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Insanity, Gender and Empire: Women Living a 'Loose Kind of Life' on the Colonial Institutional Margins, 1870–1910

Catharine Coleborne

This article examines how female immigrants were characterised inside the Yarra Bend Asylum in Melbourne, Victoria (Hospital for the Insane after 1905), once they slipped into the world of the institutionally 'hidden.' Forms of social difference inside colonial institutions for the insane were embedded in patient case records. This article argues that through a closer examination of cases of female immigrants, we might find out more about gender relations in colonial situations. In particular, this article returns to ideas about women patients and constructions of these women through case records to uncover new interpretations of this material in the Australasian context. To do this, it sets out specific ways of reading patient cases and teases out the importance of these frameworks for making some kind of synthesis of the ways in which institutionalised people—already at the margins of society—were further marginalised inside institutional populations through specific practices. It examines immigrant women in the hospitals for the insane; the cases of women designated as living so-called 'loose' lives who also ended up inside the institution for the insane; and finally, concludes with a commentary about the descriptive power of cases and the production of concepts of gender, class, and race difference within their pages.

Keywords

Insanity, female immigrants, patients, Victoria, Empire

Historians have engaged with the structural imperatives of empire and imperial traces of the meanings of gender, sexuality, medicine, and bodies, but are yet to fully examine an empire-wide discourse of 'madness' as part of this inquiry.¹ The bodies of both colonisers and the colonised have attracted attention from historians interested in the meanings generated by gender in imperial settings. Such histories include studies of prostitution and empire, and of gender and medicine in imperial contexts.² Yet this vein of scholarship has so far tended to neglect bodies inside psychiatric institutional settings. Similarly, while scholars have examined a range of different aspects of psychiatry and 'empire,' a total history of the discursive field of knowledge about insanity across the many locations and institutions of the European empire is yet to be attempted, in part because it proves difficult and unwieldy.³

This article examines the creation of an institutional language of gender in one nineteenth-century colonial institutional site in Australia, arguably formed through imperial processes, as part of a wider concern with the connections between the two scholarly projects outlined above, in particular: firstly, the examination of gendered bodies in the imperial world of the nineteenth century; and secondly, a consideration of the imperial discourses of insanity and the formation of colonial institutional knowledge and practice. In this way, the article engages with the dynamic interrelationship between 'health' and 'place,' arguing that by thinking about the ways that women were characterised once they slipped into the world of the institutionally 'hidden,' we might find out more about imperial gender relations in colonial situations.⁴ Place, then, matters: 'siting' colonial institutional structures inside imperial discourses has a bearing on how their records are interpreted and understood.

Taking a qualitative sample of the vast numbers of extant patient case records from one hospital for the insane in colonial Melbourne (Victoria, Australia), this article focuses on the different groups of institutionalised women who were said to be living 'loose lives' in the colonies between 1870 and 1910. It also briefly comments on some women patients at the Auckland Lunatic Asylum in New Zealand, suggesting the potential of a comparison between colonial sites, a more sustained analysis of which is beyond the scope of this discussion.⁵ Many of these women were, or had been, immigrants to the colonies in

this period, an era of intense migration from Britain and other parts of the world for the Australian colonies and for New Zealand.⁶ It was also, Roy Porter asserts, the period during which institutional networks in the field of psychiatry were developed across imperial sites including the Australasian colonies.⁷ My research shows that although a relatively small number of women were explicitly designated as ‘prostitutes’ or ‘dissolute’ or even as ‘vagrant’ in these records, in general, many women attracted institutional attention for their perceived ‘hopelessness,’ based on notions of middle-class respectability and growing sensibilities about colonial health, especially women who became an increasing burden on the fledgling system of welfare established in the colonies. This was a problem which had surfaced at least two decades earlier in the 1850s as new waves of (free) immigrants arrived. Many of these women were transferred between welfare and medical institutions, including Melbourne’s Immigrants’ Home, first established in the early 1850s by the Immigrants’ Aid Society, and the Yarra Bend Lunatic Asylum (known after 1905 as the Yarra Bend Hospital for the Insane).⁸ Their stories illustrate the gendered nature of the migration experience but also the way that social institutions rendered migrants both visible and invisible at different times.⁹

To do this, the article sets out specific ways of reading patient cases and teases out the importance of these frameworks for making some kind of synthesis of the ways in which institutionalised people, including many immigrants—already at the margins of society—were further marginalised inside institutional populations through specific practices. First, it examines immigrant women in the hospitals for the insane by taking a closer look at a specific group of women transferred from other institutional sites. Second, it explores the cases of women designated as living so-called ‘loose’ lives who also ended up inside the institution for the insane. Finally, the article concludes with some commentary about the descriptive power of cases and the production of concepts of gender, class, and racial difference within their pages. Although ethnicity is not the main focus of this discussion, it remains a critical dimension of the formation of colonial institutional populations, as historians argue.¹⁰

Many inmates of colonial mental institutions were

immigrants—among them, people who had been in the colonies for some time but whose status as ‘new arrivals’ had rendered them dependent upon state welfare. They were, as Mark Finnane points out, ‘socially isolated people,’ which contrasted to some extent with asylum inmates in Britain and Ireland—both places that contributed to new immigrant populations in Australian colonies.¹¹ This is critical especially since contemporaries, including institutional medical superintendents, commented frequently on the problems of colonial society and dispersed populations due to immigration and geographical isolation as causes of mental breakdown.¹² To illustrate these themes, this article examines small slices of data from a much larger sample of patient case records (see Table 1). This larger sample includes all cases of both male and female patients at the Yarra Bend Lunatic Asylum (Hospital for the Insane after 1905) in every third year from 1870 to 1910 (a total of 3,102 patients). Of the 1,323 cases of women at the Yarra Bend Lunatic Asylum, there are numerous sub-groups, two of which are relevant here. The first of these groups is a cohort of women who had been transferred from Victoria’s Immigrants’ Homes, including some who came from other institutions including Salvation Army Homes, gaols, or Benevolent Homes (fifty-eight women in total). The second group constitutes women who were designated as prostitutes, vagrant or ‘dissolute’ (nineteen women). These numbers are not significant. Not all women who were admitted to institutions were seen as ‘dissolute’; nor did women outnumber men in colonial institutions for the insane.¹³ Many women did in fact come from families concerned for their welfare, though recently arrived immigrants were less likely to have extended family in the colonies, and even those who had been in the colonies for some years could be without extended family and relations.¹⁴

Institution	Women	Recorded birthplace outside Australian/NZ colonies	Men	Recorded birthplace outside Australian/NZ colonies	Total sampled (with foreign-born as total and as percentage of total)
Yarra Bend Asylum	1,323	402	1,743	792	3,102 (1,194) (35%)
Auckland Asylum	309	125	557	270	868 (395) (45%)

Table 1. Source: Database of all patients sampled for every three

years from patient casebooks from the Yarra Bend Asylum and the Auckland Asylum, 1870–1910, showing number of foreign-born where a birthplace was recorded. Yarra Bend figures include entries to New Zealand-born; Auckland figures include entries to Australian-born. Currently it proves difficult to count the number of patients where no place of birth was recorded, but large numbers of patient cases include no information on place of birth.

