricultural fatherland, the British officials planted trees in an attempt to muster support through the creation of new national symbols - paradoxically these had to be squat Australian brush to withstand the Island climate rather than the tall oaks of their common cultural past.

Environment, culture and identity

The powerful symbolism of the Robben Island landscape and climate in the nineteenth century should be examined in the light of the broader interplay between representations of the natural environment and imperial or colonial power relations. As a restocking point for ships on the East Indian trade route, the Cape had been associated with health and recuperation from the very beginning of the colonial encounter. It was considered a particularly healthy place for ships to stop because of the 'temperate' climate and easy access to fresh food and water. A British chaplain travelling along the East Indies route in 1693 described the Cape as 'this Paradise of the World', where '[t]he Air ... is ... temperate and sweet, healthful and pleasant'. [18] Travel accounts of the eighteenth and nineteenth centuries were increasingly specific in their details of the Cape climate, the quality of water and food, altitude and prevalent diseases. Most continued to praise its healthiness, albeit focusing on different locations. In the nineteenth-century Cape, discourse about its healthy and temperate climate was an important vehicle for, and influence on, patterns of tourism and settler identity. Great prominence was given by travel writers and local commentators to what were differing, and sometimes entirely opposite, interpretations of the climate and healthiness of particular locations. These were not simply descriptions of climate, but evaluations of the people who lived in the country. Dane Kennedy's work on colonial Kenya and Rhodesia suggests that contemporary theories about climate (the danger for Europeans of exposure to the tropical sun) were influenced by differing programs for white settlement and expressed European settler anxiety about their new home. Steps taken against overexposure to tropical heat shaped the defensive way in which European settlers responded to the colonial situation and the people in it. [19]

Accounts of the Cape climate were part of the genre of medical topography, which arose out of an increasing interest in documenting and measuring the relationship between disease and the environment in seventeenth- and eighteenth-century Europe. The genre of medical topography emerged out of a revival of classical humoral aetiological theory and a new interest in classification and measurement of the natural world. [20] The classical writers had interpreted disease as an imbalance of the four humours: blood, bile, black bile and phlegm. The humours were linked to the four seasons and the four elements, binding man, nature and the universe tightly together. [21] 'Airs, waters and places' influenced disease patterns. After the early modern period and the discovery of new parts of the world, environmental influence on human health and culture was considered even more important than before, an idea which was taken up and extended in the seventeenth and eighteenth centuries by writers like Sydenham, Montesquieu, Buffon and others. [22] They employed new methods of meteorological measurement. These did not provide scientific proof of their theories, as measuring disease and statistical analysis remained in their infancy, but lent them a new scientific credibility. [23] As Europeans became more confident about their role as stewards of nature, [24] they sought to control disease by adjusting the micro-environment - the 'non-naturals' such as air, diet, sleep, exercise, evacuations and passions of the mind - to counter broader climatic and topographical effects. [25] The greater prominence of social and hygienic factors in these evaluations of the environment - the inclusion of people in the environmental equation - was part of a trend towards more specific aetiologies in the nineteenth century. [26]

The genre of medical topography reveals a relationship between environment and disease deeply inscribed with moral and political overtones and profoundly influenced by social and economic trends. In analyzing accounts of the medical topography of 'temperate' colonies like the Cape we cannot dismiss them simply as medical mumbo-jumbo, cynical imperialist justification, or marketing hype, although they performed all these functions too. [27] Environmental disease aetiologies, in both meteorological and sanitary forms, were so powerful that they were able at first to incorporate, and later exist alongside, germ theories of disease, especially in popular culture (we still feel 'under the weather' when unwell). [28] Imperial expansion was at the very origin of the revival in environmental disease aetiology in the seventeenth century; it provided new ground for scientific investigation and demanded better medical care for sailors, soldiers and settlers on long voyages and in different environments. [29] Travel accounts aimed at the medical and emigrant markets drew extensively on the attractions of a healthy climate to attract tourists and settlers to temperate colonies. To be healthy, however, a new environment had to be domesticated and conquered first. The image of the garden thus played an important function in asserting human control over nature and place.

Descriptions of climate, an essential element in any nineteenth-century explanation for disease patterns and the identification of healthy places, were thus profoundly affected by the political, economic and moral economy of imperialism. European adaptation to colonial climates was morally important as a mark of their rationality and politically important as a sign of their fitness to rule other nations. [30] It was also a necessity where they planned to exploit the natural resources of their colonies, and to civilize and evangelize the 'natives'. [31] While there was some doubt about the ability of Europeans to settle in tropical regions, their physical fitness to settle (and by extension their moral fitness to rule) was less questionable in temperate colonies. There, European settlement was not as threatened by new diseases as in the tropics. Indeed, the introduction of European diseases to temperate regions actually reduced indigenous resistance to colonization. [32] The definition as 'temperate' of the major settler colonies in the nineteenth century (the Cape, parts of America and Canada, New Zealand and Australia) carried broader political connotations too. By the eighteenth century older ideas about the relative virtues of hot, cold and temperate climates [33] had been used to explain the relative civilization of temperate regions in Europe compared to the tropical world. [34] Temperate

ates were thought to endow their inhabitants with special ability to rule and trade, [35] and connoted areas of highest civilization and democracy. [36] The political and moral healthiness of the colonies was also tagged to their climate. The healthy climate and abundant landscape of opportunity thus became a central part of colonial identity in the temperate colonies. [37]

Yet British settlers seeking a permanent home in the healthy and fertile Cape were simultaneously burdened with the threat of degeneracy and provincialism. Natural abundance was welcomed for the economic growth it promised many colonies, but at the same time a climate which made growing and hunting food a relatively easy task was not thought to be as stimulating to human creativity and civilization as was the colder European climate. [38] Such easy abundance was thought to encourage degeneracy, as it decreased the necessity for inventiveness and hard labour which was considered to be at the very origin of the civilizing impulse. [39] British writers in the 1830s suggested that the Hindu in India had become racially degenerate because the hot climate enabled them 'to live heedless and slothful'. [40] Similar fears were generated about the possibility of maintaining civilization in temperate colonies like the Cape which, although not tropical, had hotter climates than Britain. Because of the profound influence climate was thought to have on people, leaving the climate of one's birthplace was thought to have negative physical and moral effects. [41] In spite of greater confidence about European ability to control new disease environments during the nineteenth century, [42] a growing polygenist conviction that races were physiologically and mentally attuned to their ancestral racial environment, [43] fuelled the fear that Europeans who stayed in hotter countries too long could degenerate. [44]

