

THE CHRONIC SICK ON ROBBERN ISLAND 1846-1892

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Introduction

Little serious research has been published on the history of Robben Island to date.¹ This paper forms part of a doctoral thesis on the history of the island's medical institutions between 1846 and 1910. Like other social histories of institutions², it takes as its departure point an understanding of the function of institutions in society. In the first wave of "social control" studies, institutional function was determined theoretically, and any aberrations from the model of increasing state control over worker subjectivity were explained away.³ Now there is general consensus that an institution may perform several functions, some unexpectedly, or unconsciously, while others may only be discernible with hindsight. Crucially, it has been recognized that communities used institutions to their own advantage,⁴ and the state or the dominant classes had no complete control over the meanings and functions of the institutions they built.⁵ This paper explores the changing use of the Robben Island chronic sick hospital, reflecting at first the concerns of the Imperial government but increasingly favouring the interests of the English settler community. Thereby I hope to add to the debate on the racialization of poor relief provision at the Cape during the mid-nineteenth century.

Robben Island had been used as a prison, a place of banishment, even before the Dutch settlement at the Cape in 1652. This practice continued under the British after 1806. In 1846 all the able-bodied convicts on Robben Island were removed to road stations in the interior and the white military convicts were sent to Van Diemen's Land (Tasmania). In their place were sent lepers from the mission-run leper stations at Baken's River and Hemelen-Aarde, lunatics from the Old Somerset Hospital, and chronic sick paupers from the Pauper Establishment in Cape Town. The three medical institutions, grouped together under the rubric of a "General Infirmary",⁶ were placed under the control of a Surgeon-Superintendent who was directly answerable to the Colonial Office. Although Superintendent Dr Ross had noted in 1884 that the Robben Island climate, its proximity to Cape Town and its "general fitness for isolating the non-effective members of society" would always make it suitable for lepers and chronic sick,⁷ the chronic sick were the first to leave, in 1891 and 1892,⁸ to make space for a growing number of lepers. The last lunatics left in 1921 and the remaining lepers were sent to the Pretoria or Emjanyana asylums in 1931.

By the mid-nineteenth century in England and America a profound suspicion of the able-bodied but idle pauper had taken root. The New Poor Law of 1834 restricted relief by forcing able paupers to enter a workhouse in England. Socio-economic explanations of poverty were gradually replaced by cultural, even biological ones.⁹ Mayhew's study of the London poor in 1861-2 popularized an image of poverty that divided the poor into the honest (who can't or will work) and the dishonest (who won't work).¹⁰ The implications of this trend for the colonies, both in intellectual and policy terms, was profound. First, the newer colonies, such as Australia and the Cape, did not have poor laws, which implied state responsibility for the poor and an unwanted financial burden for the Imperial Government.¹¹ Second, poor relief in these colonies was officially limited to the sick and aged; it was largely channelled through private agencies, and it consistently treated those who failed to provide for sickness or old age through saving or informal support networks as exceptional cases requiring individual approval for admission to the pauper institutions.¹²

Van Heyningen has explained the absence of a Poor Law and the minimal state involvement in poor relief at the Cape by noting the "rudimentary bureaucratic structure" of the Colony until the 1890s (and one could add, the dearth of capital), as well as attitudes to labour and poverty.¹³ In 1844 the Colonial Office in London requested information on welfare provision in all its colonies. Montagu replied from the Cape in 1845 that colonial-born British subjects needed and wanted less relief than the British. "Malays" were reluctant to apply for aid, and also had "few wants". He said there was no need for poor laws - "the sober and industrious in the lower classes can always get work". Because of the general demand for labour at the Cape, poverty through unemployment was not perceived as an issue until the depression years of the 1880s.

Policy and Practice in Poor Relief

The British Government accepted only a grudging obligation for welfare costs in all their colonies during the early nineteenth century.¹⁴ Some government-aided outdoor relief was given to orphans at the Cape by 1845 (through apprenticeship and funding the Orphan House). A small payment (6d per day) was given to masters supporting their freed slaves in the country. Indirect funding was provided for the poor through subsidy of churches. As in the American South,¹⁵ most poor relief given in the nineteenth-century Cape came from churches, private charities, mutual benefit societies and the communities themselves. In 1845 there were nine benefit societies in Cape Town, four of which catered for the coloured poor. The influx of poor into the Old Somerset Hospital in 1863 was explained partly by the breaking up of the benefit societies associated with the railway works.¹⁶ By 1889 there were at least 137 benefit societies in the Colony, which provided sick pay, medical care and funeral payouts in return for a weekly or monthly subscription.¹⁷

Humanitarian and politically-inspired concern for British subjects and emancipated slaves lay behind the initial provision of indoor poor relief for the sick and aged poor at the Cape by the imperial government. When Government slaves were freed at the Cape in 1827 those unable to make their own living were housed in the old Slave Lodge, which had become the Pauper Establishment in 1838. Slaves freed in 1838 who could not maintain themselves through age or infirmity swelled the numbers housed here.¹⁸ In 1840 the Pauper Establishment contained 55 coloured inmates (mainly ex-slaves) and 45 whites (mainly British).¹⁹ The Old Somerset Hospital was founded by private initiative in 1818 (mainly for destitute sailors) and taken over by Government in 1828. The pauper wards in the Old Somerset Hospital housed about 50 paupers at the end of 1863²⁰ and 142 in 1883.²¹ The Robben Island wards did not generally accommodate more than 150 patients, and after 1880, housed fewer than 100 at a time.