Note: Women represent just under half of all patients at both the Yarra Bend and at Auckland.

To highlight the potential of a comparison, the article also briefly includes discussion of the 309 women inmates sampled in the same way from the records of the Auckland Lunatic Asylum in the same period (a total of 868 patients were sampled from this institution), although no women in this group were transferred from homes similar to the Victorian Immigrants' Homes and other institutions, and only a very small group of women had come from hospitals or gaols, or were described as prostitutes or vagrants. These differences between institutional populations are notable: differing systems of colonial welfare and charitable aid determined the contours of the institution, a fact also noted by contemporaries, and worthy of more discussion.¹⁵ That so many people foundered so terribly in the early years of Melbourne's settlement, for instance, was remarked upon by contemporary writers in descriptions of the many charitable institutions established there, as discussed further in this article.¹⁶

Mental health authorities were puzzled by the growing incidence of insanity in the colonial populations over time, and found it challenging to accommodate them, in both a literal and a metaphorical sense.¹⁷ In 1871, the official report presented to the Victorian Parliament from the Inspector of the Insane, Dr. Edward Paley, commented that the rate of insanity among the immigrants was, thus far, not alarming, but that an 'accumulation' of insanity among Victorians was anticipated as the population both increased and hereditary insanity became more identifiable among the colonial-born.¹⁸ The task here is to make connections between debates about colonial systems of welfare and the gendering of specific forms of colonial dependants—such as women who moved between forms of institutional care in the colonies, or whose welfare needs were first identified in the institutions for the insane—as well as the

developing language of institutional confinement for inmates of the asylum system. The discussion centres on how these women were characterised in patient case notes primarily through the categories of gender and sexuality, with some brief attention paid to ethnicity and class, and it aims to suggest, using these records in the Australian colonial context, the way that migration experiences are ‘inseparable from class, gender, labour, politics, property and empire building.’¹⁹

Illustrating this point, in New Zealand, Charlotte Macdonald shows that female immigrants incited debates about ‘loose women’ in the nineteenth century. Single women arriving as immigrants in the South Island, where many lone men outnumbered women on goldfields in the 1860s, were monitored for ‘character’ and moral behavior. The suggestion was that their single status made them more susceptible or even likely to become prostitutes.²⁰ These arguments have also been made by feminist historians in Australia writing about convict women in a strong strand of historiography about female convicts, sexuality, and gender.²¹ In general, new arrivals to the colonies brought concerns about transmissible disease, if not mental instability. In New Zealand, the Immigration Officer J. Edwin March reported in 1872 on the passengers who became ill on the ship *Charlotte Gladstone*, which arrived from London, noting that 21-year-old Rosa Mills, who had been subject to ‘hysterical fits’ since the age of 17, was one of three young women who had obviously boarded the ship already ill. Rosa had severe convulsions and paralysis, and although she gradually improved, it was determined that she would leave ‘the tropics,’ given her propensity to ‘sentimental dreaming.’²² The hint here of an unstable nature was enough to suggest her return to Britain.²³ The policing of women and gender boundaries on board ships during voyages to the colonies also signals a concern about the sexual health of women and the risks to their wellbeing, but also, as I discuss below, the question of morality and the female immigrant.²⁴

The process of ‘transplanting communities’ and creating new societies through immigration, argues Jim Hammerton, brought the fashioning of specific social groups into sharp focus.²⁵ For example, as this article suggests, different groups inside institutions received specific forms of codification in the narrating of their cases of mental illness.²⁶ By examining

specific groups in this way, using small slices of a large amount of data, this article opens some windows onto the many patients confined inside institutions. Coupled with this, the article places emphasis on the body as a trope of colonial medical discourse.²⁷ Earlier studies of the colonial world rightly identified a focus on social groups that attracted institutional mechanisms for control in the past. Writing about the insane in colonial Queensland in 1976, Raymond Evans described them as the ‘hidden colonists,’ those ‘deviants’ who formed a kind of social ‘residuum’ including prisoners, lunatics, the diseased Chinese, or morally ambiguous, as well as Aboriginal peoples.²⁸ Looking at the way some social groups were discursively constructed in the past is important, not least because these constructs informed contemporaries’ practices and treatments inside institutional spaces. In his formulation of the ‘hidden’ colonists, Evans privileges social categories that received attention in the past, talking about class and ‘race’ or ethnicity, as well as the other layers of bodily difference referred to by contemporaries. Social institutions produced commentaries on the people they confined, much of which stigmatised the institutionalised. Immigrants formed a significant component of this ‘residuum’: again writing about colonial Queensland, Finnane reminds us that the populations of the insane were dominated by new migrants, a demographic that reflected the structures of society at large.²⁹ In Victoria, by 1901, just over 78 percent of the population had been born in the colonies, but in the 1870s and 1880s, still only half of the general population was colonial born.³⁰ Migrants were also those whose lives over time in the colonies had not yet fully taken hold; the full process of ‘settling’ was not swift, and sometimes included long stays inside social institutions. Contemporaries, too, pondered this question of the long-term migrant status of some inside its social welfare homes, including the Immigrant’s Home in Melbourne, as the article describes further below. Therefore this article’s use of the term ‘immigrant’ is broadly inclusive of foreign-born asylum inmates.

Although this article focuses attention on cases of women, gender is a relational category. Colonial masculinities were also shaped through ideas about the weakness of men who also found their way into welfare institutions.³¹ Indeed, weak masculinity arguably posed more of a threat to social order than weak femininity as colonists viewed it, especially given

the emphasis on the success of white masculinity in the system of colonialism. Angela Hawk also finds evidence that male migrant workers, mostly miners, were vulnerable to institutional controls around the Pacific region in the form of mental hospital records because of their tendencies to transience, border-crossing and highly masculine lives inside the complex and unstable social world of the gold rush era.³² In general, studies of men and masculinity in this field are important and have been neglected, with some exceptions, and reveal different aspects of gendered institutional identity construction.³³ However, as this article shows, women represented specific forms of social disorder and were positioned in different ways from men in the discourses around need, illness, and dependency. Writing about the histories of women and welfare, Shurlee Swain notes that ‘despite the demographic imbalance that marked most of the Australian colonies, women predominated amongst the poor’ and that women came to ‘signify a threat to the social order well beyond their individual plight.’³⁴ This ‘threat’ was embodied by the sometimes violent or disruptive female asylum inmate, but also by the physically weak and demoralised figure of the insane woman whose responsibilities to home, husband, and family could not be met. As Australian feminist historian Kay Daniels asserts, and as Christina Twomey also shows, women who sought welfare support in the nineteenth century, having been deserted by male breadwinners, became the focus of social unease and were ascribed their own ‘class’ in the discussions around the female immigrants occupying institutional spaces.³⁵