The temperate colonies stood in the same symbolic relation to the imperial metropole as the 'countryside' did to the 'city'. As Raymond Williams has said, Empire was the countryside writ large: an idyllic retreat, an escape and an opportunity to make a fortune. [45] Like the English countryside, the colonies lacked the protective institutions of civilization and the instruments of commercial and industrial progress which characterized the metropole and symbolized its power. Institutions were considered important because theories of climatic influence on human physical and mental characteristics had opened up the possibility during the Renaissance that vice and virtue was partly out of human control. Only by overcoming climatic control over human society through industry, culture and innovation, were people able to progress beyond the limitations of their environmental heritage, a consequence of the Fall from Grace. Any laxness in the institutions of civilization and the gathering of knowledge about nature would reassert climatic control and thus encourage degeneration. [46] These ideas were articulated differently by metropolitan and local commentators and formulated in various ways among the colonies. In America, early Virginians saw their country as a paradise where they would be made regenerate by a new relationship with the abundant earth, improving on nature by making plantations (although their vision was disrupted by the presence of the black slave as gardener). [47] Metropolitan commentators on New Zealand and Australia got around the lack of institutions by describing the colonies as Arcadia, an egalitarian land of plenty in which a people of moderation and contented simplicity did not require formal institutions. [48] By contrast, the Cape was represented by British commentators and settlers during the early nineteenth century more in the style of the 'Land of Cockayne', [49] where the environmental cornucopia was abused by the Dutch and the 'Hottentots' because of their innately gross and insatiable appetites. The lack of the trappings of civilization was thus particularly severely felt at the Cape, where Dutch settlers were considered to be country bumpkins who not only lacked modern institutions (like theatres and a Commercial Exchange) but patronized old-fashioned ones (like fairs and shops in houses).

The medical topography of Cape Town: suburbia and Robben Island

For British settlers at the Cape, therefore, ideas about its natural healthiness were intertwined with the threat of physical and moral degeneracy and the association of provincialism. Although the Cape had been popular with 'travellers in pursuit of sport, health or science' [50] in the first half of the century, after 1850 it gradually declined in popularity as a health resort for Anglo-Indian officials and those on the sea voyage to Australasia or the East. Within the colony, Cape Town itself came to be contrasted with healthier country retreats in suburbs or small villages of the Western Cape. As dry air was sought as a cure for tuberculosis, attention shifted further inland to the Karroo and the Orange Free State. Thus while the Cape as a whole was considered healthy, it did not attract many medical tourists from abroad after the 1850s. Within the colony, different places gained and lost healthy status during the nineteenth century. It is the suggestion of this section that the establishment of the General Infirmary on Robben Island was part of a reorganization of the Cape's medical topography during the 1840s, which was associated with a redefinition of the urban space of Cape Town and the growth of leafy middle-class suburbs. This redefinition involved gender- and class-specific definitions of healthiness and allocations of space.

Although eighteenth-century British writers ascribed illness among the Dutch to moral degeneration (excessive eating, drinking and indolence) [51] rather than climate, [52] once the British had settled at the Cape themselves, they became understandably more eager to explain illness with reference to climate. Their attention was focussed on Cape Town, which was at this time the main destination for British settlers and visitors. While reports of the Cape Town climate had been generally favourable until then, by the late eighteenth century British visitors had begun to comment on some of the unhealthy effects of the 'strong winds' and sudden variations in temperature in Cape Town [53] Moodie noted in the 1830s that while the colony as a whole was healthy, 'Cape Town and the country skirting the base of the mountains are, notwithstanding their proximity to the sea, very warm, and less healthy than the other districts of the colony'. [54] There was general praise of the 'dryness of the atmospheric air' and the bracing influence of its 'brisk circulation' by the prevailing winds, [55] but the South East wind was represented as a healthy influence mainly because of its ability to reduce the oppressive heat or remove the noxious fumes of urban decay from slums and Dutch canals. [56]

Although the problems of urbanization clearly influenced the trend towards more measured accounts of the Cape Town climate, the discourse about the unhealthiness of Cape Town was closely related to a deliberate redefinition of the role the town played in relation to the rest of the colony and to the metropole. Between the third and the fifth decades of the nineteenth century, middle-class English settlers in Cape Town scrambled to establish morally- and culturally- protective social institutions to preserve their moral status and enhance their political power in the colony. Public health improvements were part of this effort to assert power through mimicry of British models and they were associated with the reconstruction of public and political space in the urban area. Through the establishment of commercial and public institutions, urban sanitation, street cleaning and better policing, Cape Town could be redefined as a British urban environment with a controlled underclass in the sanitized or partitioned slums, a central, modern, civilized public sphere and a healthy residential environment in the middle-class suburbs. In the town, a Commercial Exchange (built in the 1820s) became the centre of male society and high-status streets were gradually dominated by business premises rather than houses with shops in the front rooms. [57] By conquering the unhealthy influences of some of its inhabitants and becoming a public space, Cape Town became the masculine, powerful 'city' centred on trade and institutionally-driven progress in relation to the feminine, domesticated 'countryside' and suburbs. By providing the institutions and structure of a British urban space Cape Town could now represent the attainment of civilized modernity in the colony.