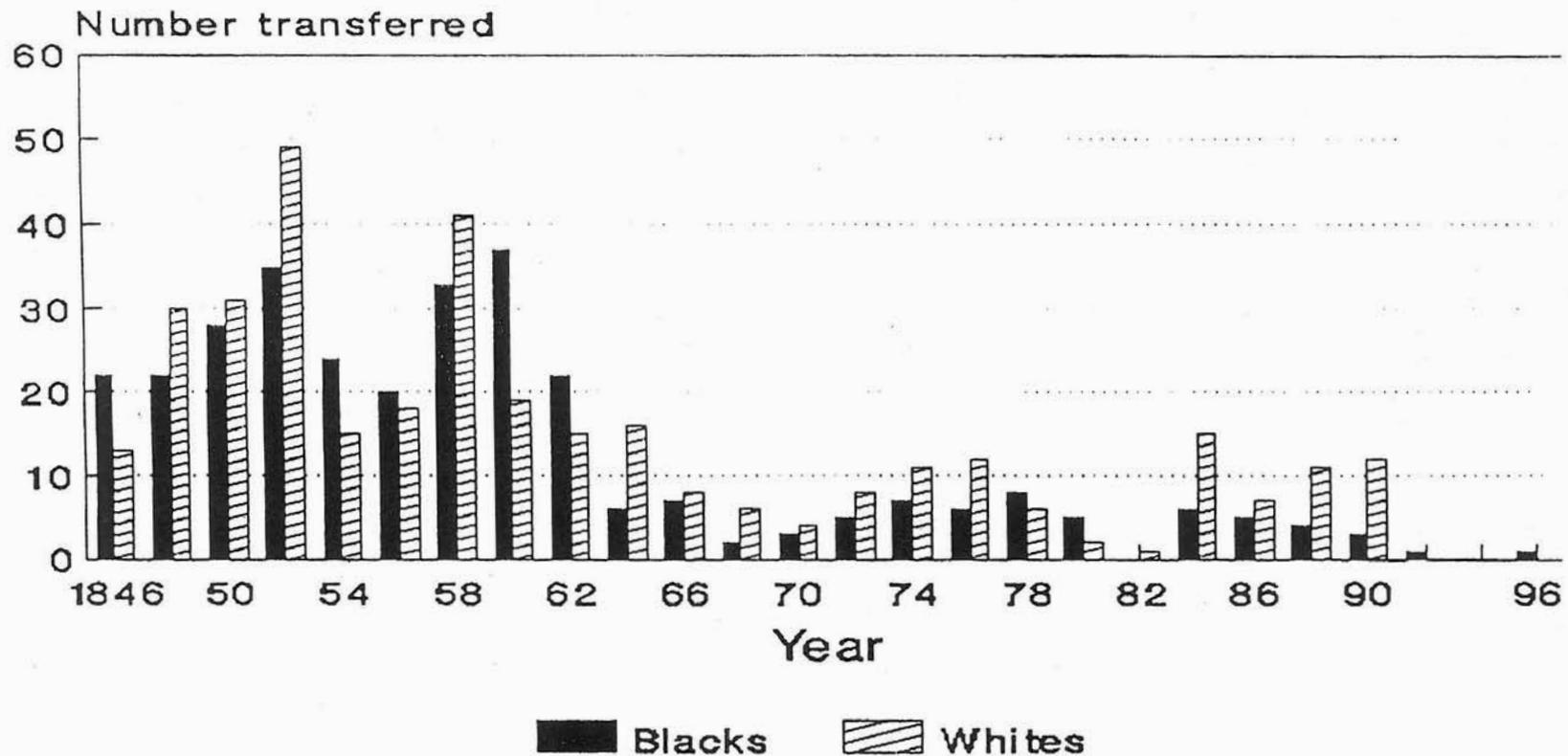
Institutional relief was provided for a very small proportion of the Cape poor, and these places were allocated highly selectively. In 1855 the Resident Surgeon of the Hospital reported that destitute ex-slaves were admitted automatically, while other applications each had to have a direct order or other form of government sanction. Prejudice against the hospital among the Malay and coloured population of Cape Town was reportedly diminishing by the mid-1850s because of amended visiting regulations.²² The general policy was to send "incurable" cases from Old Somerset Hospital to Robben Island after 1846.²³ Once the New Somerset Hospital had been built for surgical and short-term curable cases in 1863, the Old Somerset Hospital also housed chronic cases, lepers and lunatics, and vacancies at Robben Island were filled as they occurred. There was increasing pressure on applicants to these "chronic sick" hospitals to prove both their inability to work through sickness or old age as well as the absence of other means of support.

The Disjuncture between the Poor and the Institutionalized

The disjuncture between who got poor relief and who was "really" poor has been the major focus of many historians of poor relief, who then explain admission profiles by pointing to the skewed economic and socio-cultural interests of the dominant classes. The broad economic context in which changes in attitudes and poverty profiles take place is thus an important starting point for an analysis of poor relief.²⁴ The intellectual framework in which an institution is created and nurtured must also be examined to establish links between social concerns and institutional policy or practice.²⁵ But in the final analysis it must be recognized that admission profiles were not only the product of dominant interests and perceptions of worthiness, but were also affected by private relief, and the different attitudes, self-help capabilities and needs of the communities using the institution.

Much basic research on poor relief in Cape Town remains to be done,²⁶ and there is a dearth of primary data on the chronic sick on Robben Island, who were essentially sidelined in official discourse, first by the lunatics and then by the lepers. But it is quite clear, both in the 1830s²⁷ and in the 1870s²⁸ that in Cape Town²⁹, most blacks³⁰ were in the lowest status groups, occupied the least well-paid professions and earned less from their jobs compared to white artisans in the same professions. The prevalence of casual or seasonal employment in Cape Town added to the difficulties of the unskilled urban worker who was thereby both relatively immobile (through dependence on other family members' casual work

Chronic sick transfers to Robben Island from Somerset Hosp.



Source: HOS 58 and 59, CAD

and local credit availability) and cyclically unemployed or underemployed.³¹ Immigrants often lacked family connections and local support networks, and were therefore also prone to poverty when they could not work. Immigrants to the Cape were mostly European males during the period in question, although assisted black immigration (from the Eastern Cape in 1878-9, and from Mozambique 1879-82) brought the first significant numbers of Africans (about 6,700 in all) to the Western Cape during the late 1870s.³² Women without working families or inheritance were, as they are everywhere, particularly vulnerable to poverty especially when burdened with small children or disabled by age or infirmity.

The pattern of transfers to Robben Island does not reflect the expected pattern of poverty in Cape Town, or indeed in the Colony, although it does show a large intake of white immigrants. During the course of the nineteenth century the hospital contained progressively more whites, more men, and older patients. These factors will be examined in turn. First, there was a growing number of white transfers over the period 1846 to 1896. If the Robben Island population were a cross-section of the colonial poor, one would expect a greater proportion of black admissions. Before 1864, only 45 per cent of the transfers from Old Somerset Hospital were white. But from 1864 until 1896, over 58 per cent of the transfers were white. A sharp overall decrease in transfers from the Old Somerset Hospital to the Island is evident from 1863 for blacks and from 1866 for whites.³³ The higher white admissions in the period after 1863 are mainly due to larger admissions in selected years (see appendix). The transfer pattern is echoed in nominal patient lists in the 1880s which show progressively smaller proportions of blacks, approaching 40 per cent.³⁴ In 1875, by comparison, Cape Town contained about 54 per cent whites.³⁵