Existing studies of gender in Australia and New Zealand using institutional case records focus on the question of colonial medical discourse and its preoccupation with ‘difference’ raised by Africanist scholar Megan Vaughan.³⁶ This preoccupation with forms of difference arguably became more pronounced as the nineteenth century continued.³⁷ Embodied difference, too, is important as we consider the way that the body was a central trope of colonial discourse, used in aspects of social organisation and institutional classification.³⁸ Jacqueline Leckie explores the potential of colonial discourses around gendered and raced bodies to good effect in her case study of one European institution for the insane in Fiji, St. Giles. There, argues Leckie, medical writing presents gendered and embodied forms of madness.³⁹ The ‘primacy’ of biological, sex difference, as Ann-

Louise Shapiro asserts, was consolidated and intensified through medical writings, as well as in social theory, in the nineteenth century.⁴⁰ The female body in particular became the site of much fashioning of notions of pathology across Britain, Europe, and elsewhere, as feminist historians show.⁴¹ This article goes on to examine the nature of the institutional discourses around the female inmate, taking immigrant women or foreign-born female inmates as its main focus.

Immigrant Women in the Hospitals for the Insane

Poor, white women, especially immigrant women who had been labeled as promiscuous, helpless, or diseased, could also become, like non-whites, the ‘casualties of colonialism.’⁴² The questions outlined here are couched within broader understandings of the knowledge about colonial society, gendered migration patterns and experiences, as well as medical ideas about the vulnerability and susceptibility of new migrants to mental breakdown, illness, and institutionalisation. As Table 1 shows above, large numbers of these women inside the mental hospitals referred to here were immigrants, and not colonial-born: of the 395 women in the total sample from the records of the Yarra Bend Lunatic Asylum where ‘birthplace’ was recorded, 176 were from Ireland, 122 from England, 56 from Scotland, 6 from Wales, and 17 from Germany.⁴³ At Auckland, 33 women were from Ireland, 66 from England, 13 from Scotland, and only 2 were from Germany. Women in both institutions also hailed from other European countries in very small numbers. The overseas-born populations of men inside these institutions mirrored those of the women.⁴⁴ Official commentaries about the birthplaces of the insane, found in both medical writings and statistical profiles of institutional populations, formed a specific aspect of the institutional reporting on the state of asylums in the colonies.⁴⁵

Like the women inside asylums, the women who entered the Immigrants’ Home in Melbourne were similarly ethnically diverse, but with the common bond of poverty. Established in the early 1850s to cope with the influx of recent arrivals to the colony of Victoria, the Immigrants’ Aid Society (IAS) in

Melbourne published advice booklets, administered the records of the persons seeking relief and shelter, and maintained reports over the second half of the nineteenth century.⁴⁶ These Annual Reports of the IAS made regular comments about the profile of women inside its institutions in Victoria.⁴⁷ In 1870, both the desperate condition and ‘problem’ of ‘delinquent’ women attracted the attention of the committee of its board.⁴⁸ Among the female inmates were deserted wives, young women with infants, the aged and infirm, and incurable sick ‘imbeciles.’⁴⁹ Those women who, as the report noted, had been living a ‘loose kind of life’ had often been removed by local charities from smaller rural communities and ended up in the urban environment, where they also sometimes found their way into the Yarra Bend Lunatic Asylum. Jean Uhl notes that double the number of women, in comparison with men, were also called before the official committee of the IAS to explain disorderly conduct.⁵⁰

Following its establishment in the 1850s, the number of immigrants who needed to use the available welfare services such as the Immigrants’ Home continued to swell in Victoria. As William Howitt’s account of 1850s Melbourne describes, ‘thousands [were] suffering in the tents of Canvass Town, and in the most miserable lodgings.’⁵¹ Even families who arrived with money deemed sufficient for them could be reduced to destitution, according to contemporary observers like Howitt.⁵² The author of *Glimpses of Life in Victoria*, published in 1876, noted that Victoria and its institutions harboured ‘much misery’ for such a young colony.⁵³ Over time, the IAS reports produce a prevailing sense that all the ‘unwanted’ cases from hospitals were being turned over to the Immigrants’ Home. Of the women discussed in a special report of 1873, ‘[a] good many who had no family ties were incapable from mental defect of caring for themselves.’⁵⁴ This is important: the Immigrants’ Homes determined the fates of some individuals, and from that point on, they remained among the unwanted; the asylum then became a final and last resort for these individuals.

The mental hospital became part of a ‘web’ of colonial health and welfare provision in the absence of a Poor Law in the colonies. This web was characterised by the intersecting agencies of the fledgling state, as well as religious charitable institutions.⁵⁵ In 1861, new emigrants to the Australian colonies

could read or consult N. W. Pollard's *Homes in Victoria, Or, The British Emigrant's Guide to Victoria*, and find out more about the social and political world of their destination, as well as about its attitudes to charity and benevolence.⁵⁶ By the late 1870s, this web included industrial or reformatory schools, benevolent homes, institutions for the blind, deaf and dumb, orphanages, the Immigrants' Home, and the 'Old Colonists' Association' home which by 1876 took in infirm 'new arrivals' whose landing in the colony dated back as far as 1851.⁵⁷ Indeed, in 1878, the IAS discussed the length of time immigrants under their care had been in the colonies also showing that immigrants could retain their status for some time for the purposes of charitable aid or indoor and outdoor relief. The majority of cases seen by the IAS had been in the colonies for between twenty and thirty years, with the vast majority of these cases male immigrants, as Table 2 indicates.

Length of time in the Australian Colonies	Men	Women
Over 50 years	7	12
Between 30 and 50 years	60	38
Between 20 and 30 years	128	30
Between 10 and 20 years	69	32
Under 10 years	83	25
Total	347	137

Table 2. Source: *Twenty-fifth Annual Report of the IAS* (Melbourne: Mason, Firth, & McCutcheon, General Printers, 1874), 8.

Already by 1870, the Medical Officer's report for the Immigrants' Home mentioned that its accommodation space was poor. On the male side, the accommodation was 'utterly inadequate,' and on the women's side, even worse, and at risk of creating epidemic disease conditions.⁵⁸ These views contrast with an earlier newspaper report in 1868 from the *Illustrated Australian News*, which made much of the fact that women at the Home looked 'healthy' but had taken a 'wrong step' in life.⁵⁹ Popular representations of the Immigrants' Home included women and children, as the William Ralston wood engraving of 1872 published in London, and reproduced here as Figure 1 below, shows.

