

### ***Poor Men and Loose Women: Kenya's 'Other' Whites***

On the 17<sup>th</sup> April, 1917, a female patient at the Mathari Mental Hospital in Nairobi gave birth to a baby girl. The mother's name was Kate Van de Merwe and the name of her daughter, Gipsy. That a patient at the hospital gave birth to a child was certainly unusual. That the patient was European was even more disturbing. But what made the case extraordinary was that Kate Van de Merwe had been admitted to Mathari in July 1915. She had been impregnated, in other words, inside the hospital grounds.

Shortly after the birth of the child, a committee, comprised of three high court judges, was appointed to investigate how Van de Merwe had become pregnant and to make recommendations with a view to preventing a similar occurrence from happening in the future.<sup>1</sup> On the 26 May, two of the judges (one was indisposed) visited the hospital compound, located a short drive outside Nairobi on the Fort Hall road, just beyond the salubrious suburbs of Muthaiga. There they interviewed the hospital Superintendent, Mr. Henfrey; Henfrey's wife, who was the matron of the hospital; the Medical Officer-in-Charge, Captain Thomson, and the Acting Principal Medical Officer of the Protectorate, Major Haran. They also inspected the buildings allotted to the female inmates.

The committee's report provides some clues as to how Van de Merwe had become pregnant but more illuminating are their conclusions as to where the blame for what was considered a grievous breach of colonial boundaries should reside. The spatial organisation of the hospital emerges as the major concern: that an (unknown) male had gained access to a female patient indicated first of all the inadequacy of the physical means of separation by which patients were confined according to race and gender. The female quarters, the committee noted, although separate from the male quarters, were not placed in a separate enclosure and were located at a dangerous proximity to the male portion of the hospital. The hospital matron reported that she had approached the Public Works Department some time previously in order that an enclosure be placed around the female quarters but nothing had been done.

As to the identity of the father of the child, the committee was at a loss. Between June and October 1916, there had been a Dutch Military guard on duty at the asylum, looking after military patients, and an English guard had performed similar duties from the end of November. The asylum superintendent stated that he had specifically warned the Sergeant-in-Charge of the guard that he

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<sup>1</sup> Report of the Committee Appointed by His Excellency the Acting Governor to Inquire into a Recent Birth at the Lunatic Asylum, 31 July, 1917. Kenya National Archives (KNA), Attorney General, AG, 32, 50.

was on no account himself to approach or to hold any conversation with the female inmates and that he was not to allow the guard to do so.

The committee considered the possibility that one of the guards may, despite these injunctions, have been responsible for impregnating Kate Van de Merwe but concluded that the evidence in support of this possibility was insufficient. 'The only possible evidence suggested on this point,' the report ran, 'was that of a native lunatic, whose statement would bear little or no probative force.' Moreover, when the committee members themselves inspected the child, they considered that she was likely to be of 'native' parentage. Dr. Thomson, the medical officer in charge at the hospital, concurred with this view.

Although Van de Merwe (the most reliable witness, one might imagine,) was not interviewed by the committee, Dr. Thompson reported her claim that the father of the child was one B.G. Allen. This testimony, however, was ruled out, partly because, as noted above, the child was thought to be of mixed race parentage but also because Van de Merwe herself was judged to be insane. The patient, Dr. Thompson said, was suffering from chronic mania: her claim that Mr. Allen was the father of her child was itself delusion. Mr. Allen, in any case, it was claimed, had no access to the asylum compound where conception must have occurred.

As to where responsibility lay, aside from the absence of adequate barriers around the female enclosures, the committee were clear that the primary fault lay with the female, 'native' staff employed at the asylum. 'There is not the slightest doubt,' the superintendent argued, 'that many of the native female attendants are immoral.' His wife, the matron, was exculpated from blame: 'Mrs. Henfrey did as well as she could with the staff at her command,' the committee concluded. 'The main cause which rendered it possible for Miss Van der Merwe to have had connection with a man,' they maintained, 'was the inadequacy of the female staff both in quantity and quality... It is inadvisable,' they wrote, 'for even native female lunatics to be left to the care of native women. It is still less desirable that European female inmates should be left to the care of native women.'

New female quarters should be constructed, the committee recommended, at a more suitable distance from the male patients. In the meantime, a fence should be erected around the current female enclosure. Further European female staff should be provided so that a European woman could at all times be on guard to supervise the female patients. More care, meanwhile, should be taken in the recruitment of native female attendants and, if necessary, improved rates of pay should be offered to insure a 'better class of native' was obtained. The problem for the moment, however, appeared intractable. 'In the present stage of civilisation to which natives in the Protectorate have

reached,' the committee averred, 'it is impossible to obtain a supply of native female attendants of any experience or high moral character, in the western sense of that phrase, who would be capable of taking charge of the wards at any time.' The committee's report concluded ominously: 'the fact that under existing circumstances a male attendant could enter the female quarters and rape an inmate is proof that the system at present in vogue needs considerable amendment and if the recommendations of the Committee are not carried into effect it seems difficult to guard against similar scandals in the future.'

The fact of Gipsy Van De Merwe's birth, and the investigations that ensued, raise a number of difficult questions. What is perhaps most intriguing is the mystery surrounding the paternity of the child. From the report cited above it seems that the members of the investigating committee had resolved that one of the African attendants employed at the hospital was the father. They also appear decided that Kate Van de Merwe was raped. That she may have consented to the sexual act, that it may indeed have taken place not inside the female quarters but elsewhere, is not considered. This, however, runs contrary to Dr. Thompson's evidence regarding Van de Merwe's state of mind: not only was she suffering from chronic mania but she also suffered, Thompson suggested, from 'nymphomaniacal tendencies'. Nymphomania, in East Africa and elsewhere, was a popular (pseudo)medical explanation at the start of the twentieth century, for female sexuality: women who expressed sexual desire beyond the passive acceptance of matrimonial penetration were commonly considered to be mentally ill.<sup>2</sup> Kate Van de Merwe, simply by virtue of her incarceration at the Mathari asylum had already lost the responsibilities inferred by a rational mind, yet the medical officer in charge still precludes the possibility, despite her apparent nymphomania, that she had willingly taken part in her daughter's conception. That the father was most probably 'a native'; that sexual 'connection' had breached racial boundaries at their most sensitive point; that the fruition of this union disturbed those basic human categories by which colonialism asserted social and imaginary *order*; for these reasons nymphomania was not enough: only African violation - African rape - would do.

This is not to rule out the possibility that Kate Van de Merwe *was* raped. There is simply no way of telling. But it is to observe that explanations for this unexpected birth were conditioned by the necessity of reasserting the smooth appearance of order, even within the one place in the colony where *disorder*, one might think, may be allowed. The presence of the child is of course the unavoidable point. If Van de Merwe had not become pregnant, the fact that sexual intercourse had taken place might never have been known: by the hospital authorities; by those beyond the hospital

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<sup>2</sup> Carol Groneman, 'Nymphomania: The Historical Construction of Female Sexuality' *Signs*, 19: 2 (Winter, 1994), pp.337-367

grounds and finally, ninety years later, by the historian working through the archival files. Such is the accidental nature by which history is made legible - by which it becomes visible and so real - that simply to contemplate what did *not* happen here – that sperm and zygote did not meet – is to open, ever so slightly, a door into the possibility of all that did indeed happen but that was, and will remain, unseen.

Notably, the reasons for commissioning the investigation into the birth of Gipsy Van de Merwe are given at the outset of the commission's report as 'to obviate the possibility of a similar occurrence in the future.' That child-birth in a mental hospital was – and is – undesirable, for a variety of reasons, is fairly indisputable. But the report's conclusion infers that its recommendations were necessary not to prevent similar occurrences from taking place but similar *scandals*. Mere semantics perhaps? 'Scandal', according to dictionary definitions, refers to public disgrace<sup>3</sup>. It is not that an unseemly event has taken place, in other words, that is at issue, but rather, that the event has become public knowledge. Conversely, what is considered worthy of scandal is only constituted as such against the supposed sensibilities of society at large. How a society is offended, in short, reflects what a society claims itself to be.