In this paper my main concern is the suburban developments of the 1840s, which were contemporaneous with the establishment of the Robben Island hospitals. During the first half of the nineteenth century the area surrounding Cape Town, once described by a visitor as 'a desert' compared to the industry of the town, [58] was gradually recast as a garden-like region with a markedly more healthy climate than the town. It included the green and traditionally picturesque [59] suburbs of Wynberg, Newlands and Rondebosch and the towns of Stellenbosch, Paarl and Somerset West. [60] In 1818 a British woman visiting the Cape commented that 'behind the mountain, the air is much cooler' than in the Town during summer, and that in Simonstown, 'the air is considered cooler, purer and more healthy than that of Cape Town'. [61] Many of the wealthier Capetonians moved permanently into these suburbs during the 1840s. The Cape 'countryside' became a more appropriate site than the town in which to seek health and residential bliss. Thirty years later one of the Cape Town doctors still acknowledged that in the leafy suburbs there was 'more exposure to healthy winds and cooler climates' while the old town was 'saturated by exhalations from squalid tenants and pythogenic [sic] diseases' [62] In 1897 the local paper commented on a woman tourist's experience in Cape Town

[Life in the Cape Town suburbs has] that particular *rus in urbe* - that happy blend of sylvan beauty with access to all the social stimuli of a capital.

[The climate is good], if without the peculiar snap and tingling dryness of the characteristic upcountry air'. [63]

The flip-side of the creation of middle-class suburbia on the Eastern side of the mountain was the establishment of the Robben Island hospitals for sick, poor and disruptive elements within the working class of the town. Both these events drew on a critique of the industrial city which had begun in Britain and was transformed at the still pre- industrial Cape into a critique of Dutch cultural elements of Cape Town and concern at the poor condition of urban slums after emancipation. The town centre was recreated as a public, masculine space for business and commerce, in which only useful labourers and male figures of authority should feature prominently. Middle-class women and children, the sick poor, lunatics and lepers were thus symbolically and often also literally repositioned away from the town centre, albeit at opposite ends of it, in suburbs and the equivalent of a workhouse. [64] Both Robben Island and the suburbs were characterized as healthier than the centre, which worked until suburban ideals of healthiness and beauty had to be applied to the Robben Island asylum in the 1850s.

The medical topography of Robben Island

In the rest of the paper I shall look at the ways in which the healthiness of the Island site, linked to its climate and vegetation, became an important issue in the debates surrounding the purpose and siting of the institutions. Competing visions of the Island's suitability for medical institutions emphasized either its isolation and barrenness or its healthiness by drawing on different interpretations of the Island climate and its natural fertility. After the 1850s pressure from various quarters mounted against the use of the Island primarily as a place of custody and more attention was paid to creating a curative and rehabilitative image for the Island institutions. Political opposition to the siting of the asylum and leper hospital on the Island favoured a pessimistic view of its climate and natural fertility. The climate and fertility of the Island were symbolic markers for the extent of human control over the natural environment, linked to anxieties about the potential for the cure and social reform of patients on the Island. If the Island environment was too barren, isolated, cold and windy, it was felt that patients would not recover or be resocialized into society. While gardens remained a feature of the Island throughout the nineteenth century, they were controlled mainly by the Island staff, never seem to have met any aesthetic ideals and did not ever achieve the aspect of a farm. Practical hurdles such as the dearth of water made the widespread greening of the Island very difficult.

The Robben Island climate was considered particularly healthy from the very beginning of the nineteenth century, a feature which was linked to the fertile natural environment there. In 1820 a Cape Town man, Thomas Suter, had asked to go there for a 'change of air and situation' during his convalescence. [65] In 1834 a visitor described the Island thus:

[The] soil is good, and in so genial a climate the vegetation ... is rapid. Indeed the herbage is so rich that it keeps the cattle in the finest condition, even in dry seasons. Cauliflowers produced here are better than in any other part of the Colony. Water is easily procured ... although greatly inferior to the fine spring water at Cape Town. [66]

In the 1840s, the Island was praised for its sea breezes and its dryness (in contradiction to the stereotype of island humidity). [67] It provided ample opportunities for sea bathing which was thought to be beneficial for health, particularly for the treatment of leprosy. The Colonial Medical Committee actually recommended the removal of lepers to the Island before Montagu arrived at the Cape. [68] In the 1850s, the Medical Committee confirmed their earlier view that the Robben Island climate made it 'an excellent sanitary station'. [69]

Yet by the 1850s the General Infirmary, and specifically the lunatic asylum, attracted considerable criticism from within the newly elected Parliament for staff corruption and its custodial rather than curative approach. Birtwhistle, the first Surgeon-Superintendent, was dismissed and Minto, his replacement, tried to re-emphasize the advantages of the site in 1856, saying of the lunatics that

the healthiness of the climate, the coolness of the temperature, and their separation from those sources of excitement which exist in such institutions situated in or near towns, and which sometimes prove fatal, and the abundant out-door exercise and occupation which can be permitted them here, does exert a beneficial effect on their general health, and lessens their mortality. [70]

Minto used older climatic justifications to counter criticisms of the institutions. By 1861 however the Island was described differently by staff giving evidence before a Parliamentary Commission - as 'barren', 'cold and windy' [71]. Minto, whose job was on the line, commented lamely that lunatics still enjoyed 'fresh air and liberty' on the Island and that the 'cooler climate' made lunatics less 'troublesome' and improved the health of the chronic sick. [72]

By the end of the century the debate about whether the Island site was suitable for a hospital was still raging, although the attention had now shifted to the leper institution (now, significantly including a larger proportion of white lepers). A Member of Parliament summarized the opposition towards the Island site by arguing that it was

a sandy waste, and almost entirely without trees, being exposed to strong, nipping winds, which prevented trees growing, while the water had been analyzed and was unfit for use. [73]

By this time the Island was also represented as being subject to extremes of heat and cold. [74] It was argued that the climate actually encouraged rheumatism and tuberculosis, which were connected to damp climates near the sea. [75] European lepers on the Island drew on these ideas, using chunks of semi-official discourse cast in an unsteady grammar, when they complained that they were

taken from life and interests, placed in a living grave ... kept in a place so unsuitable for the sick and suffering, where owing to the barrenness and white sand, the strong winds, our eyes are speedily effected [sic] ... the sharp sea air here, [and] the unhealthy unsuitable place effect [sic] our lungs. [76]

Colonial officials supporting the retention of the leper asylum on the Island continued to claim in opposition that 'the island [was] perfectly suited climatically to the purposes to which it is devoted'. [77] Once the lepers had left in 1931, a Cape Geographic Society survey concluded that the Robben Island climate was temperate and healthy. [78] These shifts in representations of the climate on Robben Island were very clearly influenced by perceptions of its suitability as a site for a hospital. The most significant shifts in perceptions of the Island climate and fertility can be traced to periods of heightened anxiety about its suitability for white patients, whose treatment on the Island as lunatics in the late 1850s and 1860s and as lepers in the 1890s engendered particular public concern.