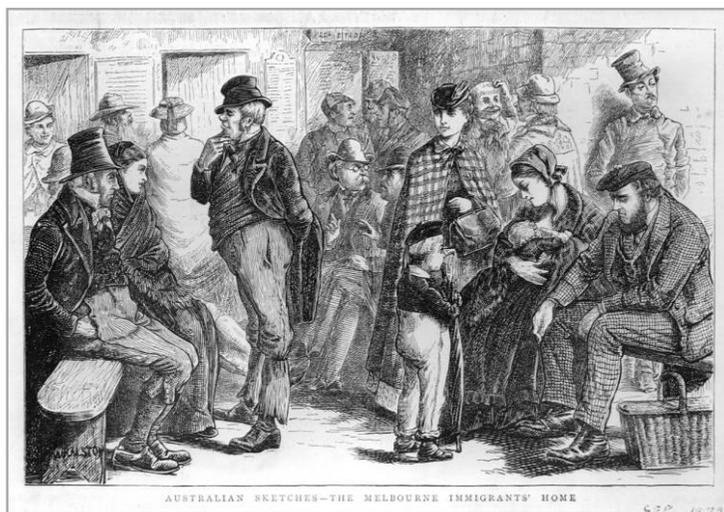


Figure 1: *Australian Sketches: The Melbourne Immigrants' Home*, London, 1872, Wood engraving by William Ralston. Reproduced with the permission of the National Library of Australia.

Figure 1 above depicts some women with infants, a particular area of concern to the IAS. In 1869, these women were described as a class of immigrant in an extended discourse about the Immigrants' Home published in the *Argus* newspaper, and collated in a report for the IAS in the early 1870s. 'Of the female inmates,' the *Argus* pronounced, there were, like male immigrants, poor, sick, and injured, in smaller numbers than the men, but 'there are other classes in addition—namely, deserted wives and poverty-stricken widows, with young children to provide for, and women who have children without ever having been wives.'⁶⁰ This 'class' of women presented a pernicious problem, reported the *Argus*, since they could not easily be moved on when children were also involved in the care situation. Women immigrants with infants or children were also among those transferred to the Yarra Bend Lunatic Asylum from the Immigrants' Home. Among these women, a 36-year-old Irish Catholic woman from Belfast, Ellen B., left an 8-year-old daughter at the Home when she was taken to the asylum in 1873.⁶¹ She died at the Yarra Bend after an epileptic fit four years later, leaving no further information about the welfare of

her child. Three of the women who came from the Salvation Army or Benevolent Homes in Victoria were recorded as having infants or children. Annie O., a 19-year-old prostitute, gave birth in the asylum in 1894.⁶² Another woman, Augusta H., was brought by police from the Salvation Army Maternity Home, in Fitzroy, Melbourne to the Yarra Bend in 1903, with the police commenting that she had two children ‘though unmarried.’⁶³

Those women who had come to the asylum from similar institutional settings, such as Salvation Army Homes, were also perceived as ‘unwanted’ in those spaces, though so far this research has not uncovered institutional reports for those sites. They, too, suffered from imbecility, feeble-mindedness, or similar diagnostic designations, and presumably presented real challenges for the welfare settings from whence they came. The IAS supported a Medical Officer whose work entailed the assessment of individual inmates. Over time, among the concerns of the Medical Officer for the IAS was the fact that some women came to the home utterly beyond rehabilitation.⁶⁴ One example of this type of female migrant is found in the case of 30-year-old Sarah M., who came from the Immigrants’ Home to the Yarra Bend Lunatic Asylum in July of 1879 in a very ‘weak’ bodily state. A widowed and Catholic Irish woman from Donegal, Sarah was described in the case notes at the Yarra Bend as having been ‘daily troublesome’ at the Immigrants’ Home, partly because of her ‘incessant’ talking.⁶⁵ Her diagnosis was General Paralysis of the Insane, and the records attribute her death at the institution only a few months later to brain disease.

Irish women inside English institutions for the insane in this period, argues Elizabeth Malcolm, were already disadvantaged by virtue of their class and cultural differences, and the gulf between them and their male, middle-class doctors was stark.⁶⁶ Imperial notions of ‘race’ circulated around the empire.⁶⁷ Some historians argue that the Irish were a colonised people, with the language around their identities particularly racialised.⁶⁸ It was Irish women who generated the most anxiety around ‘moral character’ in debates about immigrants.⁶⁹ In addition, Irish people, together with some other ethnic groups such as Jewish people in Britain, were regarded as more susceptible to mental breakdown and characterised as violent, dirty, and resistive to asylum regimes.⁷⁰ Like the case of Sarah M. described above, other Irish women at the Yarra Bend Lunatic Asylum were

described in ways that suggested a heightened awareness of them as 'Irish,' although further analysis of this would need to make robust comparisons across ethnic groups. The shared characteristic of many female inmates was their poverty and failing physical health. However, Irish women earned comments which drew attention to their bodies in very direct ways. In 1879, an Irish woman admitted to the Yarra Bend, aged forty-three, but without a name, came with her 'clothes so full of vermin that they had to be destroyed.' Moreover, her body was 'covered in a rash' assumed to be 'the result of sexualizing.'⁷¹ Other Irish women came with histories of 'vagrancy and intemperance,' or living 'in a filthy condition,' or were said to be heavy drinkers.⁷²

There was, then, a strong relationship between immigration and women's perceived vulnerability, and the threats posed to the social order by their possible 'disorder.' The unhealthy physical state of a number of these women stands out in the detail collected by the institution at the time of committal. Their bodies were in 'delicate' health, or bore 'extensive scars' from burns. Other women were 'feeble' and suffering from pain or 'declining.'⁷³ Some had distinct disabilities that caused them to worry about their physical safety, such as Ann S. who was blind in both eyes and worried that people from the Immigrants' Home came into her room at night.⁷⁴ She was not the only woman who came to the Yarra Bend Lunatic Asylum concerned about the safety of the Home: 42-year-old Kate H. claimed the asylum was a much more secure place for her in 1885.⁷⁵ Women came as possible victims of abuse and violence: Jane W. had old wounds on her breast and chest area when examined at the asylum in 1897.⁷⁶ These immigrant women—some with infants, pregnant, battered, homeless, and sick—were colonial dependants. Their diseases were both organic and the result of harsh life conditions in the wake of their migrations. The 'melancholy result' of immigration drew comment from the IAS more generally over time.⁷⁷