Settler colonialism in East Africa constituted itself, to a great extent, through the workings of prohibition and taboo. The making of constitutive boundaries between the rulers and the ruled was, as various historians have shown, a critical (*the* critical) concern for the management of imperial rule.<sup>4</sup> Just as the making of colonial selves (the coloniser and the colonised) served to rationalise and propel forward the political project of empire, so empire served to make visible and comprehensible the 'reality' and the texture of human difference and belonging. As boundaries are constructed and maintained, however, the possibility of their transgression must always remain. The committee's recommendation that a fence should be erected around the female enclosure at Mathari represented, in the most literal sense, 'boundary maintenance' at work.<sup>5</sup> But whether or not these reinforced defences prevented future transgression is less important than the primary purpose that the recommendation to build them served; to restore the *appearance* of order and so appease offended sensibilities. Scandal, it was suggested, would not occur again. Transgressions would remain unseen.

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<sup>3</sup> The American Heritage Dictionary of the English Language, Fourth Edition, 2006

<sup>4</sup> Michael Redley, 'The Politics of a Predicament: The White Community in Kenya, 1918-1932' (Cambridge University PhD, 1986); Dane Kennedy, *Islands of White: Settler Society in Kenya and Rhodesia*, (Durham, Duke University Press: 1987); Ann Stoler; 'Rethinking Colonial Categories: European Communities and the Boundaries of Rule', *Comparative Studies in Society and History*, Vol. 31, No. 1 (Jan., 1989), pp. 134-161 .

<sup>5</sup> Michele Lamont, Virag Molnar, 'The Study of Boundaries in the Social Sciences' *Annual Review of Sociology*, 28 (August, 2002), pp.167-195

### ***Sex and Silence: Reading between the Lines***

This paper takes as its subject the question of transgression and the problem that was sex.<sup>6</sup> Sexual congress across racial frontiers collapsed colonial boundaries in a number of ways. In the most literal sense, inter-racial sex represented the combining of black and white bodies, a union in which the physical separation of corporate racial groups was most dramatically and comprehensively contravened. Miscegenation - the production of mixed race children - created liminal human beings who belonged to neither one race nor the other. As racial attitudes hardened towards the end of the nineteenth century moreover, fears developed that mixed race women would themselves attract white men and the resulting sexual liaisons would dilute the racial stock still further, with babies ever less English.<sup>7</sup> Fears of racial degeneration meanwhile, were inscribed upon the objects of the colonial gaze: while the tropics were construed as a site of fetid, libidinous abandon its inhabitants were described either as sexually rapacious, in the case of men, or as fatally seductive in the case of women. Sexual restraint on the part of Europeans was thus understood as both the necessary means for his or her *remaining* European and as evidence and affirmation of their more civilised nature; for only with self-control could the consequent control of others become possible. The moral superiority of the British, in Africa as in India and elsewhere, thus became the necessary guarantor for continued colonial rule. Invoking the figure of the predatory 'native' male meanwhile provided the means for colonial men to invoke in turn the purity of 'their' women and hence the need for their protection. The white woman thus became a metaphor for whiteness itself: sacred yet fragile, infinitely estimable yet constantly under siege.<sup>8</sup>

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<sup>6</sup> The historical literature on sex and empire is now considerable. See Ronald Hyam, *Empire and Sexuality: The British Experience*, (Manchester : Manchester University Press, 1991) ; Kenneth Ballatchet, *Race, Sex and Class under the Raj: imperial attitudes and policies and their critics, 1793-1905*, (London : Weidenfeld and Nicolson, 1980); Philippa Levine, 'Sexuality, Gender and Empire' in Levine (ed), *Gender and Empire* (Oxford History of the British Empire Companion Series), 2004; Levine, 'Venereal Disease, Prostitution and the Politics of Empire: The Case of British India', *Journal of the History of Sexuality*, iv, 1994; Jonathon Hyslop, 'White Working-Class Women and the Invention of Apartheid: 'Purified' Afrikaner Nationalist Agitation for Legislation against 'Mixed' Marriages, 1934-9' *Journal of African History*, 36: 1, 1995, pp.57-81; Durba Ghosh, *Sex and the Family in Colonial India: The Making of Empire*, Cambridge University Press, 1006; Linda Bryder, 'Sex, Race and Colonialism' *International Historical Review*, 20: 4: December 1998, pp.806-822; Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule*, Berkeley : University of California Press, c2002; Linda Collingham, *Imperial Bodies: The Physical Experience of the Raj, 1800-1947* (Cambridge : Polity, 2001), pp. 181-184;

<sup>7</sup> Levine, 'Sexuality, Gender and Empire' p. 140

<sup>8</sup> Jock McCulloch, *Black Peril, White Virtue: Sexual Crime in Southern Rhodesia, 1902-1935*, (Indiana University Press, 2000; Amirah Inglis, 'The White Women's Protection Ordinance: Sexual Anxiety and Politics in Papua' (Sussex, Palgrave, Macmillan, 1975); Kennedy, *Islands*.

The extent to which sexual relations *were* conducted across racial borders despite of, or beyond, the disapproving glare of colonial propriety, is difficult to ascertain. Precisely because inter-racial sex jeopardised the categories by which colonial order was assumed, sex between colonisers and the colonised is likely to have taken place in secret and guardians of colonial morality no less than those who undermined it had much to gain from keeping scandal covered up. In this regard, the dual endeavour - to prevent and to conceal transgressive sexual unions - worked in harmony: to deny disruptions to the colonial order of things, in appearance if not in actual fact. Historians agree, however, that in the early days of colonial rule, when European women were few and far between, British officials (and settlers to a lesser extent) did conduct sexual relations with African women.<sup>9</sup> In East Africa, long after the circulation of the Crewe circular in 1909 prohibited colonial administrators across the empire from keeping 'native concubines' it seems that men, especially those posted to remote and lonely stations, continued to conduct informal sexual relations with African women.<sup>10</sup> African mistresses, one popular history notes, helped to ward off loneliness and despair amongst those young men posted miles from any other whites.<sup>11</sup> But evidence is scanty and arrangements were informal. 'In East Africa,' one former district officer recalls, 'it was generally believed that East African officers as a whole maintained a much stricter code in the matter of sleeping with African women...than did their fellow officers in West Africa. No doubt those in West Africa thought the reverse.'<sup>12</sup> 'The convention was abstinence for most people,' wrote another, 'and that was the position in the central stations like mine, but I think that in the outposts most people probably had an African girl.'<sup>13</sup>

As for European women having sex with African men, the prohibition was far more severe. Whilst the danger that African men supposedly embodied articulated broader colonial fears – in Dane Kennedy's words, by 'threatening the most scared symbol of European paramountcy, the virtue of white women and thus the reproductive destiny of the race'<sup>14</sup> – the idea that European women might willingly choose to have sex with African men was unthinkable. Legislation, in any case, forbade women from conducting sexual relations with Africans: a 1913 Ordinance stipulated that any white woman who voluntarily allowed 'any native to have unlawful carnal connection with her'

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<sup>9</sup> Ronald Hyam, 'Empire and Sexual Opportunity', *Journal of Imperial and Commonwealth History*, xiv (1986); Hyam, *Empire and Sexuality*; John Lonsdale, *Kenya: Home Country and African Frontier*, Forthcoming.

<sup>10</sup> Hyam, *Empire and Sexual Opportunity*, pp.157-181

<sup>11</sup> C. S. Nicholls, *Red Strangers: The White Tribe of Kenya* 72

<sup>12</sup> Charles Allen, (ed), *Tales from the Dark Continent: images of British Colonial Africa in the Twentieth Century*, (London : Macdonald Futura, 1980.) p.14

<sup>13</sup> *Ibid.*

<sup>14</sup> Kennedy, 'Islands' p.128-9

was liable to be punished with up to five years imprisonment.<sup>15</sup> Invoking fear, however, served the additional purpose of regulating the behaviour of European women. An article published in *The Empire Review* in 1921 warned that if attacks on European woman did occur, the victim only had herself to blame. Such attacks,

...must be regarded as the outcome of the conduct and the attitude of the Europeans themselves, for had more decorum been observed on the part of the white women, they would have been in no danger of physical assault from the natives.<sup>16</sup>

Prestige, the idea that Africans would willingly believe in European superiority, depended above all on *women* behaving as they should. Men also had to maintain the standards of their race but if insurrection came, they, unlike women, had recourse to fists and guns. 'Upon European women,' declared the East Africa Women's League in a 'message to newcomers' in 1955, 'rests very largely the prestige of the whole white race in East Africa and the maintenance of this young Colony on the best traditions of our Commonwealth.'<sup>17</sup> The nightmare scenario – what might ensue should women neglect their colonial role – was only obliquely referred to: only in fiction can an account of colonial prestige turned upside down be found.<sup>18</sup>

With all this in mind, one might reasonably contend that the case of Kate Van de Merwe was, as contemporaries held it to be, extreme or, at the least, extraordinary. Scandal represented anomaly, a rupturing of normality, an affront to the way that things should be. Scandal was the antagonistic contradiction to what colonialism aspired – and publicly claimed itself – to be. But colonial societies, as recent work has shown however, were not as homogenous or as stable as had previously been imagined.<sup>19</sup> Authorities worked hard to shore up the fraying edges of their 'European' populations, removing or redeeming 'poor whites', incarcerating or repatriating those deemed to be mentally ill, and attempting to attract to the colonies only those with the character and capital to make themselves reliably and unimpeachably white.<sup>20</sup> The intention was to make indistinguishable the colonial reality and the colonial ideal. The extent to which they succeeded is impossible to gauge.