The issue of gardening was linked most strongly to the reform of the lunatic asylum, on which considerable public and official attention was bestowed at the Cape between 1855 and about 1880. A series of public scandals about the management of the Robben Island Infirmary in the early 1850s challenged the use of physical restraint and punishment in the treatment of lunatics. [79] The asylum reforms at the Cape borrowed their form and content from humanitarian reforms in European asylums from the beginning of the nineteenth century. The Enlightenment had brought a new understanding about the insane as patients amenable to reform through psychological treatment to restore their rationality which had slowly replaced the older view of lunatics as animal-like creatures requiring physical punishment and isolation from society. [80] The emphasis on humanitarian reform of patient treatment at the Robben Island asylum was, as in Europe, accompanied by concern with asylum position and design. There was a new interest in building asylums in the style of a country retreat within a carefully-ordered garden environment, away from the socially and physically polluting atmosphere of the town. [81] While Robben Island kept patients away

the polluting atmosphere of Cape Town, it lacked the countrified surroundings now considered essential to a modern asylum. Teetering at the edge of the wild wilderness, the Island had to be brought back into the colonial landscape as a garden.

Gardening as recreation was considered essential to the cure of the lunatic. The General Infirmary was a potential vehicle for the inculcation of the social norms of the colonial middle class into the profoundly disruptive world of the sick poor, as were Victorian institutions in Britain. Victorian gardens, conceived as distinct from both wilderness and city, could aid this process as they were social landscapes representing human culture and social order. [82] Gardening was leisure which cultivated the mind as well as the soil. [83] In the *Saturday Magazine* of 1841, Lord Raimes summarized this view:

Rough uncultivated ground, dismal to the eye, inspires peevishness and discontent: may not this be one cause of the harsh manners of savages? ... gardening, which inspires the purest and most refined pleasures, cannot fail to promote every good affection. [84]

These sorts of recreations were not considered equally beneficial for all: one of the foremost proponents of the humanitarian 'moral management' system, W.A.F. Browne, had noted in 1837 that 'the pauper [lunatic] could not appreciate ... nor derive benefit from the refinement and delicacies essential to the comfort and instrumental in the recovery of the affluent'. [85] Under the 'moral management' system, lunatics were to be coaxed back into rationality within an environment which mimicked their social position. The provision of class and gender-specific accommodation and entertainment was thus an essential part of asylum reform: the 'accommodation and entertainment [of the lunatics had to be graded] according to their previous position in the world'. [86] Minto felt that although some better-class coloured lunatics were 'quite as intelligent as our Europeans ... they have not the same tastes' in recreation, which included arranging seaweeds, drawing, fancy needlework, carpentry, reading and gardening. [87] For lower-class patients, gardening and domestic service were work rather than recreation.

The establishment of gardens on the Island would have been considered critical mainly for better-class lunatics and their use would have been structured along class lines, providing manual work for lower-class patients and suitable recreation for middle-class lunatics. Given these conditions, it is not perhaps surprising that the asylum reforms and associated calls for a garden environment were consequent upon concern about the institutional treatment of a growing number of 'white' lunatics. By the late 1850s the question of proper facilities for and treatment of white patients was the focus of the reformist impulse. A Supreme Court case in 1859 publicized the poor treatment meted out to a white lunatic on Robben Island and middle-class Capetonians petitioned the Government for an independent inquiry. [88] This concern about the treatment of white lunatics heightened doubts about the Island site. The Commissioners on the Robben Island Inquiry in 1861-62 commented that its 'barren' environment prevented patients gardening for 'healthy occupation and amusement'. [89] Even Minto, who thought that the Island was otherwise healthy, admitted that its 'barrenness' was a disadvantage in curing lunatics. [90] In his evidence, the lunatic-keeper, Pierce, and the matron, Mrs. Coventry, both agreed that a 'walled garden' on the mainland would be preferable to the 'barren island' site for lunatics. [91]

'Better class' lunatics, who were all designated 'white', numbered only 12 out of 97 patients in 1855, [92] but the proportion of white patients, especially white women, rose during the 1860s and 1870s. This heightened concern about creating an aesthetic asylum environment, which included gardens. Surgeon-Superintendent Edmunds, who was in charge of the asylum reforms in the 1860s, extended the gardens to two acres, crisscrossed by paths for taking walks. [93] He also began a vegetable garden which obviated the need to transport vegetables from Cape Town. [94] A salaried gardener was in charge of this by the 1880s. [95] This was not the right sort of garden, however, and in 1878 the Island chaplain complained that the asylum needed well-shaded avenues 'with some little verdure [to alleviate] ... the glaring white shingle of their cheerless yards', and that the patients should be employed in gardening vegetables 'where the soil is not unkindly and the toil not too severe'. [96] He felt that Robben Island was too cold and in summer too dry for gardening, which was an essential occupation for lunatics and lepers alike. [97] They should be relocated to a fertile, sheltered and shady site on the mainland which 'may afford some greater hope of the recovery of those afflicted in mind'. [98] A suggestion was made in 1880 that the

large garden space, at the back of the no.1 section [of the male asylum] be enclosed by a stone wall ... converting this shady and secluded square into a garden and airing yard for the exercise of all paying or better class patients. [99]

Although most white lunatics were transferred from Robben Island at this time, those men (probably mainly white) remaining in the number one section of the asylum enjoyed an aviary, a vine trellis and a new summer house, built in 1893; the number one section of the female asylum gained a flower garden, although the patients were reportedly not very interested in gardening. [100] It is interesting that perhaps because of the association of gardening with black manual labour, it was white men rather than women who gardened for recreation and exercise at the white Valkenberg Asylum on the mainland in 1891. [101]