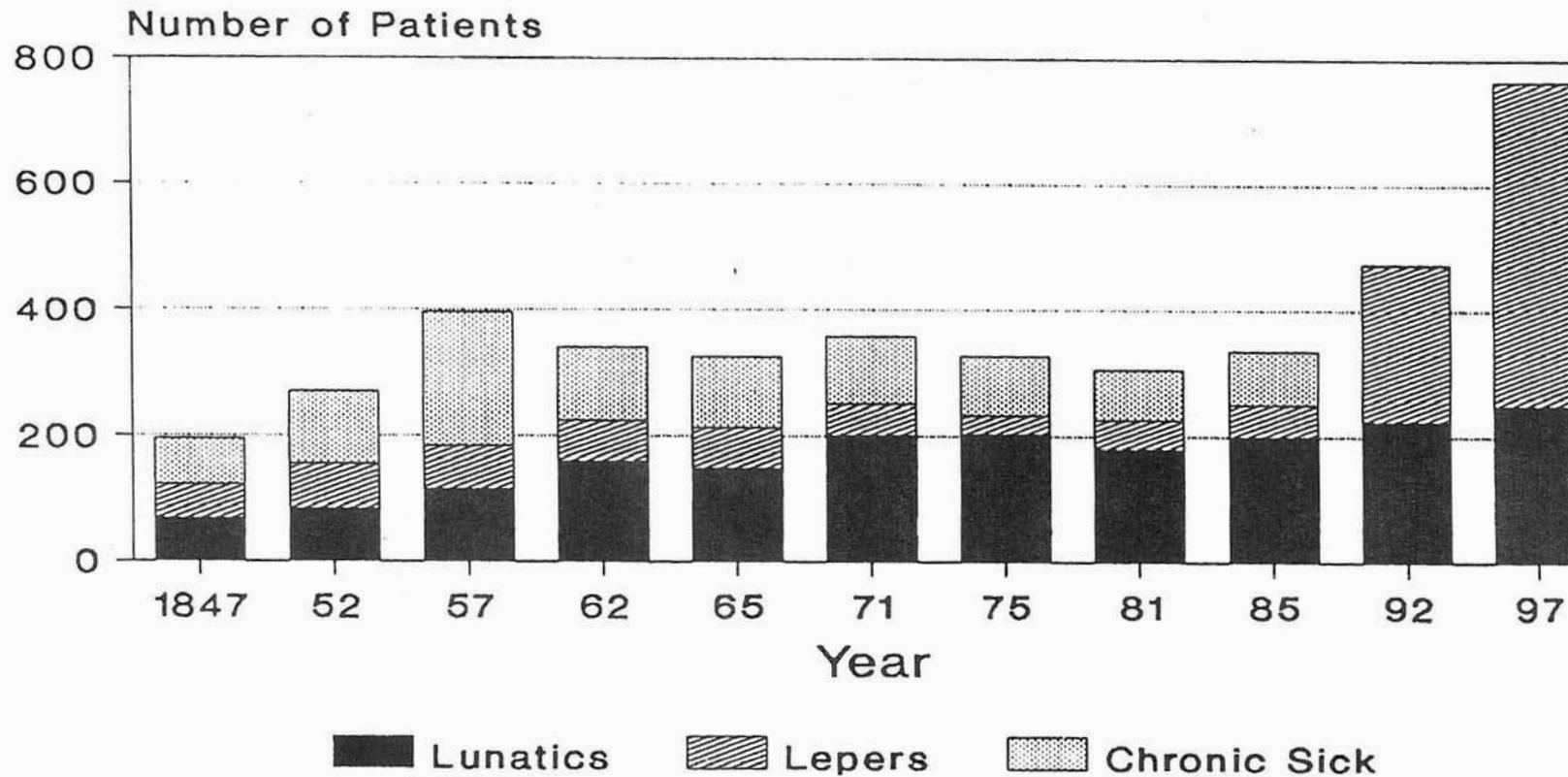
Racial selectivity is evident in the New York almshouse too, where out of a population containing 10 per cent free blacks, the almshouse took only 5 per cent black inmates in 1806.³⁶ Cray however finds no evidence of actual exclusion: he suggests instead that the discrepancy is due to avoidance of the almshouse by a cohesive black community, many of whom were reluctant to lose their autonomy as they had just emerged from slavery, the availability of state outrelief, and aid from the New York African Society founded in 1808.³⁷ Clement suggests that the low proportion of blacks receiving outdoor relief in Philadelphia before 1828 was due to the maintenance that many received as live-in servants, or the fact that others lived in areas where the Guardians of the Poor did not go, or that needy blacks were usually sent to the workhouse.³⁸ The Guardians of the Poor favoured whites in allocating outdoor relief.³⁹

At the Cape, needy blacks were institutionalized, but they were admitted in decreasing numbers from the 1860s, and were more likely to be poorer than their white counterparts. Over three quarters of the black admissions to Robben Island after 1874 (n=127) were previously manual workers, while only 35 per cent of the whites (n=192) had been in that low-paid category. The high percentage of blacks before 1863 can be explained by the policy to admit ex-slaves. During the period 1846-1852, after which the designation fell away, 77 ex-slaves (17 per cent of 445 transfers-in total) were admitted to Robben Island as "coloured late apprentices". There were probably many more, especially urban ex-slaves, among admissions which were after 1852 designated "black".⁴⁰ Black admissions to Robben Island came from the Eastern Cape (7 per cent) and the Western Cape hinterland (15 per cent) as well as the Boland (12 per cent), with 65 per cent from Cape Town (data after 1852).

Poor whites from rural areas of the Colony were not well represented, with Greater Cape Town providing 82 per cent of all whites (data after 1852), only 13 per cent of whom were not immigrants (data after 1874), and only 8.6 per cent were Dutch Reformed (after 1880). White immigrants (n=156⁴¹) admitted throughout the period were dominated by those from the United Kingdom, who were all over 30 years old. Of those immigrants with designated religions (n=139), nearly half were Anglicans and a third Roman Catholic. Immigrants, especially from Europe, also formed a significant proportion of almshouse populations in nineteenth-century America. Cray has shown that the dearth of private charity for Irish immigrants in New York forced them into the Manhattan almshouse in large numbers before 1830.⁴² In the New York workhouse in 1837, 52 per cent of the inmates had been born abroad.⁴³ After reforms of the system in 1828 which attempted to restrict cash outrelief, the proportion of immigrant inmates of the almshouse rose to 57 per cent by 1850.⁴⁴ At this time, half of the white population in Philadelphia were immigrants. Whitaker has shown that approximately half of the inmates of almshouses in Michigan between 1871 and 1904 were native-born.⁴⁵

PATIENT POPULATION

Robben Island 1847-1897



Sources: Official Reports

Second, there was a consistent majority of men over women among the Robben Island transfers (80 per cent to 20 per cent), which figure corresponds to those for almshouses in nineteenth-century Michigan⁴⁶ and to the situation in British workhouses before 1930.⁴⁷ The high predominance of older men at Robben Island is due partly to the large number of immigrants, but local admissions never provided more than 30 per cent women. In Philadelphia, the proportions of men and women in the state poorhouse stood at 40 per cent each in 1800, but gradually favoured men (at the expense of children) during the course of the first half-century.⁴⁸ Crowther has shown that in British workhouses, female inmates were more likely to be young, unemployed or with small children, and suggests that older women were useful within the extended family far longer than men were.⁴⁹ American and British studies have argued that institutional support (which was highly stigmatized) was not as culturally acceptable for women during the nineteenth century.⁵⁰ Crowther has suggested that a family's emotional ties with the elderly mother may have been stronger than those with the dominant working-class father.⁵¹ Women in England⁵² and America⁵³ may have been more likely to be supported by private charity which favoured the more "deserving" groups, widows and deserted wives. Several benefit societies in Cape Town catered only for women. But there are no clear answers to the question of a male majority at Robben Island as yet.