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<sup>15</sup> Nicholls, p.177

<sup>16</sup> Hildegard Hinde, *The Black Peril*, *Empire Review*, 1921, p.197

<sup>17</sup> East Africa Women's League, 'A Message to Newcomers and All Women in East Africa from the East Africa Women's League'. 1955. East Africa Women's League private archive: my thanks to Joan Considine for allowing me to consult these records.

<sup>18</sup> See Doris Lessing, 'The Grass is Singing', London: Michael Joseph, 1950

<sup>19</sup> See: Elizabeth Buettner, 'Problematic Spaces, Problematic Races: defining 'Europeans' in late colonial India' *Women's History Review*, Volume 9, Number 2, 2000; Ann Stoler, 'Sexual Affronts and Racial Frontiers: European Identities and the Cultural Politics of Exclusion in Colonial Southeast Asia', *Comparative Studies in Society and History*, 34: 3 (July, 1992), pp.514-551; Nicholas Dirks, *Colonialism and Culture*, Ann Arbor: University of Michigan Press, 1992; Ruth Frankenburg, *Displacing Whiteness: Essays in Social and Cultural Criticism*, Durham, Duke University Press, 1997

Regarding Kenya, Dane Kennedy has argued that it was precisely the underlying colonial imperative to maintain prestige that determined how colonials, in fact as well as fiction, behaved. 'Social sanctions,' he suggests, 'bound the settler populations of Kenya and Rhodesia into a straitjacket of conformity, a self-enforced system of pinched choices.'<sup>21</sup> 'Calling' on new arrivals; the regimented social spaces afforded by church and club; the rhythm and routine of elevenses and sundowners, of afternoon tennis and race week at Nairobi – all this provided the necessary public ground for people to see each-other, and themselves.<sup>22</sup>

Memoirs of colonial Kenya, meanwhile, though they claim to describe experiences that were unique, appear above all to be cut from the same fantastical cloth and one could quite easily write the archetypal Kenya memoir comprised of loyal servants, expansive panoramas and the vitality and vigor of a life 'elsewhere' – life, as Karen Blixen wrote, 'lived for a time, up in the air'.<sup>23</sup> There is ambivalence, to be sure, written around the rub at the heart of the colonial project - to foster 'civilisation' whilst rapturing over the picturesque of an imagined African arcadia. The cult of the pioneer was founded on the heroic struggle to make a home out of bush, but by the 1950s, settlers and officials were harking back to a supposed golden age before Africa, and Africans, had been corrupted. But colonials, as Lonsdale observes, wrote largely in self defence and their literary output increased as the dream of white man's country came ever closer to its demise.<sup>24</sup> 'The Kenya memoir' is now a species unto itself, a corporate tropic body populated by a cast of familiar characters (the noble Masai, the Great White Hunter, the Kenya housewife) that, whilst offering rich (and easy)

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Ann Laura Stoler, (1989) 'Rethinking Colonial Categories: European communities and the boundaries of rule, Comparative Studies in Society and History, 32, pp.134-161; (1991), Carnal Knowledge and Imperial Power: insert; (1995) Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things, (Durham, Duke University Press, 1991); Kenneth Ballatchet, 'Race, Sex and Class under the Raj: imperial attitudes and their critics, 1793-1905 (London, Weidenfeld and Nicholson, 1980; Vron Ware (1991), 'Beyond the Pale: white women, racism and history' (London, Verso); David Arnold, (1979) European Orphans and Vagrants in India in the Nineteenth Century, Journal of Imperial and Commonwealth History, 7, pp.104-127; (1983) 'White Colonisation and Labour in Nineteenth Century India' Journal of Imperial and Commonwealth History, 9, pp.133-158; Laura Bear, (1994) Miscegenations of Modernity: constructing European respectability and race in the Indian railway colony, 1857-1931' *Women's History Review*, 3,; Robert Morrell (ed), *White but Poor: Essays on the History of Poor Whites in Southern Africa, 1880-1940*, Pretoria: University of South Africa Press, 1992. For poor whites in South Africa see, Herman Giliomee, *The Afrikaners: Biography of a People*, Charlottesville, University of Virginia Press, 2003; Saul Dubow, *Scientific Racism in Modern South Africa*, Cambridge University Press, 1995. See also: Beckles, H, 'Black Over White: The 'Poor White' Problem in Barbados Slave Society', *Immigrants and Minorities*, 1998. On the treatment of the mentally ill in a colonial context see Waltraud Ernst, *Mad Tales from the Raj: The European Insane in British India, 1800-1858*, London: Routledge, 1991; Julie Parle, *States of Mind: Searching for Mental Health in Natal and Zululand, 1868-1918*, University of Kwa-Zulu Natal Press, 2007

<sup>21</sup> Kennedy, *Islands*, p.167

<sup>22</sup> See John Lonsdale, *Home Country and African Frontier*, forthcoming.

<sup>23</sup> Isak Dinesen, *Out of Africa* Harmondsworth : Penguin, c1937, p.2

<sup>24</sup> Lonsdale, *ibid.*

pickings for postcolonial deconstruction, appears less rewarding to more empirically-minded historians.<sup>25</sup>

If colonial society was not as homogenous as one might suppose, therefore, colonial discourse certainly was.<sup>26</sup> The problem is how to work both along and against the grain; how to work with but also beyond the dominant repertoire of images and ideas that make up the colonial imagination. One possibility is to dwell deliberately in the silences, in the gaps and the shadows of colonial discourse and by extension, colonial 'society' itself. This approach is willful, if not purposefully counter-intuitive: for every (re)assertion of colonial 'truth', we have to consider the opposite; for every claim that it was like *this*, we have to consider that it may well have been quite different. But it is not enough to use imagination; we need substance to fill in the blank spaces. The circumstances of Gipsy Van de Merwe's conception remain a mystery. But what of her life? In 1930, aged thirteen, Gipsy Van de Merwe was still living at Mathari with her mother. Kate Van de Merwe, we know, had been admitted to the Asylum in 1915, diagnosed to be suffering from chronic mania. But there is no evidence to indicate that her daughter was also mentally disturbed. And yet she remained incarcerated at a mental hospital for thirteen years. The reason is obvious. As a child of mixed race, the embodiment of a scandal, there was simply no place for Gipsy Van de Merwe in colonial Nairobi. Her mother was mentally ill. Her father was unknown. Not until 1931, when she was sent to the White Sisters convent at Mombasa, did the girl finally leave Mathari. With no relatives fit to care for her, the Kenya Department of Education became her guardian, committing itself to pay the fees for her care at the convent.<sup>27</sup> There, however, the paper trail goes dead. What became of Gipsy Van de Merwe we do not know. But we know that she was there: a shadow presence beside the sun-kissed pioneers and the dauntless district officers striding out onto safari. That she was conceived in the confines of a mental hospital suggests that 'madness' and the transgression of colonial order may have been intimately interlinked.