A focus on female immigrants should not obscure the fact that in colonial societies, indigenous peoples and their spaces were severely disrupted by newcomers over time. New social formations also generated questions about women as vulnerable agents more widely. Among the women at the Immigrants' Home in Melbourne were internally displaced women, including 'Aboriginal native' Margaret Shaw, who also attracted the

attention of the committee of the Immigrants' Aid Society in 1870. Shaw was admitted in 1870 following an application made on her behalf.⁷⁸ There were few Aboriginal women in the Yarra Bend Lunatic Asylum, with official reports rarely mentioning their presence, although commentaries on the presence of the Chinese are more regular.⁷⁹ In the total sample for this research, only one male inmate is designated 'Aboriginal.' The histories of Indigenous peoples in colonial Australia, and specifically Victoria, can shed light on this. Aboriginal peoples had been dispersed and segregated from the European populations in the colony by the 1860s, and they were already living in other forms of institutions including missions under the management of the Aboriginal Protectorate.⁸⁰ At Auckland, a different story about the dispossession of Māori peoples is visible in the records of the institution.⁸¹ In the total sample for Auckland, there are forty-nine Māori or 'Aboriginal' inmates, and of this number, fourteen are female inmates. Like immigrants, these women, too, attracted attention for their poverty, poor health, and transience, and were arguably also drawn into imperial discourses around the gendering of insanity. Racial designations increasingly defined notions of 'difference' inside institutions.⁸²

'Loose' Women Inside Institutional Spaces

Feminist historians assert that the meanings produced around formations of sexuality can be traced along imperial routes.⁸³ The very politics of colonisation—the imperial project—were deeply implicated in the creation of meanings around sexuality. For example, prostitutes became, as Levine asserts, a category of woman watched and regulated in Contagious Diseases legislation across colonial sites.⁸⁴ Therefore it is useful to scrutinise the various ways in which colonial institutional records ascribed meanings to particular sexualities and bodily health. Just as Irish women were identified with notions of immorality, so too were the working class women of empire. In the following discussion, the use of terms such as 'prostitute,' 'vagrant,' and 'dissolute' are examined for their productive power inside a gendered institutional language.

The colonial mental hospitals used the explicit label of 'prostitute' relatively rarely, although more women in the pages of the institutional records raised questions of female propriety,

transgressive sexuality, and morality in a general sense. Where the label is used, it highlights not only colonial worlds of female dependency and need, but also concerns over the identities of women in social spaces. For example, in 1897, a woman named Jenny arrived at the Yarra Bend Lunatic Asylum from the Chinese camp on the goldfields of Castlemaine, northwest of Melbourne, where she had reputedly worked as a prostitute.⁸⁵ Her body was extensively scarred, and she was in a 'base' physical condition. She was aged thirty-six, and although she came with a Chinese surname, the question mark inscribed next to her 'single' marital status suggests some uncertainty around her marital status, and also therefore her ethnicity. Was she a Chinese woman, or a European woman who had taken a Chinese name, and then reverted to single status? With her religious background described as 'Church of England,' the latter identity seems possible. Delusional for two months, apparently following her opium smoking habit, Jenny was brought by police to the institution, where she died two months later, with her death attributed to brain and lung disease.

Other prostitutes came with life stories marked on their bodies. Elizabeth S., aged thirty-four and married, arrived at the Yarra Bend Hospital for the Insane from the inner city suburb of Fitzroy in 1909 and was described as a prostitute, though a question mark again raised questions about her status. Notes about her in the case book include her tendency to almost continually talk using 'obscene language.' She had 'tattoo marks on both arms,' looked 'to be suffering from effects of drink,' and called out for her sister. On her person, she carried a letter to her father with a message for her husband and sister.⁸⁶ Another, 'M. J,' aged seventeen, was pregnant, and 'suffering from secondary syphilis with [a] sore throat,' while other women came in various states of pregnancy or with infants: Annie O., who was 'very unsteady on her feet,' gave birth in the institution in 1894.⁸⁷

Vagrant women evoked other institutional responses. Bronwyn Labrum points out that over the course of the nineteenth century, middle-class meanings of 'respectability' increasingly became benchmarks for the poor and socially disenfranchised, issues which impacted upon the institutionalisation of some poor, homeless, drunk, or similarly 'unproductive' citizens in the colonial context.⁸⁸ The 'persistent mobility' of these women challenged expectations of settlement and white settler

culture.⁸⁹ Both Lynette Jackson and Jim Mills are intrigued by the ‘women interrupted’ or travelling women in the different colonial societies they examine; Jackson examines mobile women who were arrested ‘out of place’ in Southern Rhodesia (now Zimbabwe), while Mills studies the ‘wanderers’ in the context of colonial India who were taken into asylum care.⁹⁰ Among the vagrant women examined for this article was German woman Auguste, whose case notes were virtually empty, suggesting she was somewhat inaccessible to observers.⁹¹ One Irish woman admitted to the Yarra Bend Lunatic Asylum in March 1897 earned the unique label of ‘Dissolute Vagrant’ as her occupation.⁹² Vagrant women, and those described as prostitutes, were often brought to the Yarra Bend from other social institutions, including Salvation Army Homes or Benevolent Asylums, again suggesting the strength of this network of welfare provision, which included the hospitals for the insane. The criminal justice system, too, was part of this provision. At Auckland, among the very few women described as vagrants, one example echoed the cases of women whose lives were spent in contact with police or the law: 63-year-old Kate H., admitted in July 1900, was released in November. Her notes read that within a week of discharge, she was at the Police Court, charged as ‘drunk and disorderly,’ and that she had spent most of her life in prison.⁹³

Conclusions: Producing Social Difference Inside the Institution

This article returns to the rich scholarly exploration of ideas about women patients and constructions of them through official case records to uncover new interpretations of this material in the Australasian context. It does so with an awareness of the work already produced around the gendered patient, but it seeks to extend the analyses of institutional sources in the process. It argues that in their constructions of patients’ bodies and behaviours, clinical case records produced new social identities and categories for the institutionalised. Cases, then, had a productive power. In their quest to identify colonial subjects through institutional medical confinement, forms of social difference were notable to contemporaries. Whether these

social differences came to affect treatment and discharge rates for different inmates of institutions also needs to be assessed in future scholarship.⁹⁴

In discussing these social differences, the article has evoked the concept of ‘empire’ because Australia (and New Zealand) were remarkably diverse societies with complicated immigration histories, even while they aspired to visions of homogeneity and privileged a ‘white’ identity over time. Arguably, colonial social and medical institutions perpetuated—and even refined—social differences and distinctions in their efforts to make sense of the presence of need and illness in the population. This occurred in spite of the fact that the colonial asylums discussed here were public institutions, and took people from all walks of life, thus signalling the collapsing of such distinctions between classes of person; they were also multi-racial sites of the institutional treatment of insanity. The brief stories about immigrant women, prostitutes, and vagrants provided here underscore the notion that immigration processes, in Hammerton’s words, created ‘complex diasporas.’⁹⁵

Scholars have implicitly but consistently argued over the past decade or more that institutions effectively ‘produced’ people in social categories, especially as they were (and are) obsessed with collecting details about individuals and arranging these into tables, using them to measure institutional populations. Power (and thus powerlessness) became ‘intelligible’ through the bodies of individuals, as Michel Foucault suggested.⁹⁶ My argument is that institutions operated with existing formulations of ‘social identity’ but reproduced these within the medical context as co-existent with pathology; that is, they equated some social categories with ‘disease,’ mostly mental, but also physical.⁹⁷ Further and more detailed research and analysis of the many cases only suggestively drawn upon for this article will help to illustrate the ways that disease and colonial identity were produced alongside each other over time. However, despite historians’ ability to weave together a reading of a patient case, such as that of Jenny described above, we might also say that she, in some senses, defied social categorisation. Just as individual cases remind us of this problem, so too did social groupings within the populations of the insane.