Third, it is clear that the Robben Island hospital was not simply a place for the sick and the aged. The median age⁵⁴ of the transfers from Old Somerset Hospital was below 50 years between 1846 and 1863, and above 54 years thereafter. Although the age category 0-15 years is highly under-represented at Robben Island, and the categories 41-55 years, 56-70 years and 71-99 years are increasingly over-represented, the category of working-age people (16-40 years) is only slightly under-represented. This working-age trend is most evident among blacks, who formed over half of the under 40 category until the 1890s. But the high child intake (50 per cent), multiple admissions and the use of the workhouse by family groups that Crowther⁵⁵ has shown to be features of workhouse use in the Bridge Union, England, until the end of the nineteenth century, were not characteristic of Robben Island, even in the early period. It was never quite a workhouse, restricting entry mainly to the sick and aged poor, especially by the 1880s.

The Workhouse Image

The Robben Island Surgeon-Superintendent Dr Minto had tried after 1855 to put the patients to work at making baskets and picking oakum, as was done in the House of Correction in Cape Town. His project failed because he could not find a market for the produce.⁵⁶ Under Dr Edmunds (Superintendent from 1862 to 1872), the workhouse image surfaced more clearly. He was supported in this by the Colonial Medical Committee, the Colonial Office and the Robben Island chaplain. Pressure on pauper accommodation had increased with the depression of the early 1860s. By 1863 the Old Somerset Hospital was stating firmly that paupers were those who were "enfeebled through old age or incapable from chronic disease from earning a livelihood".⁵⁷ By the end of the decade at Robben Island Dr Edmunds had managed to increase the amount of ward work done by discharging those who refused it, and asked for workshops and dayrooms, for, as the chaplain argued,

it would be impossible to carry out any systematic employment until the pauper wards and the condition of the inmates are entirely remodelled and this portion of the Establishment placed more on the footing of an English workhouse.⁵⁸

From 1862, Edmunds classified the patients into those who could work and those who could not.⁵⁹ Patients complained about increased pressure to work, saying that they were sick and had not come to work.⁶⁰ The small separate dwellings for the chronic sick patients were termed "wooden houses" or "cottages" rather than "hospitals" during the 1860s. References to the "female hospital" during the 1850s had faded, although the "ward" terminology remained. The provision of work for the chronic sick now became essential to the proper functioning of the institution.

Although they were usually unable to get waged employment outside the institution, the chronic sick were not always incapacitated. Of those transferred to Robben Island between 1846 and 1870 who were under 40 years of age, only one fifth had either sight or mobility-related complaints, or were diagnosed with specific ailments. Most were designated "destitute". In 1866, George Maddock, paralysed on his left side, claimed to be unable to

work and support himself, and asked to be transferred to Robben Island.⁶¹ In fact, he had done some gardening in the New Somerset Hospital, but stopped that, saying "he could do better outside". He was refused admission to Robben Island not because he could work but because he had been admitted to the Old Somerset Hospital on four occasions but had absconded.⁶² In 1862, figures showed that of 94 chronic sick males on Robben Island, only 40 were unable to work, and of 23 females, only 9 were unable to work.⁶³ The chronic sick were not inactive on the Island. The men worked at their trades (cobbling, carpentry etc.), supervised lunatics on soil tub duty, distributed rations, and washed canvas clothing the lunatics used on the beach. Women made and repaired clothing and bedding. Because the chronic sick had no paid attendants of their own until the 1860s, they had to care for each other. In 1852, an epileptic called Cantwell was removed from the chronic sick wards when he started having fits because he "could not be managed by disabled people".⁶⁴ Even in the 1860s, when a few patients were paid by the Superintendent to be attendants, patients still had to pay others to attend on them.⁶⁶

In 1861, it was said that only the lunatics could be punished if they did not work.⁶⁶ Although they did a bit of sewing and washing for themselves, the chronic sick women were said in 1861 to have generally evaded institutional work.⁶⁷ It was only after 1862 that the (sighted) chronic sick were allowed snuff and tobacco regardless of whether they worked for the institution.⁶⁸ This new dispensation was accompanied, however, by the issue of an extra half pound of bread to workers.⁶⁹ By 1868 the women were punished for not doing an allotted amount of sewing for the institution⁷⁰, and the men were punished (for example by the removal of their tobacco allowances) if they refused to work.⁷¹ The use of rewards for those who worked seems to have been essential in extracting labour, however. During the 1870s, the Chaplain paid chronic sick patients to attend to the sick⁷², read to the others⁷³, catechize⁷⁴ and teach.⁷⁵ In 1871 the Colonial Office wanted to introduce a small reduction in the diet of the able paupers who refused to work. It was rejected by Edmunds because of the practical problems in implementation and fear of making them "more refractory".⁷⁶

Disreputable "Paupers" and the Respectable "Chronic Sick"

The classification of the chronic sick as workers and non-workers was overlaid during the late 1860s by a distinction of respectability, which now incorporated a class element and possibly also a racial one. The Parliamentary Commission of 1861-2 had evinced some early concern about conditions for "respectable" paupers, in an attempt to assess the less-eligible status of Robben Island for these people as opposed to the "lower classes". The Anglican chaplains who replaced the Moravian missionary on Robben Island in 1866 brought the issue to the fore.

In 1876, the Chaplain complained that some of the chronic sick were respectable old people "whom one regrets to see designated as paupers".⁷⁷ He suggested that the chronic sick should be divided into the "better class" chronic sick and the "lower class" pauper.⁷⁸ The latter "should be treated exceptionally, as under disgrace, with few privileges, and made to work".⁷⁹ For the disreputable pauper, life on Robben Island was to be made as unpleasant as possible. The particular power balance between the staff and the chronic sick made any dietary distinctions difficult to enforce. But because of the isolation of the hospital and state control over access, discharge and leave were key elements to be deployed in favouring the "respectable" poor.

The Robben Island officials were able to use discharge as a punishment for "troublesome" behaviour. Often admitted at their own request, the chronic sick were dependent on the charity of the State as other avenues of aid had failed, and did not generally want to leave. They could not legally be stopped from doing so, and there was little medical incentive, such as there was with the lepers in the 1880s, to deny requests for discharge. This power to discharge was probably tempered by pressure from Cape Town society to remove unsavoury destitute characters. Smugglers of drink or dagga, and those who opposed the staff⁸⁰ were, however, occasionally discharged. A permit system for visitors was instituted in 1863⁸¹ and visitors who brought drink over to the Island were denied further passes by the Colonial Office in the 1870s.⁸² In 1887 two blind patients on Robben Island, Jan Kap, "a strong young native", and Frederick Muller, an aged ex-convict, were caught smuggling large quantities of brandy and dagga and selling them to the lepers at a profit.⁸³ Dr Landsberg refused to take these "unruly characters" at the Old Somerset Hospital because they would have ample opportunity to smuggle there.⁸⁴

The use of poorhouses as periodic refuges for the "sturdy beggar" was a bone of contention in America when initial optimism about their reforming role had faded during the 1850s. The easy accessibility of both the Pauper Establishment and the Old Somerset Hospital had been major reasons for favouring Robben Island in the 1840s. The chronic sick (and the lepers) at Robben Island had however been allowed to go on two weeks' leave in Cape Town since the 1850s at least. This was a privilege which undercut institutional control, especially in the matter of drinking and working, which were essential elements in the definition of respectability. But it had an important role in regulating patients' activities, by punishing drinking, smuggling, "immorality", complaints and failure to work.