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<sup>25</sup> For postcolonial-inflected analyses of Kenya writing see Carolyn Shaw, *Colonial Inscriptions: Race, Sex and Class in Kenya*, Minneapolis : University of Minnesota Press, 1995; David McDermott Hughes, 'The Art of Belonging: Writing Landscape in Savannah Africa', Paper presented to the Program in Agrarian Studies, Yale University, 6 October 2002; Thomas R. Knipp, 'Kenya's Literary Ladies and the Mythologizing of the White Highlands', *South Atlantic Review*, 55: 1 (January, 1990), pp.1-16. Important histories of colonial Kenya include, John Lonsdale and Bruce Berman, *Unhappy Valley: Conflict in Kenya and Africa* Two Volumes, London: James Currey, 1992; Anthony Savage and Donald C. Clayton, *Government and Labour in Kenya, 1895-1963*, London: Cass, 1974; Bruce Berman, *Control and Crisis in Colonial Kenya: The dialectic of domination*, London: James Currey, 1990

<sup>26</sup> The seminal text on the reiterative power of colonial discourse and the harbinger of much postcolonial discourse analysis is Edward Said, *Orientalism*, London, 1978. See also Michel Foucault, *The Archaeology of Knowledge*, London: Tavistock Publications, 1972

<sup>27</sup> KNA, AG / 32 / 50

### ***Histories of 'The Mad': Disordering Colonial Lives***

The Mathari Mental Hospital outside Nairobi was founded in 1910, a 'small facility offering beds for two European and eight African patients'.<sup>28</sup> Intended in the main for accommodating Africans, Mathari, according to Jock McCulloch, was never considered a suitable place to treat Europeans; the preferred recourse being to repatriate individuals either back to Britain or to psychiatric institutions in South Africa. Legislation passed in 1918 allowed for the removal of European lunatics to the Union; paupers and those who identified South Africa as their 'origin of choice' could be removed by order of the Governor; others could be removed upon the application of a relative. In a memorandum issued by the Attorney General, the reason for removal was spelled out:

The lack of sufficient and suitable accommodation in this Protectorate for European lunatics, and the unsuitability of the tropical climate for protracted residence, render it highly desirable that some provision be made empowering His Excellency to remove mental patients to more suitable surroundings.<sup>29</sup>

Such a logic reflected prevailing climatic concerns. Not mentioned however, was the underlying imperative to prevent Europeans becoming a financial burden on the colonial state. Three years earlier, the Principal Medical Officer had laid out the dilemma:

[Without] any legal machinery whereby the Government can compulsorily return to their own country Europeans who have become mentally irresponsible...those who become incurably afflicted in this manner and who are admitted to the Asylum become a permanent charge to the Protectorate if they are without means or if their relatives are unwilling to accept the responsibility of their care.<sup>30</sup>

Despite these financial concerns - the most prosaic level on which the aversion to poor whites can be understood - Europeans *were* treated in Mathari throughout the colonial period and discharged to friends and family in Kenya as often as they were removed to South Africa, the UK or elsewhere. Often it was not just the financial cost of care that relatives bore but also the responsibility for ensuring that the recovery of sanity was sustained. In either case, Mathari, in the early years at least, provided less of a psychiatric treatment and more of a holding pen for unmanageable Europeans.

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<sup>28</sup>Jock McCulloch, *Colonial Psychiatry and the African Mind*, Cambridge University Press, 1995, p. 20

<sup>29</sup>KNA, AG - 32 - 76. Ivon L G Gower, Attorney General: Memorandum: 'The Removal of Lunatics (European) Ordinance, 1918', 27 December 1918.

<sup>30</sup>A.D. Milne, Principal Medical Officer, to Chief Secretary, 24 September, 1915. KNA, AG - 32 - 76

So who were the Europeans treated in Mathari? According to Jock McCulloch, until Sloan Mahone's recent work, the foremost historian of psychiatry in East Africa, Mathari cared for 'unmanageable Europeans whose behavior threatened their families and scandalized the white community.'<sup>31</sup> Alcohol in particular, was a problem and the asylum files, McCulloch writes, 'particularly during the years of World War II, are filled with stories of European alcoholics who had brought ruin upon themselves and their families.'<sup>32</sup>

One wonders which asylum files McCulloch is here referring to, and why these stories have not been told. It is hard to resist the conclusion that McCulloch, like others before him, has tended to see these anomalous whites foremost as a factor in a sociological equation, echoing the colonial notion of 'poor whites' that went before. Certainly his description of ruined alcoholics chimes with contemporary invocations of degenerates, down and outs and ne'er do wells. These people, it seems, are not entitled to differentiated histories of their own, but must be lumped together as the 'problem' that they posed.

Certainly there are references to Europeans treated at Mathari in the Nairobi national archives, amongst various other 'undesirables'. Paradoxically, these people are easiest to find at the point of their disappearance, in deportation orders and correspondence between government departments concerning their repatriation to England or their transfer to nursing homes or psychiatric institutions in South Africa. The Mathari hospital itself, however, has records of hundreds of European patients, whose case files provide a rich, and as yet untapped, historical source. Many of these have deteriorated beyond rescue but there remain 253 case files pertaining to Europeans who were treated at Mathari, most of these dating from the 1940s and '50s.<sup>33</sup>

What these files provide are narrative life histories that depart dramatically, both in content and in form, from the Kenya memoirs that continue to accumulate at Rhodes House and elsewhere. Unlike the memoirs, these stories do not begin and end but are punctuated by, emerge from and dissolve into silence. Whereas the memoirs present order, the Mathari records present disorder, fragmented and inchoate. While the memoirs offer certainty, the Mathari files offer only clues and possibilities.

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<sup>31</sup> McCulloch, *Colonial Psychiatry*, p.22

<sup>32</sup> *Ibid*, p.23

<sup>33</sup> Case files of Mathari patients have only recently been catalogued. Dr. Sloan Mahone of the Wellcome Unit for the History of Medicine at Oxford University is to thank for this important task of archival 'rescue'. Her work, supported by Arts and Humanities Research Council (AHRC) and the British Institute in East Africa forms part of a larger current Oxford University research project, entitled 'Trauma and Personhood in late Colonial Kenya'. These 253 files are by no means comprehensive of all the European patients treated at Mathari. Many more are missing: only a handful of those appearing in the national archives can also be traced in the hospital records. Gaps in the serial numbers meanwhile, indicate that case files for less than half those European patients admitted to Mathari during this period have survived, or are yet to be catalogued.

'Authored' (if that term is relevant here) at the interface between patients' apparent madness and their treatment, the files present a polyphonic assemblage of memory and meaning. Typically, patients' case files comprise the case notes written by psychiatrists in the course of treatment, standardised forms containing detailed information on the patients' life histories and medical record as well as correspondence between psychiatrists, patients themselves and various third parties including friends and family members, welfare workers, and police and government officials. Frequently files contain the voices of patients themselves, in the letters they wrote but more often in conversations between themselves and the doctors working at the hospital.<sup>34</sup> More often, however, patients' voices remain silent or they are refracted through various layers of reportage. In terms of narrative what these records afford are stories within stories: in the first instance they are the record of hospital treatment – accounts that begin when patients were admitted and end when they were discharged. But they also relate the appearance of 'madness', accounts that track the movement of an individual from society at large to the confines of the hospital. Deeper still, the files divulge biography of a kind, often reaching back before the individual's arrival in the colony and sometimes going back even before they were born.

What these records yield, in other words, is genealogy. Colonials, here, have pasts. Their lives do not begin with first sight of Mombasa and end with a wistful journey home or a valedictory raising of a glass. These were not lives removed from reality – 'lived for a time up in the air' – but were rather stitched irrevocably to the banal yet infinitely complex mesh of human relationships, sentiment and experience. The great irony is that it is only in records describing people who were considered to be, if only temporarily, abnormal – that we find accounts of colonial life that appear prosaic, ordinary, one is tempted to say 'real'. Reading them reinforces the sense that the writing of memoirs was above all an exercise in claiming oneself a proximate place to that vaunted, yet artificial, colonial ideal.

Just as colonials had pasts, so 'madness' too had history. Gipsy van de Merwe was born into a mental hospital but she did not inherit mental illness in her genes (we must not forget that of the earlier life of her mother - her life, that is, *before* Mathari - we know nothing). Yet what was to become of her? Polluted by blood, forbidden from respectable society, it is likely that Gipsy spent her remaining life on Kenya's margins. And as the case files of numerous others treated at Mathari

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<sup>34</sup> Typically, these exchanges were jotted down in the process of conversation, usually word for word though often abbreviated while the doctor wrote in haste. Fragmented narratives related by patients are fragmented further by the doctors' short-hand and by damage to many of the materials which has left parts of their contents illegible.

clearly show, it was in the experience of living on the margins of a society, a society moreover that could accommodate no transgression, that explanations for 'madness' can be found.