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1. Ann Laura Stoler, *Haunted by Empire, Geographies of Intimacy in North American History* (Durham: Duke University Press, 2006); Elizabeth Povinelli, *The Empire of Love: Toward a Theory of Intimacy, Genealogy and Carnality* (Durham: Duke University Press, 2006). See also a range of works cited below in this article.

2. See, for instance, Philippa Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire* (New York: Routledge, 2003); Alison Bashford, "Medicine, Gender and Empire," in *Gender and Empire*, edited by Philippa Levine (Oxford: Oxford University Press, 2004), 113–33.

3. See for example, Sloan Mahone and Megan Vaughan, eds, *Psychiatry and Empire* (Basingstoke: Palgrave Macmillan, 2007).

4. By 'hidden,' I mean to examine the ways that individuals and groups were institutionalised and thus hidden from everyday view, but therefore also became part of the colonial archival record: see Catharine Coleborne, "Reading Insanity's Archive: Reflections from Four Archival Sites" *Provenance*, No. 9 (2010), 29–41. I also allude here to the term used by historian Raymond Evans, "The Hidden Colonists: Deviance and Social Control in Colonial Queensland," in *Social Policy in Australia: Some Perspectives 1901–1975*, edited by Jill Roe (Sydney: Cassell, 1976), 74–100.

5. Philippa Levine's work *Prostitution, Race and Politics* argues for the possibilities inherent in comparing colonial sites, and usefully signals the importance of colonial and imperial constructions of social categories such as 'the prostitute' in both medicine and law; see Levine, 4, 17.

6. For histories of immigration to the Australian colonies, see Eric Richards, "Migrations: The Career of British White Australia," in *Australia's Empire*, edited by Deryck M. Schreuder and Stuart Ward (Oxford: Oxford University Press, 2008), 163–85; Richard Broome, *Arriving* (Sydney: Fairfax, Syme and Weldon Associates, 1984). For New Zealand studies, see Angela McCarthy, "Migration and Ethnic Identities in the Nineteenth Century," in *The New Oxford History of New Zealand*, edited by Giselle Byrnes (Auckland: Oxford University Press, 2009), 173–95; Lyndon Fraser and Katie Pickles, eds, *Shifting Centres: Women and Migration in New Zealand History* (Dunedin: University of Otago Press, 2002). See also the 'Migration and the Nation' Special Issue of the *New Zealand Journal of History* 43, no. 2 (2009).

7. Roy Porter, "History of Psychiatry in Britain," *History of Psychiatry* 2 (1991): 279.

8. The Hospitals for the Insane Branch was established in 1867 with the Lunacy Statute of 1867 in Victoria, and separate 'lunatic asylums' were established under the legislation. In other work, I have used the term 'Yarra Bend Hospital for the Insane' to distinguish the institution from other forms of institutionalised welfare in the colony of Victoria, including Benevolent Asylums. See for example, Catharine Coleborne, *Madness in the Family: Insanity and Institutions in the Australasian Colonial World, 1860–1914* (Basingstoke: Palgrave Macmillan, 2010) where I studied four institutions in four colonies to 1914 and mostly used the last official name for each institution in the latter part of the period under examination throughout the book. In addition, the use of the term 'lunatic' seemed too static for the developing ideas about insanity across the period, and proved offensive to some reading and listening audiences who have been interested in my scholarship. Here, I have tried to use the name of the institution

specific to the time period of the case mentioned, or 'Yarra Bend' as a shorthand to avoid repetition. Sometimes in official reports the name 'Hospital for the Insane' was used prior to 1905; see footnote 18.

9. James Hammerton argues that historians have not always been aware of the gendered aspect to migration histories. See A. James Hammerton, "Gender and Migration," in *Gender and Empire*, edited by Philippa Levine (Oxford: Oxford University Press, 2004), 156. However, feminist historians have indeed tackled the subject of gender and migration. See, for example, Charlotte Macdonald, "The 'Social Evil': Prostitution and the Passage of the Contagious Diseases Act (1869)," in *Women in History: Essays on European Women in New Zealand*, edited by Barbara Brookes, Charlotte Macdonald, and Margaret Tennant (Sydney: Allen & Unwin, 1986), 13–33. The notion of making migrants visible or invisible is borrowed here from Laura Tabili, "A Homogenous Society? Britain's Internal 'Others', 1800–Present," in *At Home with the Empire: Metropolitan Culture and the Imperial World*, edited by Catherine Hall and Sonya O. Rose (Cambridge: Cambridge University Press, 2006), 72.

10. See for instance Angela McCarthy and Catharine Coleborne, eds, *Migration, Ethnicity, and Mental Health: International Perspectives, 1840–2010* (London: Routledge, 2012). This volume includes pieces focused on locating ethnicity in institutional records. See also Angela McCarthy, "Ethnicity, Migration and the Lunatic Asylum in Early Twentieth-Century Auckland, New Zealand," *Social History of Medicine* 21, no. 1 (2008): 47–65. For gender and ethnicity, see also Ji-Hye Shin, "Immoral Women, Delusional Men: Gender and Racial Differences among the US Immigrant Insane, 1892–1930," in *Thinking Gender Papers*, UCLS Center for the Study of Women UC Los Angeles, <http://escholarship.ucop.edu/uc/item/5x7239zg> (accessed 2 April 2012), 1 April 2010.

11. Mark Finnane, "The Ruly and the Unruly: Isolation and Inclusion in the Management of the Insane," in *Isolation: Places and Practices of Exclusion*, edited by Carolyn Strange and Alison Bashford (London: Routledge, 2003), 98.

12. See Catharine Coleborne, "'His Brain was Wrong, His Mind Astray': Families and the Language of Insanity in New South Wales, Queensland and New Zealand, 1880s–1910," *Journal of Family History* 31, no. 1 (2006): 45–65.