A chronic sick couple named Davies were excluded from their quarters after going on leave to Cape Town in 1857 because of their alleged "immorality" on Robben Island.⁸⁵ Sambo, an ex-slave with one lame leg, complained in 1863 that he had been refused re-admission to the Island after overstaying his leave by four weeks in Cape Town. Edmunds refused to re-admit him even after Dr Laing had signed a medical certificate.⁸⁶ In 1869, when drunkenness among staff and the chronic sick was eliciting much attention, the Colonial Medical Committee suggested that "drunkards" should be refused leave.⁸⁷ When the Medical Committee suggested in 1875 that the leave privilege be withdrawn from all chronic sick, Rev. Baker was quick to say that the denial of leave would be "quite wrong for decent men and women, who might have a few shillings to keep them during the time [in Cape Town] or friends to receive them".⁸⁸ Baker's definition of respectability thus had a class dimension, as did exclusionary practices in Cape Town which separated "better class" whites from the rest. There is no evidence that measures were in fact taken to grant leave on the basis of respectability. Lepers were, however, carefully screened before being allowed to go on leave by 1886, and this informal practice may have extended to the paupers.

The Racial Dimension of Respectability

A division between the deserving and undeserving poor was already clearly articulated at the Cape by the 1870s.⁹⁹ But actual concern about the undeserving poor in Cape Town only rose after 1882, when crime and unemployment rose during the depression and the definition of the deserving poor expanded to include the white unemployed artisan classes as well as the sick and aged poor.⁹⁰ Forced to do something about the white unemployed artisan classes and faced with trans-racial working class protest in the depression years between 1884 and 1886, the bourgeoisie defined them as "deserving poor", an appellation which was then extended to the "poor whites" in general.⁹¹ Whites were perceived as more worthy of poor relief, and more likely to benefit from measures designed to "uplift" them from poverty and vice. The provision of education for poor whites was seen by the DRC as central to the alleviation of their poverty in the 1880s.⁹² Bellows has shown how explanations of poverty in the American antebellum South redrew the distinction between worthy and unworthy poor, transposing it in racial terms to a distinction between neighbours and strangers.⁹³ Clement has demonstrated that blacks were singled out as "indolent, improvident and extremely prolific", needing extra control in separate wards in the Philadelphia almshouse during the 1820s.⁹⁴

Respectability does not seem to have had an explicit racial subtext at Robben Island during the 1860s and 1870s, and was mainly used to allow able-bodied "better class" patients (who were also white) to be seen as worthy without having to work. ("Better class" lunatics, at least, were not made to work.) Not all of the white admissions to Robben Island were seen as "respectable", but the crucial test is whether the disreputable whites were seen as more likely to be improved by intervention. Respectability was something the Chaplain was very concerned about, and increasingly during the 1870s, he seems to have visited and commented on white patients more often. Education and religious instruction were given to white and black paupers alike.⁹⁵ For the black paupers, however, much of this work seems to have been delegated to a coloured patient.⁹⁶ The Chaplains were particularly concerned in the 1870s and 1880s to maintain the power balance between Anglicans and Catholics on the Island in their favour. Many of the white patients were Catholics, and a growing number of staff were too. So attention devoted to the white chronic sick may have been only partly associated with a notion that whites were more easily made respectable than blacks.

Mary Austen, admitted from Claremont in 1869, was described by the Chaplain as a "person of bad character, seriously ill".⁹⁷ In 1870, the male patient Severin was described as "not

happy - cut off from the class to which he has been accustomed: he is more respectable than [the] others".⁹⁸ He commented on new patients' elocution,⁹⁹ education¹⁰⁰ (or lack of), intelligence¹⁰¹ and hinted at drinking problems¹⁰² or that a patient had "gone wrong".¹⁰³ But Reverend Baker described the paupers in his Annual Report for 1873 as the main churchgoers, who "read much" and were attentive to his instructions.¹⁰⁴ In 1868 the Robben Island Chaplain had complained repeatedly about the "drunkenness, dissipation and vice" that had brought the paupers to the Island.¹⁰⁵ The Chaplain commented in 1881 that "some of them bear a very respectable character".¹⁰⁶ But in 1881 and 1882 most were described as blind, old or "too weak" to do any work.¹⁰⁷ The females were mostly very old and feeble, blind or paralysed.¹⁰⁸ Increasingly, too, they were beyond cure or redemption, as Dr Ross's description of the chronic sick in 1887 demonstrates:

A good many men and women are drafted over here from the mainland who are *really* of weak intellect and unfit [for taking] their liberty ... [On Robben Island] for some time perhaps they go on quietly. Then they drift back to their old restless habits, wandering at night out of their beds or striking and injuring each other.¹⁰⁹

Ross was particularly concerned about the difficulties of transferring a violent pauper (or leper) to the only cells on the Island, in the Lunatic wards, as he could do this legally only if he had two medical certificates of insanity from independent doctors. In 1886 there had been sixteen such pauper cases.¹¹⁰ With a low turnover at Robben Island, the Superintendent complained that "old and troublesome" cases filled up the hospital.¹¹¹ At Old Somerset Hospital by contrast, destitute cases flooded in during the depressed 1880s. In 1882 The Old Somerset Hospital Report commented on a large number of "chronic sick" admissions, particularly during the winter.¹¹² The following two years most patients were described as "incurables".¹¹³ But in 1885 and 1886 Dr Landsberg, who was surgeon at the Old Somerset Hospital, complained that "the majority of these cases treated are simply destitute".¹¹⁴ He argued that

Several of the cases of destitution sent here by the Resident Magistrates [during 1885] suffered from no special disease, but, owing to their dissolute habits and disgraceful conduct, have been brought to their present condition; and when inmates of this institution after having been cared for become insolent, refusing to do anything towards their maintenance, and on account of their insubordination have to be discharged, and in many cases demanding the same [i.e. discharge] only to return to their former habits of misery and vice, and soon again to be recommended for readmission ... these cases ... should be kept in gaol, or should have some sort of compulsory labour provided for them.¹¹⁵

There was great pressure on the Old Somerset Hospital pauper wards, with particular overcrowding in the coloured male wards. A new ward for seventeen extra patients was finally built in 1889.¹¹⁶ But the wards remained fully occupied. The relative increase in coloured males applying to the Old Somerset Hospital may be due to the government's focus on outrelief for unemployed white artisans during the mid-1880s. By the turn of the century, the administration of the Old Somerset Hospital was required to have poverty and medical certificates for all non-paying patients.¹¹⁷ In 1900 the Under Colonial Secretary complained that medical certificates "should always make it quite clear what ailment the patient is suffering from, and should specify that such patient is incapacitated thereby from earning a living".¹¹⁸

Segregation

Bickford-Smith has explained the late arrival of legalized segregatory practices at the Cape by arguing that blacks, who occupied the lower strata of the job market, were not competing on the same terms as working-class whites in the Cape for much of the nineteenth century. But when economic prosperity and subsequent black social mobility (especially in Cape Town) threatened *de facto* white bourgeois dominance in the boom period at the Cape between 1875 and 1882, the Cape Town bourgeoisie reacted with more rigid segregatory measures in the depression years after 1883. Segregatory practices which were already applied in churches and schools¹¹⁹ were now also used in other institutions. Here Bickford-Smith uses the Old Somerset Hospital and the Robben Island Lunatic Asylum as examples. According to him, therefore, the early 1880s were a crucial turning point in the development of a segregationist ideology.