### ***Broken Homes: Absent Husbands, Lonely Wives***

Sex, as I have discussed above, was at the heart of those schemata by which colonial rule made sense of itself and organised its human populations. In Kenya, the smooth appearance of domestic calm was a prominent discursive theme, the reassuring counterpoint to 'savage Africa' outside the garden gate. The role of women, as guardians of white prestige, was predicated on their domestic role, in their cultivation of the *familiar* in situations that remained always strange.<sup>35</sup> Ironically, the one women's organisation that claimed a public (though insistently apolitical) role, the East Africa Women's League, set out its own ideal of 'colonial woman' as wife and, most importantly, mother. The missionary impulse meanwhile, to build 'rows of houses hedging a straight road...with just one man and his wife in each' <sup>36</sup>set the mould against which heathen polygamy was judged and a rationale for continued colonial rule that was felt no less keenly by the women's league than it was by the missionaries themselves.<sup>37</sup> Memoirs of Kenya, meanwhile, present home as the necessary counterpoint to the wilderness beyond. Maevis Birdsey, whose family farmed near Eldoret, described this juxtaposition:

All was peaceful here, but out there, out of range, menacing...the fight for existence went on unceasingly...I rested my arm on the stable door and stood for a minute to take in this scene which I would always remember. The warm friendly atmosphere in the room, the animal skins on the floor and on the backs of chairs...over the doorway was a picture of the Coronation of King Edward and Queen Alexander and another of the queen alone...I released the small bolt of the door and once again was secure in my family circle.<sup>38</sup>

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<sup>35</sup> The literature on woman in colonial situations is extensive and is part of a broader literature on gender and empire. See: Rosemary George, 'Homes in the Empire, Empires in the Home' *Cultural Critique*, Winter, 1993-4; Karen Tranberg Hansen, 'White Women in a Changing World: Employment, Voluntary Work and Sex in Post-World War II Northern Rhodesia' in Nupur Chaudhuri and Margaret Strobel (eds), *Western Women and Imperialism: Complicity and Resistance*, Bloomington : Indiana University Press, c1992; Helen Callaway, *Gender, Culture and Empire: European Women in Colonial Nigeria*, Oxford, 1987; Anna Davin, 'Imperialism and Motherhood' in Cooper and Stoler (eds), *Tensions of Empire: Colonial Cultures in a Bourgeois World*, Berkeley: University of California Press, 1997; Deborah Kirkwood, 'Settler Wives in Southern Rhodesia: A Case Study' in Hillary Callan and Shirley Ardener (eds) *The Incorporated Wife*, Croom Helm, 1984; Beverley Gattrell, 'Colonial Wives: Villains or Victims' in Callan and Ardener, op. cit.; Janice Brownfoot, 'Memsahibs in Colonial Malaya: A Study of European Wives in a British Colony and Protectorate, 1900-1940' in Callan and Ardener, *Incorporated Wife*.

<sup>36</sup> A F Ajayi, *Christian Missions in Nigeria, 1841-1891* Ibadan History Series, 1965, p.15

<sup>37</sup> Thanks to Jo Sadgrove for this point.

<sup>38</sup> Maevis Birdsey, 'Sigh Softly, African Winds' RH, Mss. Afr. S. 1794, pp.195-7

If family was the antidote to 'savage Africa', however, it is notable that over a third of those Europeans treated at Mathari had experienced problems in their own marriage or had come from broken homes.<sup>39</sup> Many of the female patients had suffered physical or emotional abuse at the hands of their husbands or suspected them of infidelity. Others found the lonely days and nights of isolated farms a long way from the romantic highlands depicted in the novels that had made Kenya so famous in the interwar years.<sup>40</sup> The case notes of Gemma Wilkinson<sup>41</sup> who spent two weeks in Mathari in the summer of 1951, record bluntly:

*'My husband hit me so hard.'*

*'He said I was going mad and should see a psychiatrist. '*

*'My mother did not speak to me on the day I was married.'*

*'My brother Fred tried to shoot my daddy.'*

*'My husbands' been so cruel to me.'*

*'My husband loved other girls during the war: he wrote their names in a diary which I found.'*

This is all the case notes reveal. Samantha Bailey, who was admitted to Mathari after she attempted suicide in March 1958, told the doctor who referred her that the cause of her distress was the brutal treatment she received at the hands of her husband, an Agricultural Officer in Kiambu Province. On the day before she was admitted, she claimed she had dragged from her bed by the hair. The previous year, Mrs. Bailey had contacted the same doctor to request to be relieved of a two months pregnancy. 'I did not detect any mental disturbance,' the doctor wrote to the psychiatrist in charge at Mathari, 'but I naturally declined her request.' Mrs. Bailey was accommodated at Mathari (though she received no treatment) for two weeks as a voluntary patient before being discharged, after her husband had promised not to beat her and there her record ends. Delia Horrocks was described on arrival at Mathari in April 1954 simply as 'battered'. Since age sixteen she had worked as a barmaid in a Nairobi hotel. We don't know when she married or how she met her husband, though her records do state she had been married before. Referring Mrs. Horrocks to Mathari, the doctor in charge of the European hospital in Nairobi notes her to be 'suffering from dypsomania and is becoming a public nuisance.'<sup>42</sup> On arrival, she informed a psychiatrist that she had, until recently, been a moderate drinker. Her husband, she reported however, drank to excess and 'knocked her about', after which he would insist she had fallen down and bruised her face. Mrs. Horrocks

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<sup>39</sup> The proportion of female patients who had experienced marriage problems was 36%; the proportion of men was 26%.

<sup>40</sup> See C J D Duder, 'Love and the Lions: The Image of White Settlement in Kenya in Popular Fiction, 1919-1939' *African Affairs*, 90: 360, pp.427-438

<sup>41</sup> All the names used in this paper have been changed.

<sup>42</sup> 'Dypsomania' was a contemporary term for alcoholism.

remained at Mathari under observation for fourteen days, after which she was discharged. Three months later she was visited at another Nairobi hotel where she was staying, presumably without her husband. 'Drunk' and 'noisy' are the final words on her file.

Domestic violence was not as common however, as marital infidelity. Numerous women believed their husbands to be having affairs, though in cases such as these it was typically the psychiatrists at the hospital who made the call as to whether these claims constituted reasonable grounds for distress or whether they signalled themselves a departure from reality and hence the proof of an unsound mind. Whether women were right to distrust their husbands, Kenya husbands were, if faithful, seldom present: more often to be found at work or at play; away on safari or enjoying the gender-exclusivity of the club or the bar. Kenya housewives frequently had only domestic management as their enterprise and purpose, meagre compensation compared to the invigorating masculine adventures of hunting game and taming land.<sup>43</sup> In 1946, Marie-Anne Watkinson had moved from Britain to Tanganyika where her husband had been living 'off and on' since 1935. 'Living in Africa,' Mrs. Watkinson wrote in a letter to her doctors, 'did not encourage any social activities, as my husband and I decided that we would never leave our children without a European in charge... [and] there were times when I did not see anyone outside my family for months.'

Indeed, leaving children in the care of 'native' servants was a perennial concern for Europeans in Kenya. Fears that children may be preyed upon sexually by Africans was at the heart of black peril but the real target of concern were women who neglected their maternal roles. Campaigning for women to place their maternal responsibilities above wage-earning, the EAWL pronounced in 1956 that the 'urgent problem facing Kenyan society today' was 'less delinquent children than delinquent parents'.<sup>44</sup> 'Certainly,' Mrs. Watkinson went on, 'I should prefer to live in England but I should not be happy if it meant separation from my husband even for a short period. I look forward to the time when we can live in our own home with our children and when I can enjoy making that home and garden as attractive as possible.'

Watkinson's case file provides no clue as to whether her ambitions were fulfilled. Her case notes do remark, however, that her husband, working as an engineer, was often away on safari. Another

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<sup>43</sup> John M. Mackenzie, *The Empire of Nature: Hunting, Conservation and British Imperialism*, Manchester: Manchester University Press, 1988; Mirinalini Sinha, *Colonial Masculinity: the 'manly Englishman' and the 'effeminate Bengali' in the late nineteenth century* Manchester: Manchester University Press, 1995; John Tosh, 'Imperial Masculinity and the Flight from Domesticity in Britain, 1880-1914', in Timothy Foley et al (eds) *Gender and Colonialism*, Galway : Galway University Press, 1995.

<sup>44</sup> East African Women's League News Bulletin, June 1956.

patient, Janet Howard, also felt the absence of her husband. Writing to Mathari to 'explain' the breakdown of his wife, Mr. Howard wrote,

I am employed by the African Land Settlement Board and most of my time is on safari, living in a tent, not a suitable life for a lady of a nervous type as my wife is.