While the asylum reforms drew on the notion of the reformative 'social landscape' [102] of the aesthetic Victorian garden there were other, sometimes competing, views about the importance and meaning of gardens on the Island. These included the notion of gardening as agriculture, providing both livelihood and identity, a model not characteristic of the British at home, [103] but very important for Dutch-Afrikaners ('Boers') and black mission converts at the Cape. Most of the Island food was shipped in from the mainland, a process which became much easier after the introduction of steam-powered boats in the late 1860s. Perhaps because of the poor-quality food served to patients as a result, lepers complained that they were unable to grow extra food or gather curative herbs on the Island. [104] The leper Moos complained to the Commissioners in 1861 that only 'tobacco trees' grew there. [105] For lepers from Hemel-en-Aarde and the paupers and lepers from Port Elizabeth Pauper Asylum, who had gardened at these institutions, [106] the loss of gardening facilities at Robben Island represented a loss of independence in the choice and quality of medicine and food. For the Moravian missionary and possibly also black converts, this may also have represented a step backward in the process of evangelization and civilization of the stock-farming Khoisan which had at the Caledon mission station, as elsewhere, centred around the inculcation of agricultural lifestyles. [107] An exchange between Dr. Ross, the Surgeon-Superintendent of the Island in the 1880s, and a coloured leper who was fortunate enough to have a garden, [108] illustrates associations made by the doctor between gardening and black manual labour, and the challenges made to this idea by some lepers.

I saw a coloured [leper] working in the garden and I told him to come over to my garden and I would pay him something to pull up the weeds in the path. He said he was not in want of any pay, but would willingly pay me if I would come and work in his garden. [109]

Drawing on different traditions, although echoing the claim to a particular relationship to land, supporters of Afrikaner lepers, obliged by law to go to the Island hospital after 1892, complained that the Island was 'barren, sandy, infertile' and they could not garden or farm as they had at home. [110] In 1892 a large number of trees were planted on the Island in an attempt to make it more acceptable to this constituency: [111] the work was done by coloured patients and supervised by European lepers. [112] Paradoxically, however, tree-planting may have contributed to the dessication of the Island. Yet the vegetable garden on the Island yielded ten tons of produce in 1899, [113] possibly because of the use of convict labour and a new water system. With supplementary imports, the garden supplied the leper hospital in 1904. [114] Some of the private leper quarters had 'beautiful gardens' in 1902. [115] The Island Commissioner suggested that 'in view of the purpose for which [the Island was] used, and of [its] singularly fine climate', an attempt should be made to plant trees and pasturage and fix the sand drifts 'to make the island a pretty spot ... instead of allowing it to become a patch of sand, or a bare rock'. [116] The image of the rock was a powerful rallying point for opponents of the Island hospital: 'how deplorable it was', commented a sympathetic MP in 1912, 'that these people should have to sit on a rock the whole day gazing at their fatherland'. [117] If the Island lepers had been able to farm, instead of sitting idle on a 'rock', ran the subtext, they would have been closer to the fatherland.

Conclusions

In this paper we have raised several issues relating to the social history of medicine and the environment, on various levels of politico-geographical interaction. First, we have shown how environment, healthiness and colonial identity were linked in the medical topography of the Cape and other temperate colonies. Second, we have examined the similar processes in the changing medical topography of the Cape Peninsula during the 1840s, when suburbanization began in earnest and the Robben Island General Infirmary was founded. As the city was constituted as a modern, masculine public space, the suburbs were constituted as civilized and domesticated countryside, healthier than the polluting city. Robben Island provided a way of excluding the non-working and potentially dangerous poor, especially destitute immigrants and ex-slaves, from the city. It too was constituted as healthier than the city, but in a more ascetic sense than the suburbs.

Third, we have shown how in the 1850s the medical topography of the Robben Island institutions had to be reformulated as the institution was reconstituted as a garden asylum instead of a natural fortress for the detention of the troublesome sick poor. This change was in part to satisfy the middle-class leaders of self-rule in Cape Town that they were morally mature enough to apply humanitarian institutional reforms designed in Britain and to use the modern institution to cure white lunatics. By the 1890s the Island's medical topography had to be reformulated once again, as protests against the forced detention of white lepers on the Island touched the same raw nerve as the criticisms of the 1850s. The Island was peppered with trees in a futile attempt to counter accusations that the Island, barren and bare, was so far removed from the agricultural ideal as to damage their sense of ethnic identity.

Ideas about the importance of gardens and the right sort of natural environment were thus associated with particular visions of cure and rehabilitation and with particular visions of ethnic or group identity. The links between environment and society were often expressed through the medium of ideas about healthiness: the genre of medical topography. This understanding of human interaction with the environment did not vanish with the advent of germ theory and scientific medicine. It continues to influence European attitudes to other countries today as well as struggles within former colonial territories over land and access to natural resources. It is thus an important area of study which requires much further research.