In another paper¹²⁰ I have demonstrated that a certain degree of racial discrimination and segregation (which could still be called "exclusion" was in fact applied at the Island institutions as early as the late 1850s. The Old Somerset Hospital had certainly been fully segregated by 1881, if not earlier, and racial segregation at Robben Island was largely in place by the late 1870s.¹²¹ Allocation of accommodation for the chronic sick was made on a linguistic basis, in front rooms and backrooms, by 1869,¹²² and in different wards on an explicitly racial basis by 1878.¹²³ The fact that most (60 per cent) of the black patients with a designated religion were Dutch Reformed (and were therefore probably Dutch/Afrikaans-speakers), and that most of the whites were Anglicans (and therefore English-speakers), indicates a possible racial division as early as 1869.

Racial segregation on Robben Island, which may be dated as early as 1869, but had certainly occurred by 1878, thus predated the tensions of the early 1880s. It was not explicitly associated with respectability or worthiness however, even before 1880, when there were more able-bodied patients. By the 1880s, however, the able pauper seems to have been something of a rarity at Robben Island. At Old Somerset Hospital, by contrast, pleas for a workhouse-style arrangement continued as the recession brought many destitute coloured men to its door. The racialized vision of worthiness did not therefore substantially affect admissions to the Robben Island chronic sick hospital after 1880, although it may well have affected hospital admissions and out-relief in Cape Town.

Conclusions

This paper argues that imperial concern to reduce the impact of emancipation on the ex-slaves and their former masters, and to appease the Cape Town elite, who were troubled by the growing slums around the dock areas, dominated early decisions to admit large numbers of destitute ex-slaves and other blacks to Robben Island. These priorities were shifted towards lightening the twin colonial burdens of black destitution, notably females from Cape Town and males from the Cape rural hinterland, and white immigrant poverty, mainly among skilled and semi-skilled workers in Cape Town. Before the 1880s, the state never provided relief openly for the unemployed or simply destitute, but many of the black admissions before 1863 seem to have been both young and able-bodied.

Concern about limiting the intake of such paupers, who were simply destitute and therefore undeserving, focused on the provision of work for the able-bodied during the 1860s. From the late 1860s, distinctions between the patients were increasingly tinged with a moral element: the notion of "respectability". This concern had its ideological roots in Victorian notions of worthiness, and was related to a rising interest in the social reform and temperance movements in Cape Town by the late 1870s. I show that considerations of respectability were largely applied to the white patients, but did not result in any explicit distinctions in practice between white and black patients, mainly because of the difficulties experienced in separating and controlling the patients with a small staff and few resources. There was, however, a trend towards full segregation on the Island before the 1880s, a time when recession brought the elevation of the white unemployed as deserving poor and formed the basis for segregatory practices in Cape Town.

If it is true that segregation at the Cape was retarded by the presence of *de facto* segregation on a class basis before the 1880s the implementation of racial segregation in the Robben Island wards may well have been related to the increase in white patients, particularly immigrants from Britain, in transfers from the Old Somerset Hospital during the period after 1863. It may have become feasible to allocate whole cottages to whites or blacks rather than simply allocating back rooms to lower class blacks. The high periodic intakes of white patients¹²⁴ may point to the admission of destitute as well as chronic sick whites. Even if this is not the case, there was certainly a greater willingness after 1863 to give the increasingly scarce Robben Island places, which implied a longer term commitment, to whites rather than blacks.

English notions of social Darwinism that fuelled a racialization of the poor as inherently degenerate had dovetailed with an increasingly segregationist racist discourse by the 1890s, both in Cape Town and on Robben Island. In the Colony, blacks were essentially to take the place of the biologically degenerate poor in England. Only a few coloured chronic sick were sent to the Island after the chronic sick and most of the white lunatics had been removed from it in the early 1890s. Gradually, racial segregation of services and facilities in

Cape Town extended into the lower classes to separate the deserving (white) poor from the undeserving (black) poor, a process initially most visible in public institutions. Only now do we see government welfare policy emerging with an explicit racial bias, being shaped at the legislative level by considerations of worthiness which were used mainly to exclude racially-defined groups of potential recipients. An example is the legislation directed only at white children in the 1913 Child Protection Act.¹²⁵

APPENDICES

A note on the database

Unfortunately, the case books for the chronic sick hospital on Robben Island have not survived. The transfers data used here have been gathered from the Old Somerset Hospital admission registers, held in the Cape Archives, which list transfers to Robben Island. The Old Somerset Hospital database has been supplemented to some extent through cases detailed in the Robben Island letter books and the Chaplains' diaries. But there remains some underreporting of Robben Island admissions in the database, which may be systematic rather than random.

Throughout the half-century under discussion, patients from the lunatic or leper wards on the Island, children of these patients, retired or incapacitated ex-staff and convicts, from road stations, the Breakwater Prison, and from the Island's own convict station, entered the chronic sick hospital without going through the Old Somerset Hospital. In 1867 a large number of fever cases filled up the Somerset Hospital wards. After the passing of the Contagious Diseases Act in 1868 a large number of venereal cases (female prostitutes, both black and white) passed through the Hospital, staying for between one and six months, until about 1870. As many of the Robben Island admissions probably bypassed the Old Somerset Hospital at this time it becomes more difficult to compile an accurate profile of the chronic sick on the Island.

The major descriptive variables in the database are age, sex and race. Town of origin was entered for 74 per cent of cases, and other variables (nationality, work, admission agent, marital status, religion) were entered for most cases within certain periods (see appendix). Racial indicators, coded white or coloured in the database, were not always entered in the casebooks. But in order to examine forms of racial selectivity (on which my thesis of increased preference for whites as respectable or worthy poor depends) it was imperative to have some indication of likely racial status. The methodological problems of assigning race on name (e.g. those without surnames) or employment (e.g. "coolie") are not incidental to the thesis, as it is possible that such sociological variables played an independent role in determining "respectability".