Whatever her type, Mrs. Howard's nerves were made dramatically worse by fears of African insurrection. On the 1 March, 1953 Robert Howard showed his wife secret police information that he had received, suggesting a Mau Mau meeting had taken place at Ekarakara in Eastern Kenya where he was camped with his wife:

Janet became demented with fears and hysterical at the idea of returning to Ekarakara. [so] we arranged for her to stay in two rondavels at Kithimani some 300 yards away from the DO's House. She felt she would be safe there (30 miles from any Kikuyu) and the DO would lay on a night watchman. A few days later, I came to Kithimani to find my wife in great distress. She hated the loneliness and said that the night watchman failed to turn up on 2 occasions and she feared to keep on asking the DO (about the watchman)...I had tried to persuade her either to go and live in Mombasa or Nairobi (until a house was built for us) or to go to her mother in UK. She declined, as she was determined in making a home.

Like Marie-Anne Watkinson, Janet Howard was determined to cultivate a domestic kingdom of her own. For others, it was precisely their lack of domestic expertise that caused their anxiety. Jemima Grant, treated at Mathari in 1956, told the psychiatrist in charge at Mathari, 'I'm not domesticated...I cannot cook.' Madeleine Harper, who moved to Naivasha in the Rift Valley from Grahamstown, South Africa in the spring of 1945, had been considered a delicate child in her youth and had not been sent to school: as an adult she lacked confidence cooking and sewing. It was the loneliness, however, of Kenya farms that drove her to despair. She could not bear Kenya, she told her doctor, a week before she attempted suicide, but her husband had been anxious to make the move from South Africa and she had not wanted to stand in his way. 'My mother is the sort of person,' Madeleine's daughter wrote, 'who is far happier in a town than stuck out in the country, but I think my father likes his present home.' Crucially however, it was the absence of Madeleine's husband that explains her admission to Mathari. After Madeleine had attempted suicide her doctor wrote: 'the risk of leaving the patient in Naivasha without a nurse cannot be considered.' No mention is made of the husband. In fact, it is only when a letter from the husband to Mathari alerts doctors to the fact that Mrs. Harper had been at the hospital beyond the 10 days allowed for observation that it is realized she must be either be certified as 'of unsound mind' or released into

his care. Suicide, in this instance, did not warrant certification but that was only because a husband had made himself present and willing to accept responsibility for his wife.

If home and hearth made savage Africa less dangerous than romantic, moreover, it was the lack of extended family networks that most often left men and women exposed. Divorce settlements entitled women to financial remuneration from their erstwhile husbands but it was common for payments to cease and debtors to disappear. Files in the Kenya National Archives bulge with letters from abandoned women seeking financial support after their husbands had upped and left. Others requested legal aid to prosecute, *in absentia*, for divorce.<sup>45</sup> Women writing from England and South Africa meanwhile, suspected their husbands may have surfaced in Nairobi or Mombasa.<sup>46</sup> One woman wrote to say she had last heard from her husband over a decade before:

The last time I heard [my husband] was at Eldoret. On that occasion I heard he had got married but I don't see how he could have when I, his wife, was still alive...As it is I am neither wife nor widow [...] It is hard for a woman to be left 12 years and not to know whether she is free.<sup>47</sup>

Another woman, Susan Mackintosh, who travelled to Mombasa with her two children in 1946 after her husband, who had been stationed in Kenya with the Royal Army Medical Corps, chose to take his discharge in the colony, discovered on arrival that her husband had begun a relationship with another woman, with whom he was now living. Destitute and stranded, Mrs. Mackintosh appealed to the government in Nairobi who promptly arranged to have the family (minus the husband) returned back to England.<sup>48</sup> Numerous other women found themselves in straitened circumstances after death, divorce or abandonment took away their means of support.

What these cases show, clearly, is the disparity between the domestic ideal so intrinsic to the colonial imagination and the messy reality for those for whom marriage to (or at least within) the empire was a thing of difficulty and stress.<sup>49</sup> What the Mathari records in particular demonstrate is that colonial lives cannot be sealed within the temporal and spatial boundaries that 'Kenya Colony' presumes to imply. Colonials, in other words, had 'baggage' – the heritage of exhausting, difficult, *colonial* lives. In Kenya they hoped to find something of the good life that publicity organisations

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<sup>45</sup> KNA: DC / KSM / 1 / 15 / 206

<sup>46</sup> KNA: AG / 30 / 5; JA / 25 / 1; PC / RVP.6A / 16 / 18; AH / 13 / 132

<sup>47</sup> KNA: AG / 30 / 1A

<sup>48</sup> KNA: AH / 13 / 132

<sup>49</sup> The phrase is Mary Procida's. See Procida, *Married to the Empire: gender, politics and imperialism in India, 1883-1947*, Manchester: Manchester University Press, 2002

such as the Kenya Association had been promoting since the early nineteen thirties.<sup>50</sup> What they frequently discovered, however, was a social world unable to tolerate those whose circumstances or behaviour attracted the attention of the most unwanted kind.

### ***Living on the Edge: Surviving Marginality***

In 1955, the Kenya Federation of Social Services wrote to the Secretary for Local Government, Health and Housing with a suggestion that government might make 200 acres of agricultural land outside Nairobi available in order to set up an institution to deal with 'European degenerates'.<sup>51</sup> The problem of 'poor whites' in Kenya had apparently been getting worse. In 1950 a report into the relief of distress among Asians and Europeans concluded that although the existing problem of poverty amongst Europeans 'cannot be said to be very serious....it would seem that if Europeans in distress were not helped 'they must inevitably attract attention'.<sup>52</sup> By 1955, the problem appeared to be getting worse. The number of newcomers to Kenya was increasing dramatically as people displaced or disillusioned – by war, austerity and the demise of the British Empire in Asia, went in search of sunnier climes.<sup>53</sup> The effects of increased immigration, meanwhile, was compounded by the arrival into adulthood of a generation that had grown up in Kenya with little or no affiliation to the United Kingdom. Repatriation, for so long the standard recourse for dealing with impoverished Europeans, was becoming less and less the panacea that it was.<sup>54</sup>

The Institution for the Rehabilitation of Degenerates was never founded. But in the course of investigations, the Nairobi Police were contacted to ascertain just how many degenerates and drunkards there were in the vicinity of the town.<sup>55</sup> In reply, the police compiled a list of some twenty-one persons whom it was considered would be likely inmates of the institution under

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<sup>50</sup> The papers of the Kenya Association are stored at the Colonial Records project, Rhodes House library, University of Oxford. RH, Mss Afr. s. 595

<sup>51</sup> AH / 13 / 133. Significantly, the institution was intended to accommodate persons against their will: the office of the Attorney General was requested to draw up the relevant draft legislation.

<sup>52</sup> KNA: 'Report on Relief of Distress among Europeans and Asians', Government Printer, Nairobi, 1950. MSS / 15 / 16 / 2, p.5

<sup>53</sup> The European population of Kenya almost doubled in the fifteen years after 1945 – from 30,000 to just over 60,000 by 1960. A publicity brochure produced by the Kenya Association in 1952 was fittingly entitled, 'Kenya: The Land Where Life is Still Worth Living'

<sup>54</sup> KNA: AH / 13 / 133: W. B. Havelock, Minister for Local Government, Health and Housing to Chairman, County Council of Nairobi, 12 May, 1957. In 1956, a European Welfare society was set up arguing that the burgeoning poor white problem daily undermined prestige and threatened the very position of the Europeans as Kenya's natural leaders.

<sup>55</sup> KNA: AH / 13 / 133: H. D. Dent, for Secretary of Defence, to Commissioner of Police, Nairobi, 18 January, 1957

proposal. A supplementary list of a further nine people who may be suitable for admittance some time in the future was also compiled.<sup>56</sup>

These documents provide little in the way of life histories. For every entry a couple of lines of text encapsulate the subject's unsavoury character or undesirable situation. Over half are described as alcoholic. A third were women, almost all of whom were separated from their husbands. Several of these women are noted as being 'morally loose' or of 'unsavoury reputation.' Of the men, most had convictions for a range of petit crimes, including vagrancy, appearing drunk and disorderly, obtaining by false pretences, theft and trespass. One man, it was noted, was not only unemployed but, worse, was married to an African woman. Several of the people mentioned on the list frequented African and Asian bars or slept rough in the area around River Road. Most of them were unemployed, though some had been in and out of work. Several had been treated previously at the Mathari hospital.