13. On this subject of the role of gender as a category of analysis using these records, see Bronwyn Labrum, "The Boundaries of Femininity: Madness and Gender in New Zealand, 1870–1910," in *Women, Madness and the Law: A Feminist Reader*, edited by Wendy Chan, Dorothy E. Chunn, and Robert Menzies (London: Glasshouse Press, 2005), 59–77.

14. Catharine Coleborne, *Madness in the Family*, 43–64.

15. John Murray Moore suggested that there was a need for a home for 'tramps' among the existing establishments; see Moore, *New Zealand for the Emigrant, Invalid, and Tourist* (London: Sampson Low, Marston, Searle and Rivington, 1890), 166. For a discussion of the 'fabric' of welfare and charitable aid in New Zealand, see Margaret Tennant, *The Fabric of Welfare: Voluntary Organisations, Government and Welfare in New Zealand, 1840–2005* (Wellington: Bridget Williams Books, 2007).

16. See Anonymous, *Glimpses of Life in Victoria, by 'A Resident'* (Melbourne: Melbourne University Press, 1996 [1876]), 273.

17. See Catharine Coleborne, *Reading 'Madness': Gender and Difference in the Colonial Asylum in Victoria, Australia, 1848–1888* (Perth: Network Books, API/Curtin University, 2007), 127; Coleborne, *Madness in the Family*, 63.

18. Victoria Parliamentary Papers, *Report of the Inspector of Asylums on the Hospitals for the Insane for the Year 1870* (Melbourne: John Ferres, Government Printer, 1871), 3–4.

19. Tabili, 54.

20. Macdonald, "The 'Social Evil'"; see also Judith A. Allen, *Sex and Secrets: Crimes Involving Australian Women Since 1880* (Oxford: Oxford University Press, 1990).

21. See for example Joy Damousi, *Depraved and Disorderly: Female Convicts,*

Sexuality and Gender in Colonial Australia (Cambridge: Cambridge University Press, 1997), 9–33.

22. *Appendix to the Journals of the House of Representatives*, 1872 Session I, D-16a, pp. 3–4.

23. Hammerton also briefly inserts the risk of mental breakdown following emigration as a topic worthy of more study, also citing Jan Gothard's *Blue China*. See Hammerton, 167–8.

24. *Ibid.*, 164–5.

25. *Ibid.*, 156.

26. On the codification of mental illness narratives, see Coleborne, *Reading Madness*. See also Sally Swartz, "Lost Lives: Gender, History and Mental Illness in the Cape, 1891–1910," *Feminism and Psychology* 9, no. 2 (1999): 152–8.

27. Stephen Garton, "On the Defensive: Poststructuralism and Australian Cultural History," in *Cultural History in Australia*, edited by Hsu-Ming Teo and Richard White (Sydney: University of New South Wales Press, 2003), 63.

28. Evans, 74–100.

29. Finnane, 90.

30. See figures provided by Broome, 98.

31. Catharine Coleborne, "Regulating 'Mobility' and Masculinity Through Institutions in Colonial Victoria, 1870s–1890s," *Law, Text, Culture* 15 (2011): 45–71.

32. Angela Hawk, "Going 'Mad' in Gold Country: Migrant Populations and the Problem of Containment in Pacific Mining Boom Regions," *Pacific Historical Review* 80, no. 1 (2011): 64–96.

33. David Goodman, *Gold Seeking: Victoria and California in the 1850s* (Sydney: Allen & Unwin, 1994)

34. Shurlee Swain, "Writing the History of Women and Welfare," *Australian Feminist Studies* 22, no. 52 (March 2007): 43.

35. Kay Daniels, "Introduction," in *Women in Australia: An Annotated Guide to Records, Vol. 1*, edited by Kay Daniels, Mary Murnane, and Anne Picot (Canberra: AGPS, 1977), xiii. See also Christina Twomey, *Deserted and Destitute: Motherhood, Wife Desertion and Colonial Welfare* (Melbourne: Australian Scholarly Publishing, 2002).

36. Megan Vaughan, *Curing their Ills: Colonial Power and African Illness* (Stanford: Stanford University Press, 1991), 3–4.

37. Coleborne, *Reading 'Madness.'*

38. James H. Mills and Satadru Sen, *Confronting the Body: The Politics of Physicality in Colonial and Post-colonial India* (London: Anthem Press, 2004), 1.

39. Jacqueline Leckie, "The Embodiment of Gender and Madness in Colonial Fiji," *Fijian Studies* 3, no. 2 (2005): 311–36. See also Leckie, "Unsettled Minds: Colonialism, Gender and Settling Madness in Fiji," in Mahone and Vaughan, 99–123.

40. Ann-Louise Shapiro, *Breaking the Codes: Female Criminality in Fin-de-Siècle Paris* (Stanford: Stanford University Press, 1996), 96–7.

41. *Ibid.*, 99.

42. This is a phrase used by Kathryn Cronin to explain the sometimes sad histories of the Chinese in colonial Australia; see Kathryn Cronin, *Colonial Casualties: Chinese in Early Victoria* (Melbourne: Melbourne University Press, 1983).

43. Birthplaces were not always listed, also suggesting that some institutional inmates had few family contacts in the colonies, or that information could not be deduced at committal.

44. For example, the database shows that at the Yarra Bend, 209 men were from Ireland, 303 from England, 87 from Scotland, and 39 from Germany. At Auckland, 55 were from Ireland, 126 from England, 25 from Scotland, and 4 from Germany.

45. See, for instance, discussion about official reporting in Coleborne, *Madness in the Family*, 36–41.

46. For more on the Immigrants' Aid Society, see Shurlee Swain, "Immigrants Home," in *eMelbourne: The City Past and Present*, Encyclopedia of Melbourne online,

The University of Melbourne, <http://www.egold.net.au/biogs/EG00090b.htm> (accessed August 2011), 25 February 2010; Jean Uhl, *Mount Royal Hospital: A Social History* (Melbourne: Mount Royal Hospital, 1981).

47. Annual Reports of the Immigrants' Aid Society's Home for Houseless and Destitute Persons 1860–1872, Latrobe Pamphlet Collections, State Library of Victoria. See also two IAS pamphlets published in the 1850s: Dr. H. Earley, *Hints Upon Health* (Melbourne: B. Lucas, 1853) and Reverend William Jarritt, *Hints to Immigrants Upon Colonial Life and its Requirements* (Melbourne: Argus, 1853).

48. See Royal Melbourne Hospital Archives (RMH Archives), Melbourne, Minute Books of the Immigrants' Aid Society (IAS), 1869–71.

49. *Twenty-first Annual Report of the IAS* (Melbourne: Mason, Firth, & McCutcheon, General Printers, 1874), 4.

50. Uhl, 42.

51. William Howitt, *Land, Labour, and Gold, Or, Two Years in Victoria, with Visits to Sydney and Van Diemen's Land, Vol. 1* (Sydney: Sydney University Press, 1972 [1855]), 279.