Endnotes

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- [2] See for example S. Schama, *Landscape and Memory* (London, 1996). Older studies include the masterful intellectual history by C.J. Glacken, *Traces on the Rhodian Shore: Nature and Culture in Western Thought from Ancient Times to the End of the Eighteenth Century* (Los Angeles and Berkeley, 1967) and R. Williams, *The Country and the City* (St. Albans, 1975).
- [3] F. Sargent, *Hippocratic Heritage: a History of Ideas about Weather and Human Health* (New York, 1982). On tropical medicine and climate there is a considerable literature: see for example M. Harrison, 'Disease and Climate in India and the West Indies', *Bulletin for the History of Medicine*, 70 (Spring 1996), 68-93 and 94-118; K.O. Kupperman, 'Fear of hot climates in the Anglo-American colonial experience', *William and Mary Quarterly*, 41(2) (April 1984), 213-40 and earlier articles by her. On temperate colonies see M. Fairbairn, *The Ideal Society and its Enemies: the Foundations of Modern New Zealand Society* (Auckland, 1989) (1989), 640-58; G. Puckrein, 'Climate, Health and Black Labor in the English Americas', *Journal of American Studies*, X111(1979), 179-93; On science, climate and nationalism see M. Cueto, 'Andean Biology in Peru: Scientific Styles on the Periphery', *Isis*, 80(304), 640-58.
- [4] D. Kennedy, 'Climatic Theories and Culture in Colonial Kenya and Rhodesia', *Journal of Imperial and Commonwealth Studies*, X(1) (1981), 50-66.
- [5] See T. Ranger, 'New Approaches to African Landscape' (unpublished paper, 1997); L. Shumaker, 'Constructing Racial Landscapes: Africans, Administrators and Anthropologists in Late Colonial Northern Rhodesia' in P. Pels and O. Salemink (eds.), *Colonial Subjects: Genealogies of Practical Anthropology* (Michigan, forthcoming).
- [6] See H.J. Deacon, 'Introduction' in H.J. Deacon (ed.) *The Island: A History of Robben Island, 1488-1992* for a discussion of representations of the island as Heaven, Hell and Purgatory.
- [7] N. Penn, 'Robben Island 1488-1805' in H.J. Deacon (ed.) *The Island: A History of Robben Island, 1488-1992* (Cape Town, 1996).
- [8] 'Report on Robben Island', 6 Jan. 1844 in 'Papers respecting a plan for improving the discipline of convicts at the Cape of Good Hope, received during the years 1843 and 1844', Great Britain, *Accounts and Papers*, 1847, XLVIII, 359-458, p.449.
- [9] J.L. Meltzer, 'The Growth of Cape Town Commerce and the Role of John Fairbairn's *Advertiser* 1835-1859' (unpublished M.A. thesis, University of Cape Town, 1989), p.162.
- [10] W.A. Newman, *Biographical Memoir of John Montagu with a Sketch of Some of the Public Affairs Connected with the Colony of the Cape of Good Hope during his Administration as Colonial Secretary from 1843 to 1853* (London, 1855), p.16.
- [11] A.W.P. Pinkerton, 'Introductory Lecture on Climate' (Edinburgh medical school, Edinburgh, 1857), p.11.
- [12] A.W.P. Pinkerton, 'Introductory Lecture on Climate', pp.22, 29. Although an island, Robben Island was thought to provide cold rather than warm climatic conditions.
- [13] H. Deacon, 'A History of the Medical Institutions on Robben Island, 1846-1910' (unpublished Ph.D. thesis, University of Cambridge, 1994), pp.58,64.
- [14] J. Holman, *A Voyage around the World* 2 vols. (London, 1834), vol.2, p.144 and D.C. de Waal, Debates in House of Assembly, 15 August 1899, CA, CO 7509.
- [15] Debates in Parliament, 3 Dec. 1866, Cape Archives, Cape Town (hereafter CA), CCP 3/2/3, p.45.
- [16] R. Grove, *Green Imperialism*, pp.13, 46.
- [17] *ibid*, p.14.
- [18] J. Ovington, *A Voyage to Suratt in the year 1689 ... Likewise a description of ... the Cape of Good Hope* (London, 1696), p.486.
- [19] D. Kennedy, 'Climatic theories and culture'.
- [20] C. Hannaway, 'Environment and Miasmata' in W.F. Bynum and R. Porter (eds.) *Companion Encyclopedia of the History of Medicine* (London, 1993), 292-308, p.300. See also C.J. Glacken, *Traces on the Rhodian Shore*.
- [21] V. Nutton, 'Humoralism' in W.F. Bynum and R. Porter (eds.) *Companion Encyclopedia of the History of Medicine* (London, 1993), 281-91, p.288.
- [22] C.J. Glacken, *Traces on the Rhodian Shore*, pp.429, 502, 566, 620-22. See also M. Harrison, *Public Health in British India* (Cambridge, 1994), p.38.