That these people were desperately in need of support is what is most apparent here. That they were 'an embarrassment', however, was the central fact for the authorities in question. The provision of welfare services for Europeans in Kenya had always been scanty, to say the least. Community organizations such as the EAWL, the League of Mercy and the Salvation Army had provided piecemeal support for individuals in distress but there had never been any government funding set aside to provide for the colony's immigration population.<sup>57</sup> That settlers should be self-supporting was vital to the prosperity of the colony, the development of which was always tied to the ability of its citizen-pioneers to make good of themselves, make good of 'their' land and so together 'build a country'.<sup>58</sup> 'All are welcome,' Lord Cranworth, a leading proponent of white settlement in Kenya, had proclaimed in 1919; 'all, that is, excepting the wastrel and the degenerate.'<sup>59</sup> That the language of degeneration was still current in 1955 is testament less to the enduring power of eugenics (the eugenics movement in Kenya had largely faded from view by the

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<sup>56</sup> KNA: AH / 13 / 133H.R. Walker, Assistant Commissioner of Police, to Commissioner of Police, Nairobi, 17 April, 1957

<sup>57</sup> Nor of course had there been significant government funding made available for the colony's African population. Not until the advent of Colonial Development and Welfare in the late nineteen thirties did African welfare take a meaningful place in the Colonial Office 'mind'. See: Joanna Lewis, *Empire State Building: War and Welfare in Kenya*, Oxford: James Currey, 2000

<sup>58</sup> The phrase is taken from the title of J.F. Lipscomb's defence of white settlement, also published in 1955, 'We Built a Country'. Lipscomb was a prominent settler, was involved heavily in the community's propaganda and public relations endeavours in the 1940s and '50s and by 1955 had established himself as one of the most important proponents for 'white' interests in Kenya and a staunch defender of continued colonial rule. J. R. Lipscomb, 'We Built a Country', London: Faber and Faber, 1955

<sup>59</sup> Lord Cranworth, *Sport and Profit in East Africa*, London: Macmillan, 1919, p.242

outbreak of war in 1939)<sup>60</sup> but to the refusal of a settler society to contemplate, let alone tolerate, the reality of difficult, marginal lives. Unlike in South Africa, where 'poor whites' could never be repatriated but could only be redeemed, in Kenya impoverished Europeans could only be excised. The archetypes of the strapping pioneer, the uncomplaining housewife and the hale and hearty district officer were all that 'Kenya colony' could, in every sense, *afford*. For others, there simply was no place. But the strapping pioneer and the other characters in the familiar Kenya cast were 'types' above all - categories invoked to make the claim that *this* was the reality of colonial rule in Kenya and there could be no other. For people falling outside the boundaries of respectability - people whose ability to emulate the archetypal Kenya cast was diminished - life was indeed traumatic, not least because poverty, mental distress and the transgression of racial boundaries *coincided*. Blood and sex; sentiment and circumstance; past and present, all mingled and combined. The case of Caroline Watson is an excellent case in point.

Caroline Watson was only thirteen when she was admitted to Mathari in May of 1957. The previous November, she had been involved in a case at the Supreme Court, testifying against two men charged with having unlawful knowledge of two girls, one of whom was Caroline. She had met the men in August, she told the court, by chance in a café, after having been to the cinema with her two year old brother and a friend. The girls asked the men if they would drive them home, the men agreed and the group left together, but instead of driving them straight back to their house, the men took the girls on to another café, where they ordered whiskies for themselves and gin and lime for the girls. At this point, according to Watson's testimony, the girls agreed between themselves that, for money, they would allow the men to have sex with them. They were then driven to some nearby woods where some kind of sexual congress took place.

After returning home later in the afternoon, Watson told her father that she wanted to go to Nairobi again the following day but her father refused to allow her. The next morning, Watson left the house, (against her father's wishes), and went to town, where she met her friend and the two men from the day before. The group went to another café. Here the men sat at the bar and told the girls to sit at a table and order lunch. The men left, however, without paying the bill and with no money with which to do so, Watson was forced to leave her watch as security. The two girls then went to an Indian pawnbroker who gave Watson thirty-five shillings after she had allowed him to 'be intimate' with her.

What is remarkable about this case is the argument of the defence. Under cross examination, Watson admitted she had told the accused that she was over sixteen years of age. She also admitted

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<sup>60</sup> Chloe Campbell, 'Race and Empire: Eugenics in Colonial Kenya' Manchester University Press, 2007

to wearing lipstick and powder but said that she did so for fun and not to make herself look older. Finally, she confessed that in the car on the way to the police station, her and her friend had cut their knees with razor blades to make it look as though they had been attacked. When asked why she had not told the truth, Watson said it was because she was frightened. Despite that, and despite it transpiring that the two men had stayed at Watson's parents' house for six months of the previous year – and so were likely to have known Watsons' true age - the case turned on her apparently dishonest nature. Because she had lied to the police the defence was able to claim that their clients had been similarly deceived. That she wore make up aged thirteen was proof enough. The two men were acquitted.

Who these men were we don't know, though the fact that they had been staying at the Watson house the previous year suggests their own circumstances may well have been precarious. One of the men, Trevor Kavanagh, appears on the list of those considered as suitable inmates for the proposed institution for European degenerates. There we discover that Kavanagh had seven previous convictions under labour laws, game laws and for theft. His estranged wife, Mary Kavanagh, is also on the list, though all we know of her is that she was 'morally loose.'

As for Caroline Watson, she, though only thirteen, was already, in one sense, condemned. Born of mixed race parents, she had struggled to be enrolled into any of the European schools in the colony. For a short while, she attended the Central School in Nairobi, an institution established specifically for 'children of light colour who just failed to gain admission to European schools' but in March 1956 she was withdrawn when her parents were no longer able to pay the fees.<sup>61</sup> With no government schools prepared to accept her, Watson was sent after the conclusion of the trial to a Catholic mission in Uganda, where, so she later claimed, the sisters had their African servants beat her with a *kiboko*, a short-handled whip made of rhinoceros hide. After repeated attempts to commit suicide, Watson was admitted to Mathari in January of 1957, where, on arrival, she told the psychiatrist in charge that she was 'tired of this life'. Diagnosed as psychopathic, Caroline Watson received a series of electric shock treatments throughout May and June but her condition on discharge was noted as 'unchanged'. As for recommendations, the doctor only wrote 'social problems – this is not the place for her.' On her case notes, however, he included a more personal assessment: 'a charming little liar.'

Caroline Watson was by no means the only 'European' to be treated in Mathari whose racial credentials were in doubt. Olivia Dobson, treated in Mathari in November 1957 for an addiction to barbiturates and methamphetamine, had been working as a nurse in Nairobi. Her notes observe that

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<sup>61</sup> KNA, AV/4/21, 'ADI Memo to Director of Education, 13 June, 1955. School for Children of Mixed Parentage'

her mother and father, Russian and Irish respectively, were 'presumably unmarried.' She had been brought up by the Salvation Army and had been treated in the European Hospital 'because of hysterics'. In other cases, it was the transgression of racial boundaries that itself precipitated family breakdown. Robert Tallett's case notes provide a family history of sorts:

*Born in Rhodesia. He is illegitimate. Italian father and English mother. Spent most of his childhood in orphanages and convents: before running away from them. Trouble between parents who wrangled over possession of patient. Mother sounds a loose type, later married an Egyptian. Patient fought with this chap, then came to Kenya. Job at Molo. Depressed there, and left. Never good at games. Dislikes being watched.*

Robert Tallett attempted suicide in September, 1954, at the farm near Nakuru where he worked. Tallett was treated at Mathari for just ten days, as a voluntary patient, before being discharged. There is no record as to what he did when he left or what his future life entailed.