NOTES

- 1 Perhaps the only exceptions are short entries in J. Iliffe, *The African Poor* (Cambridge, 1987); and J. Peires, *The Dead Will Arise* (Johannesburg, 1989).
- 2 For example, C. Rosenberg, *The Care of Strangers* (New York, 1987).
- 3 D. Rothman, *The Discovery of the Asylum* (Toronto, 1971).
- 4 A. Scull and others have argued that asylums were used by families to "dump" unwanted burdens, and by people seeking refuge from physical violence at home. In Natal, N. Etherington (*Preachers, Peasants and Politics*, in *South East Africa, 1835-1880. African Christian Communities in Natal, Pondoland and Zululand* [London, 1978]) has shown how the outcasts of Nguni society, the disabled and immigrants to Natal made up most of the early converts at mission stations in the mid-nineteenth century. The promise of land or employment were the greatest attractions of the stations.
- 5 M. Ignatieff, "Total institutions and working classes: a review essay", *History Workshop Journal* 15, 1983, pp 167-172.
- 6 A similar multi-purpose complex can be found on Blackwell's Island, New York, in the 1850s (R. E. Cray, *Paupers and Poor Relief in New York City and its rural environs, 1700-1830*, Philadelphia, 1988).
- 7 CO 4530, Correspondence on Leprosy, Colonial Office, Dr Ross, Special report on Robben Island, 13 March 1884.

- 8 A few blind patients were admitted until 1896.
- 9 G. Himmelfarb, *The Idea of Poverty: England in the early industrial age* (London, 1984), p 312.
- 10 Himmelfarb, *The Idea of Poverty*, p 312, 316.
- 11 B. Dickey, "Why were there no poor laws in Australia?" *Journal of Policy History*, 4(2), (1992).
- 12 J. Iliffe, *The African Poor* (Cambridge, 1987), p 101; S. Judges "Poverty, living conditions and social relations: aspects of life in Cape Town in the 1830s", Unpublished M.A. dissertation, U.C.T., 1977, p 29.
- 13 E. van Heyningen, "Poverty, self-help and community", *South African Historical Journal*, 24, 1991, p 131.
- 14 T. O. Lloyd, *The British Empire* (Oxford, 1984), p 139.
- 15 G. S. Murray, "Poverty and its relief", abstract.
- 16 G5-1864, *Annual Report on Old Somerset Hospital for 1863*.
- 17 G5-1891, *Report of the Government Actuary on Friendly Societies*, 1891.
- 18 Cape of Good Hope *Blue Book*, 1845.
- 19 Judges, "Poverty, living conditions and social relations", p 44.
- 20 G5-1864, *Annual Report on Old Somerset Hospital for 1863*.
- 21 G9-1884, *Annual Report on Old Somerset Hospital for 1883*.
- 22 G12-1856, *Annual Report on Old Somerset Hospital and Robben Island*, 1855, p 1.
- 23 G12-1856, *Annual Report on Old Somerset Hospital and Robben Island*, 1855, p 1.
- 24 In the American literature small-scale studies (e.g. by Robert Cray) have shown no dramatic change in attitudes towards the poor in early nineteenth-century America (Rothman argued in *The Discovery of the Asylum* that the poor became more of a threat). More recent studies have stressed the role of economic fluctuations in encouraging outdoor relief (in prosperous times) and curtailment of relief (in depressions). G. S. Murray, "Poverty and its relief in the antebellum South. Perceptions and realities in three selected cities".
- 25 G. Himmelfarb (*The Idea of Poverty*) argues for example that it was Malthus and Burke who created the idea of the degraded poor, and thus laid the groundwork for increasing resentment against relief spending under the Old Poor Laws in England. The distinction between worthy and unworthy poor was used and redefined by different agencies according to their particular interests in limiting poor relief. The Poor Law reformers used it to justify limiting out-relief to the able-bodied poor in the early nineteenth century.
- 26 Overviews have been given in J. Iliffe, *The African Poor*, E. van Heyningen, "Poverty, self-help and community", and E. Bradlow, "Cape Town's labouring poor a century ago", *South African Historical Journal*, 9, 1977, pp 19-29. Edna Bradlow has discussed specific organizations such as the Ladies' Benevolent society (*South African Historical Journal*, 25, 1991, pp 77-104) and the Children's Friend Society (*Victorian Studies*, 27, 1983-4, pp 155-77), and M. Naude has worked on the Free Dispensary ("The role of the Free Dispensary in public health in Cape Town", [Unpublished B.A. Hons. dissertation, U.C.T., 1987]). Bickford-Smith's work (e.g. "Dangerous Cape Town: middle class attitudes to poverty in Cape Town in the late nineteenth century", *Studies IV*, U.C.T., 1981) has discussed the impact of increasing racism on views of poverty and poor relief after 1880. Chisholm, in "Class, colour and gender in child welfare" (*South African Historical Journal* 23 (1990), pp 100-121), looks at child welfare after 1902.
- 27 K. Elks, "Crime, community and police in Cape Town, 1825-1850", Unpublished M.A. dissertation, U.C.T., 1986 and Judges "Poverty, living conditions and social relations".
- 28 J. V. Bickford-Smith, "Cape Town at the advent of the mineral revolution (1875): economic activity and social structure", paper delivered at the University of the Witwatersrand History Workshop, February 1987, p 22.
- 29 Capetonians formed 67 per cent of the chronic sick transfers to Robben Island in 1846-70 and 74 per cent in 1871-96.
- 30 That is, all those not defined as "white" or "European".
- 31 G. Stedman Jones, *Outcast London* (Oxford, 1971) and J. V. Bickford-Smith, "Cape Town at the advent of the mineral revolution", pp 11-13.
- 32 C. Saunders, "Africans in Cape Town in the nineteenth century", *Studies II*, Cape Town, 1980.
- 33 There was certainly some under reporting of transfers, although it does not seem to have had a racial bias. See appendix for a note on the data.