- C. Hannaway, 'Environment and Miasmata', p.299.
- [24] C.J. Glacken, *Traces on the Rhodian Shore*, pp.480-84, 661.
- [25] V. Nutton, 'Humoralism', p.289; C. Hannaway, 'Environment and Miasmata', p.293.
- [26] C. Hannaway, 'Environment and Miasmata', p.302.
- [27] D. Kennedy, 'Climatic Theories and Culture', pp.50, 55 makes the same point.
- [28] This was generally true in Europe, but is particularly noticeable in tropical medicine. See M. Harrison, *Public Health in British India*, pp.53-57. D. Kennedy shows in 'Climatic Theories and Culture', p.58 that climatic theories were still prevalent in psychiatry during the 1930s.
- [29] C. Hannaway, 'Environment and Miasmata', p.302; see also R. Grove, *Green Imperialism*, pp.42-45.
- [30] M. Harrison, *Public Health in British India*, pp.39, 43-44. See also M. Worboys, 'Tropical Diseases' in W.F. Bynum and R. Porter (eds.) *Companion Encyclopedia of the History of Medicine* (London, 1993), 511-36.
- [31] Sir Harry Johnston, Commissioner for the British Central African Protectorate, made this point explicitly in his introduction to Dr. Kerr Cross, *Health in Africa: a medical handbook for European travellers and residents* (London, 1897), p.vii.
- [32] A.W. Crosby, *Ecological Imperialism: the Biological Expansion of Europe, 900-1900* (Cambridge, 1986).
- [33] C.J. Glacken, *Traces on the Rhodian Shore*, pp.440-41.
- [34] On British experiences in tropical environments, see articles by M. Harrison and W. Anderson in *Bulletin for the History of Medicine*, 70 (Spring 1996).
- [35] C.J. Glacken, *Traces on the Rhodian Shore*, p.440-41.
- [36] *Ibid.*, pp.539, 547, 592-93.
- [37] One example would be the construction of the high- altitude Andean superman (M. Cueto, 'Andean Biology in Peru', p.646).
- [38] C.J. Glacken, *Traces on the Rhodian Shore*, pp.539, 547.
- [39] The idea that Europeans could not work in the hot sun, which justified the employment of black slaves and workers in America (G. Puckrein, 'Climate, Health and Black Labor', p.180) and tropical parts of Africa (D. Kennedy, 'Climatic theories and culture', p.53), was said by one visitor to be the (indefensible) reason why the Dutch had imported slaves to the Cape (E. Blount, *Notes on the Cape of Good Hope ... 1820* (London, 1821), p.20.) Manual labour continued to be seen as *kaffirwerk* into the twentieth century.
- [40] M. Harrison, *Public Health in British India*, p.48.
- [41] C. Hannaway, 'Environment and Miasmata', pp.302-4; C.J. Glacken, *Traces on the Rhodian Shore*, pp.558-61. See also D. Kennedy, 'Climatic Theories and Culture'.
- [42] M. Harrison, 'Disease and Climate in India and the West Indies', p.73. See F. Nightingale, 'How people may live and not die in India' (London, 1863).
- [43] W. Anderson, 'Disease, Race and Empire', *Bulletin for the History of Medicine*, 70 (Spring 1996), 62-67, p.64.
- [44] J.W. Tripe, 'On some Relations of Meteorological Phenomena to Health', International Health Exhibition: 'Meteorology in relation to Health', conference hosted by the Royal Meteorological Society, July 17-18 (London, 1884). See also D. Kennedy, 'Climatic Theories and Culture', pp.53- 54.
- [45] R. Williams, *The Country and the City*, p.337. See also S. Pugh, 'Introduction' in S. Pugh (ed.) *Reading Landscape: Country - City - Capital* (Manchester, 1990), p.5.
- [46] C.J. Glacken, *Traces on the Rhodian Shore*, pp.439, 472.
- [47] L.P. Simpson, *The Dispossessed Garden: Pastoral and History in Southern Literature* (Athens (Georgia), 1975), pp.15-16.
- [48] M. Fairbairn, *The Ideal Society and its Enemies* and C. Lansbury, *Arcady in Australia: the Evocation of Australia in Nineteenth-Century English Literature* (Melbourne, 1970).
- [49] See M. Fairbairn, *The Ideal Society and its Enemies*, p.26 for a discussion of this idea.
- [50] A. Gilchrist, *The Cape of Good Hope: a Review of its Present Position as a Colony* (London, 1844), p.v.
- [51] R. Percival, *An account of the Cape of Good Hope* (London, 1804), pp.224-30.
- [52] J. Barrow, *Travels into the Interior of South Africa* (London, 1806), p.32. See also a later version of this argument in a pamphlet found in Rhodes House Library: Anon., 'The Cape of Good Hope' (London, 1850).
- [53] G. Forster, *A Voyage around the World* (London, 1777), pp.58-59, 78-79. See also J.A Backhouse, *Narrative of a Visit to the Mauritius and South Africa* (London, 1844), p.84.
- [54] J.W.D. Moodie, *Ten years in South Africa* 2 vols. (London, 1835), vol.1 p.39.
- [55] S. Henderson, *An Inquiry into the Causes which produce Disease among the Troops at the Cape of Good Hope* (n.p., 1795), p.457; J.W.D. Moodie, *Ten years in South Africa* vol.1, p.40.
- [56] Anon., *Gleanings in Africa: Exhibiting a faithful and correct View of the Manners and Customs of the Inhabitants of the Cape of Good Hope* (London, 1806), p.46. See also N. Polson, *A Subaltern's Sick Leave* (Calcutta, 1837), p.80.
- [57] See for example M. Marshall, 'The Growth and Development of Cape Town' (unpublished UCT M.A. thesis, 1940); W.W. Bird, *The State of the Cape of Good Hope in 1822* (Cape Town, 1966), p.140.
- [58] Sir G.M. Keith, *A Voyage to South America and the Cape of Good Hope* (London, 1819), p.58.

J.M. Coetzee, *White Writing: on the Culture of Letters in South Africa* (London, 1988), chapter 2.