52. Howitt, 289.

53. *Glimpses of Life in Victoria*, 273.

54. *Report of Sub-Committee of the IAS*, 'Appointed on the 6th of June, 1873, to examine into the condition and prospects of the Inmates—Male and Female—at present resident in the Immigrants' Home, Princes Bridge' (Melbourne: Mason, Firth, & McCutcheon, General Printers, 1873), 3.

55. See Coleborne, "Regulating 'Mobility' and Masculinity," 3, 11, 16, 20.

56. N. W. Pollard, *Homes in Victoria, Or, The British Emigrant's Guide to Victoria, To Accompany Passage Warrants*, No. 1, Victorian Institutions and Establishments (Melbourne: Walker, May and Co., 1861), 20.

57. *Glimpses of Life in Victoria*, 287.

58. *Twenty-first Annual Report of the IAS* (Melbourne: Mason, Firth, & McCutcheon, General Printers, 1874), 6.

59. "The Immigrants' Home," *Illustrated Australian News*, 18 July 1868, 4–5.

60. IAS Pamphlet, SLV LT YA362.6 V66. This pamphlet reproduced the *Argus* article of 1869 in its entirety.

61. VPRS7400/P1, Unit 5, 25 April 1873, Folio 128.

62. VPRS7400/P1/Unit 10, 12 March 1894, Folio 333.

63. VPRS7400/P1/Unit 13, 17 February 1903, Folio 302.

64. This type of comment was a constant refrain, repeated in different ways in the annual reports of the IAS; see for instance: *Twenty-seventh Annual Report of the IAS* (Melbourne: Mason, Firth, & McCutcheon, General Printers, 1880), 5–6.

65. VPRS 7400/P1, Unit 6, Folio 37. 12 July 1879.

66. Elizabeth Malcolm, "'A Most Miserable Looking Object'—the Irish in English Asylums, 1851–1901: Migration, Poverty and Prejudice," in *Irish and Polish Migration in Comparative Perspective*, edited by John Belchem and Klaus Tenfeld (Essen: Klartext Verlag, 2003), 130.

67. Tabili, 69.

68. Christine Kinealy, "At Home with the Empire: The Example of Ireland," in Hall and Rose, 92. See also McClintock, 52–3.

69. Hammerton, 161. Laura Tabili also writes about the use of language to describe the Irish in Britain; see Tabili, 63.

70. Malcolm, 130–1. See also Carole Anne Reeves, "Insanity and Nervous Diseases Amongst Jewish Immigrants to the East End of London, 1880–1920" (PhD thesis, University of London, 2001), 29.

71. VPRS7400/P1/Unit 6, 13 September 1879, Folio 61.

72. VPRS7400/P1/Unit 17, 14 August 1909, Folio 4; VPRS7400/P1/Unit 17, 15 July 1909, Folio 502;.

73. VPRS7400/P1, Unit 6, 12 July 1879, Folio 36; VPRS7400/P1, Unit 6, 26 September 1879, Folio 64; VPRS7400/P1, Unit 6, 21 October 1879, Folio 76;

VPRS7400/P1, Unit 10, 7 May 1891, Folio 59.

74. VPRS7400/P1, Unit 11, 31 October 1894, Folio 37.

75. VPRS7400/P1, Unit 8, 27 November 1885, Folio 134.

76. VPRS7400/P1, Unit 12, 21 September 1897, Folio 48.

77. *Report of Sub-Committee of the IAS*, 4.

78. No further details are discernible in the brief note about this case. See Royal Melbourne Hospital Archives (RMH Archives), Parkville Melbourne, Minute Books of the Immigrants' Aid Society (IAS), 1869–1871, 118.

79. See Coleborne, "Making 'Mad' Populations in Settler Colonies: The Work of Law and Medicine in the Creation of the Colonial Asylum," in *Law, History, Colonialism: The Reach of Empire*, edited by Diane Kirkby and Catharine Coleborne (Manchester: Manchester University Press, 2001), 106–122.

80. See also Richard Broome, *Aboriginal Australians: Black Responses to White Dominance 1788–2001*, (Sydney: Allen & Unwin, 2001, third edition), 56–72; 74–90.

81. Lorelle Barry and Catharine Coleborne, "Insanity and Ethnicity in New Zealand: Māori Encounters with the Auckland Mental Hospital, 1860–1900," *History of Psychiatry* 22, no. 3 (2011): 285–301.

82. Coleborne, "Making 'Mad' Populations in Settler Colonies," 114.

83. See Philippa Levine, "Sexuality and Empire," in Hall and Rose, 122; Levine, "Sexuality, Gender, and Empire." See also Ann Laura Stoler, *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things* (Durham: Duke University Press, 1995); Levine, *Prostitution, Race and Politics*.

84. Levine, *Prostitution, Race and Politics*, Chapter 7.

85. The 'Chinese Camp' was well known and had persisted from the 1860s. For histories of rural Victoria and the Chinese, see "Dragon Tails: New Perspectives on Chinese Australian History," a Special Issue of *Australian Historical Studies* 42, no. 1 (2011). VPRS7400/P1, Unit 12, Folio 54, 27 September 1897.

86. VPRS7400/P1/Unit 17, 13 January 1909, Folio 278.

87. VPRS7400/P1/Unit 7, 6 November 1882, Folio 79; VPRS7400/P1/Unit 10, 12 March 1894, Folio 333.

88. Labrum, "The Boundaries of Femininity," 77.

89. Antoinette Burton, "Introduction," in *Gender, Sexuality and Colonial Modernities*, edited by Antoinette Burton (London: Routledge, 1999), 2.

90. Lynette Jackson, *Surfacing Up: Psychiatry and Social Order in Colonial Zimbabwe, 1908–1968* (Ithaca: Cornell University Press, 2005), 17; 99–128, 189; James Mills, *Madness, Cannabis and Colonialism: The 'Native-Only' Lunatic Asylums of British India, 1857–1900* (London: Macmillan and St. Martins, 2000), 68–9.

91. VPRS7400/P1/Unit 5, 7 May 1873, Folio 134.

92. VPRS7400/P1/Unit 11, 9 March 1897, Folio 327.

93. YCAA 1048/9 29, 14 July 1900, Folio 2521.

94. My thanks to Caitlin Murray for raising this question with me.

95. Hammerton, 179.

96. Jann Matlock, *Scenes of Seduction: Prostitution, Hysteria, and Reading Difference in Nineteenth-Century France* (New York: Columbia University Press, 1994), 3.

97. For my wider use of the term 'social identity,' see Catharine Coleborne, "Locating Ethnicity in the Hospitals for the Insane: Revisiting Casebooks as Sites of Knowledge Production about Colonial Identities in Australasia to 1910," in McCarthy and Coleborne, *Migration, Ethnicity, and Mental Health*, 73–90.