- 34 The lists of 1880, 1883 and 1887 show 45 per cent, 41 per cent and 40 per cent black inmates respectively.
- 35 Census figures, 1875.
- 36 R. E. Cray, "Paupers and Poor Relief", p 191.
- 37 Cray, "Paupers and Poor Relief", pp 191-2.
- 38 P. Clement, *Welfare and the Poor in the Nineteenth Century City: Philadelphia 1800-1854* (Rutherford, 1985), p 71.
- 39 Clement, *Welfare and the Poor*, p 71.
- 40 The striking feature of the ex-slave group is their rural origins: they came mainly from the Boland, Port Elizabeth, Graaff Reinet and Wynberg. Cape Town blacks (47 per cent of those not designated as ex-slaves) were possibly less easy to trace to a former master, or less willing to admit to previous slave status.
- 41 There is much underreporting of nationality during the 1860s.
- 42 Cray, "Paupers and Poor Relief", pp 174-7.
- 43 Clement, *Welfare and the Poor*, p 112.
- 44 Clement, *Welfare and the Poor*, p 112.
- 45 C. J. Whitaker, "Almshouses and mental institutions in Michigan, 1871-1930" (Unpublished Ph.D. dissertation, University of Michigan, 1986), p 141.
- 46 Whitaker, "Almshouses and mental institutions", p 140.
- 47 Crowther, *The Workhouse System* (London, 1983), p 234.
- 48 Clement, *Welfare and the Poor*, p 111.
- 49 Crowther, *The Workhouse System*, p 234.
- 50 Crowther, *The Workhouse System*, p 234.
- 51 Crowther, *The Workhouse System*, p 234.
- 52 F. K. Prochaska, *Women and Philanthropy in Nineteenth-Century England*. (Oxford, 1980), p 30.
- 53 Clement, *Welfare and the Poor*, p 75.
- 54 Age here is age at admission to Old Somerset Hospital. Patients were not kept there for long time periods and it therefore reasonably reflects age at admission to Robben Island. But as the ages themselves show, there was probably over-reporting of decade and half-decade ages.
- 55 Crowther, *The Workhouse System*, p 233.
- 56 G11-1859, *Annual Report on Robben Island for 1858*, p 1.
- 57 G5-1864, *Annual Report on Old Somerset Hospital for 1863*, p 1.
- 58 *Annual Report on Robben Island, 1869*, p 18.
- 59 *Annual Reports on Robben Island from 1862*.
- 60 G2-1869, *Annual Report on Robben Island, 1868*.
- 61 CO 4143, (CAD, Memorials received), G. Maddock to Colonial Secretary, recd. 27 August 1866, Cape Town.,
- 62 CO 4143, (CAD, Memorials received) Laing, note on memorial of G. Maddock to Colonial Secretary, recd. 27 August 1866, Cape Town.
- 63 G7-1863, *Annual Report on Robben Island, 1862*, p 2.
- 64 A 37-55, Parliamentary Papers, Annexures to Votes and Proceedings, CCP 1/2/1/1, Papers relating to the Government Board inquiry in 1852, "Report of the Select Committee on and documents connected with, the Robben Island Establishment", Evidence of Harvey, p 17.
- 65 CO 4139, doc.248, (Memorials received), Memorial of O'Donnell, 12 August 1865.
- 66 G31-62, CAD, Parliamentary Papers, CCP 1/2/2/1/9, Minutes of Evidence, *Commission of Inquiry into the General Infirmary and Lunatic Asylum on Robben Island, 1861-2*, Cape Town, p 35.
- 67 Minutes of Evidence, *Ibid*.
- 68 G7-1863, *Annual Report on Robben Island, 1862*. Previously only lepers, the blind and patients who worked were given tobacco and snuff.
- 69 *Ibid*.
- 70 CO 888, Letters received, Offence Book, May 1868.
- 71 Offence Book, 1869, James Nowlan.
- 72 Returns for 1876, Chaplain's Diary.
- 73 Chaplain's Diary, 18 June 1874.
- 74 Chaplain's Diary, 2 Dec. 1872.
- 75 Chaplain's Diary, 31 Dec. 1873.
- 76 CO 944, CAD, Letters received, Edmunds to Col. Sec., 8 Feb 1871, Cape Town.
- 77 Baker, Chaplain's Report, 1876, p 7.
- 78 Baker, Chaplain's Diary, 30 Dec. 1876.
- 79 Baker, Chaplain's Diary, 7 Oct. 1876.

- 80 CO 4139, doc.248, Memorials received, Case of O'Donnell, 1865.
- 81 G3-1864, *Annual Report on Robben Island for 1863*, p 12.
- 82 CO 1067, CAD, Letters received, Biccard to UCS, 2 Sept. 1878, Cape Town.
- 83 CO 1414, Ross to Under Colonial Secretary, 6 Jan. 1888,.
- 84 CO 1414, Letters received, Note of Landsberg, 18 Feb. 1887.
- 85 CO 4108, doc.D20, Memorials received, 1859.
- 86 CO 4132, CAD, Memorials received, Memorial of Sambo to Sir P. E. Wodehouse, 21 Feb. 1863, Cape Town.
- 87 G19-1870, *Annual Report on Robben Island, 1869*, p 39.
- 88 Baker, Chaplain's Diary, 10 June 1875.
- 89 J. V. Bickford-Smith, "Commerce, class and ethnicity in Cape Town, 1875-1902", (Unpublished Ph.D. dissertation, University of Cambridge, 1988), p 217.
- 90 Bickford-Smith, "Commerce, class and ethnicity", p 220.
- 91 Bickford-Smith, "Dangerous Cape Town", p 59.
- 92 P. Le Feuvre, "Cultural and theological factors affecting relationships between the Nederduitse-Gereformeerde Kerk and the Anglican church (of the Province of South Africa) in the Cape Colony 1806-1910", (Unpublished Ph.D. dissertation, U.C.T., 1980), p 155.
- 93 B. L. Bellows, "Tempering the wind: the Southern response to urban poverty, 1850-1865", (Unpublished Ph.D. dissertation, University of South Carolina, 1983).
- 94 Clement, *Welfare and the Poor*, p 87.
- 95 Chaplain's Diary, Returns for 1876.
- 96 Chaplain's Diary, 10 Mar. 1870; *Annual Report for 1876*, p 7.
- 97 Chaplain's Diary, 7 Apr. 1869.
- 98 Chaplain's Diary, 9 June 1870.
- 99 Chaplain's Diary, 3 Mar. 1870.
- 100 Chaplain's Diary, 9 August 1870.
- 101 Chaplain's Diary, 30 Dec. 1869.
- 102 Chaplain's Diary, 9 Aug. 1870.
- 103 Chaplain's Diary, 8 June 1871.
- 104 G23-1874, *Annual Report on Robben Island, 1873*, p 8.
- 105 G2-1869, *Annual Report on Robben Island, 1868*.
- 106 G21-1882, *Annual Report on Robben Island*, p 6.
- 107 *Ibid.* G29-83, *Annual Report on Robben Island*, p 7.
- 108 G29-83, *Annual Report on Robben Island*, p 2.
- 109 CO 1384, Letters received by the Colonial Office, 6 Jan. 1887.
- 110 G5-1887, *Annual Report on Robben Island for 1886*, p 7.
- 111 G29-1890, *Annual Report on Robben Island for 1889*, p 19.
- 112 G17-1883, *Annual Report on Old Somerset Hospital for 1882*, p 2.
- 113 G9-1884. p 2; G10-1885. p 5, *Annual Reports on Old Somerset Hospital for 1884 and 1885*.
- 114 G2-1886, *Annual Report on Old Somerset Hospital for 1885*, p 5.
- 115 *Ibid.*
- 116 G29-90, p 18.
- 117 CO 7227, Health Branch, UCS to Surgeon in Charge, Old Somerset Hospital, 10 April 1899.
- 118 *Ibid.*
- 119 Bickford-Smith, "Commerce, class and ethnicity", p 174-6.
- 120 H. J. Deacon, "Racism and Reform: the colonial insane at Robben Island, 1846-1900", 1992.
- 121 Except among the lepers, who were mostly black in any case.
- 122 Chaplain's Diary, 14 May 1869.
- 123 Chaplain's Diary, 1878.
- 124 Sharp increases in white transfers in 1874-6, 1884, 1887-8 and 1890-1 meant that the intake to Robben Island was favourable to whites over the whole period, although numbers remained fairly level in other years. Black transfers rose sharply only in 1869 and 1887.
- 125 L. Chisholm, "Class, colour and gender in Child Welfare in South Africa, 1902-1918" *South African Historical Journal* 23, 1990, pp 100-121.