- [60] On Paarl as a resort see Letters to the Editor, *South African Commercial Advertiser*, 23 Dec. 1826.
- [61] S.N. Eaton, *Journal by Sarah Norman Eaton _ of a voyage to the Cape _* (Mimeograph, Pretoria, 1953), pp.66, 68.
- [62] W.J. Black, 'On the sanitary state of Cape Town', *The Sanitary Record*, 17 Aug. 1877.
- [63] 'How girls live', *Cape Times*, 4 Sept. 1897.
- [64] On the importance of protecting women from the dangers of the city in America see S. Rothman, *Woman's Proper Place: a History of changing Ideals and Practices 1870 to the Present* (New York, 1978), chapter 1.
- [65] Memorial of T. Suter, 6 May 1820, Memorials 1820, CA, CO 3918.
- [66] J. Holman, *A Voyage around the World*, vol.2, p.144.
- [67] H. Deacon, 'A History of the Medical Institutions on Robben Island', p.58.
- [68] H. Deacon, 'A History of the Medical Institutions on Robben Island', p.64.
- [69] Medical Committee Report, 'Report on the General Infirmary, Robben Island, for the year 1856', *CPP*, G4- 1857, Cape Parliamentary Papers (hereafter *CPP*), p.2.
- [70] 'Reports on the Somerset Hospital and the General Infirmary, Robben Island, for the year 1855', *CPP*, G12- 1856, p.8.
- [71] 'Report of the Commission of Inquiry into the General Infirmary and Lunatic Asylum on Robben Island' (hereafter *Commission of 1861-2*), *CPP*, G31-1862, pp.14, 50.
- [72] Dr. Minto, Minutes of evidence, *Commission of 1861-2*, pp.10, 12.
- [73] D.C. de Waal, Debates in House of Assembly, 15 August 1899, CA, CO 7509. D.C. de Waal complained that the lepers should be removed to the mainland.
- [74] Dr. A.M. Neethling of Beaufort West, Debates in House of Assembly 1912, CA, SRP 1/3/3, pp.1075-77.
- [75] D.C. de Waal, Debates in House of Assembly, 15 August 1899, CA, CO 7509. Tuberculosis sufferers were generally thought to benefit more from the drier up-country air. See Johnson to UCS, 4 June 1904, Health Branch Folio G11d, CA, CO 7967.
- [76] Petition from European lepers, 8 May 1908, Health Branch, CA, CO 8053.
- [77] Annual Report on Robben Island for 1913, *CPP*, UG 24- 1913, p.6.
- [78] Cape Geographical Society Report, *Cape Times*, 7 November 1934.
- [79] H. Deacon, 'A History of the Medical Institutions on Robben Island', Chapter 3.
- [80] A. Digby, *Madness, Morality and Medicine: a Study of the York Retreat 1796-1914* (Cambridge, 1985), pp.2-3, 6.
- [81] On this issue, see C. Philo, "Fit Localities for an Asylum": the Historical Geography of the Nineteenth-Century Mad-Business in England as Viewed through the Pages of the *Asylum Journal*, *Journal of Historical Geography*, 13(4) (1987), 398-415.
- [82] M. Waters, *The Garden in Victorian Literature* (Aldershot, 1988), pp.150, 154.
- [83] M. Waters, *The Garden in Victorian Literature*, p.161.
- [84] Lord Raimes quoted in M. Waters, *The Garden in Victorian Literature*, p.159.
- [85] W.A.F. Browne in A. Scull (ed.), *The Asylum as Utopia: W.A.F. Browne and the Mid-Nineteenth Century Consolidation of Psychiatry* (London, 1991), p.199.
- [86] Addendum to Report on the Inquiry of 1853 in 'Report of the Select Committee on and documents connected with, the Robben Island Establishment', *CPP*, A37-1855, p.65.
- [87] Dr. Minto, Minutes of evidence, *Commission of 1861-2*, p.14.
- [88] Memorial of Fairbairn et al., 14 Dec. 1858, Memorials received by Colonial Office, CA, CO 4102, doc.46.
- [89] Report, *Commission of 1861-2*, p.ix.
- [90] Dr. Minto, Minutes of evidence, *Commission of 1861-2*, p.14.
- [91] Pierce, Minutes of evidence, *Commission of 1861-2*, p.111 and Coventry, Minutes of evidence, *Commission of 1861-2*, p.121.
- [92] 'Return of chronic sick, lunatics and lepers in the General Infirmary, Robben Island', 10 April 1855 in 'Report of the Select Committee ... on the arrangements for ... lunatics, lepers and chronic sick', *CPP*, A9-1855, p.17.
- [93] 'Replies to Questions put to the Colonial Government by the Home Office relating to conditions in Lunatic Asylums', *CPP*, A9-1865, pp.6-7.
- [94] 'Report on the General Infirmary, Robben Island, for the year 1863', *CPP*, G3-1864, p.12.
- [95] Biccard to Colonial Secretary, 22 Jan. 1880, Colonial Office Correspondence, CA, CO 1125.
- [96] Chaplain's Report, 'Report on the General Infirmary, Robben Island, for the year 1878', *CPP*, G19-1879, p.8.
- [97] Chaplain's Report, 'Report on the General Infirmary, Robben Island, for the year 1880', *CPP*, G22-1881, p.6.
- [98] Chaplain's Report, 'Report on the General Infirmary, Robben Island, for the year 1882', *CPP*, G29-1883, p.6.
- [99] Ross to Under Colonial Secretary (UCS), 17 Feb. 1880, Colonial Office Correspondence, CA, CO 1414.

-] 'Report on ... Robben Island Asylum' in 'Reports on the Government-aided Hospitals [etc.]... for 1893', *CPP*, G24- 1894, pp.92, 94.
- [101] 'Report on ... Valkenberg Asylum' in 'Reports of the Medical Committee [etc.]... for 1891', *CPP*, G36-1892, p.5.
- [102] P. Fletcher, *Gardens and Grim Ravines: the Language of Landscape in Victorian Poetry* (Princeton, 1983), p.7.
- [103] M. Bunce, *The Countryside Ideal: Anglo-American Images of Landscape* (London, 1994), p.32.
- [104] Gerts, Minutes of evidence, *Commission of 1861-2*, pp.217-18. Verreaux, Minutes of evidence, *Commission of 1861-2*, p.190, said that their gardens had failed.
- [105] Moos, Minutes of evidence, *Commission of 1861-2*, p.196.
- [106] Gerts, Minutes of evidence, *Commission of 1861-2*, pp.217 and Hudson to Smith, 15 Dec. 1843, Colonial Office Correspondence, CA, CO 4372.
- [107] The lepers protested at the loss of their stock and gardens on leaving the settlement. P. La Trobe, in a letter to the Cape Governor (24 June 1845, Government House Despatches, CA, GH 1/171) noted how the missionaries had relieved the lepers' 'spiritual and temporal destitution' and encouraged them to make gardens.
- [108] The Chaplain noted in 1879 that only four lepers had their own plots in the communal garden (Chaplain's Diaries, 22 Jan. 1879, Johannesburg, University of the Witwatersrand Manuscripts Collection (UWMC), AB 1162). Only a few of them gardened because the soil was too dry and they had no seeds (12 Dec. 1879): the chaplain took them some seeds (10 March 1880).
- [109] Ross, Minutes of Evidence, 'Select Committee inquiring into the spread of leprosy', *CPP*, G3-1889, p.36.
- [110] Neethling and Wilcocks, Debates in House of Assembly, 12 March 1912, CA, SRP 1/3/3, pp.1075-77.
- [111] 'Report on ... Robben Island' in 'Reports on the Government-aided Hospitals and Asylums and Report of the Inspector of Asylums for 1892', *CPP*, G17-1893, p.88.
- [112] Chabaud to UCS, 20 June 1907, Robben Island Papers, CA, RI 69.
- [113] 'Report on ... Robben Island' in 'Reports on the Government-aided Hospitals [etc.]... for 1899', *CPP*, G25- 1900, p.89.
- [114] Cowper to Chabaud, 8 Oct. 1906, Health Branch, CA, CO 8002.
- [115] Dr. Murray's Report, 17 Dec. 1902, Health Branch, CA, CO 7610.
- [116] Chabaud, 'Report on ... Robben Island' in 'Reports on the Government-aided Hospitals [etc.]... for 1905', *CPP*, G32- 1906, p.104.
- [117] Dr. A.M. Neethling of Beaufort West, Debates in House of Assembly 1912, CA, SRP 1/3/3, pp.1075-77.

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