Frequently, it was poverty, often resulting from, or involved with, fractured family relations that led Europeans to inhabit social spaces in which they interacted with other disreputable Europeans or, worse, with Asians and Africans. Undesirable social, as well as sexual, intercourse inferred 'bad character'. Several of those appearing on the 'degenerates' list are noted to frequent Asian and African bars, or to be sleeping in Indian *dukas* or hotels 'of ill repute' in the River Road area of Nairobi.<sup>62</sup> Of the Mathari patients, a significant number of women, living in hotels after their marriages fell apart, found it increasingly difficult to find employers willing to take them on. Financial solvency and social respectability were closely entwined. Women who forged relationships with disreputable men were tainted by association. Eleanor Wylie, who spent the four years previous to her arrival at Mathari living in hotels in Salisbury, Johannesburg and Nairobi, is noted to have been associating with a young man who had just been deported; his criminal character, it is implied, was rubbing off on her. Alison Riley who left her violent first husband in 1956, immediately remarried but by 1958 was living alone, again in a hotel. Here, it was noted, she was drinking excessively and keeping undesirable company: when she collapsed one night the man with whom she was conducting a relationship abandoned her and did not answer her appeals after she had been admitted to the European Hospital in Nairobi. Riley had been treated in Mathari previously, as a voluntary patient, and had come to the notice of the government welfare services who were supporting her financially. The problem was that hotels in Nairobi now refused to accept her and neither could she find a job; according to her case notes, 'people knew her too well.' When she was discharged from Mathari for the final time, in October, 1958, she disappears from view. Olivia

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<sup>62</sup> AH / 13 / 133 HR Walker, Assistant Commissioner of Police, to the Commissioner of Police, 17 April, 1957

Dobson's case notes record that her boyfriend was in prison for theft and was heavily indebted. Another woman, whose boyfriend had spent all her money and then left, had only had one meal a day during the three months before she was admitted to Mathari.

### ***Loose Women and the Morally Abnormal***

Men too, lived in the margins of colonial society. But whereas women were often observed to be 'loose', 'immoral' or 'of unsavoury character', the sexual behaviour of men was far less likely to feature in their hospital records or in relevant government correspondence. As Luise White has shown, sex between European men and African prostitutes was hardly uncommon and increased dramatically during World War Two<sup>63</sup> If women were suspected to have had sex with African men, however, they were likely to feel the full force of social exclusion. When the father of Barbara Dawson discovered that his daughter had 'allowed natives to be familiar with her' he wrote to the East Africa Women's League to announce his displeasure. 'I don't think anybody can blame me,' he wrote, 'when I say that I am finished with her and will have nothing further to do with her, bar to pay for her passage to England, if something can be fixed up to have her sent there. I am not willing to finance her in any other way, nor will I have her back here. Personally I would far sooner see her dead and buried than go on living as she is doing now.'<sup>64</sup>

That 'familiarity' with Africans would precipitate 'black peril' was the explanation: 'She is a menace to all white women and girls out here,' wrote Dawson's father, Charles, 'as I don't expect five percent of the boys will realise that if they can be familiar with one white woman, they cannot be with all of them. Naturally Barbara is an exceptional case but I do think this aspect should be taken into consideration and something should be done.'<sup>65</sup>

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<sup>63</sup> Luise White, 'The Comforts of Home: Prostitution in Colonial Nairobi' 1990, Chicago: University of Chicago Press, 1990 p.160

<sup>64</sup> KNA: AH / 13 / 132: Charles Dawson to Miss. Catherine Griffiths (East Africa Women's League Welfare Member, 17 October 1944

<sup>65</sup> Ibid.

That Mr. Dawson was prepared to excommunicate his own daughter might appear harsh but as others have argued, the invocation of black peril was less to do with curbing African sexuality (which, in its monstrous, rapacious guises was, of course, invented) and more to do with controlling the behaviour of white women and so thereby reasserting male, patriarchal authority.<sup>66</sup> That Charles Dawson's own patriarchal authority was so fundamentally undermined is the explanation for his dramatic response. The 'reproduction of whiteness' was here, within a single family line, destroyed.<sup>67</sup>

The problem of what to do with Barbara Dawson, however, for the colonial authorities, remained. Although women deemed to be 'morally abnormal' were not considered mentally ill as such, they were nevertheless said to be 'in need of care', to be provided at training institutions if not in Kenya then in Britain or South Africa.<sup>68</sup> There was no legal provision, however, either to incarcerate women or to remove them from the colony against their will. While authorities struggled over how to dispose of Dawson, meanwhile, another woman was discovered to be sleeping with African men. Her name was Rachel Stuart and her case is instructive on several counts:

Rachel Stuart was born in Kenya in 1918. No records remain that testify to the lives of her parents - when they had come to Kenya, where they lived or what they did, though it may well have been the case that Rachel's mother was unable to care for her daughter: there is no mention in the files of Rachel's father and, as a child, she was sent to a children's home in South Africa, the fees paid by the League of Mercy. At 16 she was examined by a mental specialist in South Africa, but was found to be 'uncertifiable'. The following year, against the advice of the League, Stuart was brought back to Kenya, on the wishes of her mother. What Stuart did on her return to Kenya we do not know. For eight years the record is quiet, that is, until 1943 when Stuart, now aged twenty-five, appealed to the East African Women's League for help. The League, uncertain of what to do, referred the matter to government who in turn referred Miss Stuart to the Infectious Diseases Hospital in Nairobi, and from there back to a training home in South Africa. In September 1944 however, the South African government contacted Nairobi to advise that they were no longer prepared to allow Stuart's continued presence in the Union. A Kenya secretariat minute set out the problem:

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<sup>66</sup> Jock McCulloch, *Black Peril, White Virtue*, op.cit.

<sup>67</sup> Alison Bailey and Jacquelyn Zita (eds), *The Reproduction of Whiteness: Race and the Regulation of the Gendered Body* Bloomington, Indiana University Press, 2007

<sup>68</sup> KNA: AH / 13 / 132. Memorandum (Dep't of Education): 'Legislation for Dealing with Indigent Women and Girls' 11 November, 1944

The Union Government now wish Miss Stuart to be returned to Kenya; she is a Kenya resident and we cannot keep her out. We must also pay for the costs of her repatriation... Miss Stuart is not sufficiently unbalanced for Mathari nor enough of a criminal to be kept in Prison; the Women's services won't have her; her mother...threatens to destroy herself if her daughter is returned to her care; she is unfitted for any occupation other than that of the streets.<sup>69</sup>

Rachel Stuart, as is perfectly clear, was in some distress. Her claim to government assistance was negated however, by her sexual behavior. By 1944, she had given birth to at least three children, all described as 'illegitimate' by the authorities. Of these, one had died; two had been adopted. But if unwanted offspring presented the practical problem of their care, it was the moral taint of Stuart's seemingly unrestrained sexual proclivities that placed her beyond the pale. According to police reports, Stuart 'distributed her favors promiscuously and has consorted at various times with numerous male Europeans of low moral character'.<sup>70</sup> In an inventory of her 'activities' compiled by the Commissioner for Social Welfare, it was noted Stuart had obtained a room in Nairobi where she was alleged 'to have entertained men on a commercial basis.'<sup>71</sup>

Although economic distress and sexual behavior were bound to have been intimately connected, (Stuart had sex for money, in other words, because she needed to, not because she wanted to) those who concerned themselves with her case tended to explain her sexual behavior as the manifestation of 'regrettable tendencies' or simply 'nymphomania'.<sup>72</sup> Nothing however, could have such impoverishing effects as the taint of public scandal. 'Should this woman go and live with her mother,' the Social Welfare report claimed, 'she would cause the latter so much embarrassment and cause such a stir amongst the local community that the mother might have to give up her job as well and we should then have another destitute person.'<sup>73</sup> In numerous cases of women treated at Mathari, we see the impoverishing effects of social exclusion. 'No hotels will take her' is inscribed on several case notes. Marginality was no static state, in other words, but a dilemma increasing in its costs. Alcoholism and mental breakdown, as the Mathari files demonstrate, frequently ensued.

The only way forward for Stuart and Dawson meanwhile, as far as the Kenya government was concerned, was the drafting of new legislation to make possible the removal from Kenya of all women exhibiting 'abnormal moral tendencies' and their confinement at institutions outside the

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<sup>69</sup> Minute 3, 10, 1944 – to DCS, DFS, ACS

<sup>70</sup> Ibid. p.2

<sup>71</sup> KNA: AH / 13 / 132, 'Report on the Activities of Miss Rita Sheppard', undated

<sup>72</sup> KNA: AH / 13 / 132, RG Turnbull to Chief Secretary to Governor's Conference, March 14, 1945

<sup>73</sup> Report on the Activities of Miss Rachel Stuart

colony. A memorandum sent to the Colonial Office in November 1944 argued that the failure of the colonial government to discipline the sexuality of young women signified a significant breach in the government's duty to ensure social order. The problem, it was argued, was heightened in war time. Adolescent girls conscripted for war work had left the control of parents at a too-young age. The 'easy' social life of the Colony meanwhile, 'and the lack of rigidity in social standards...made it easy for young women lacking in discipline to 'drift.' European girls with abnormal moral tendencies, moreover, presented 'a special menace to those Africans who had travelled in the forces and so had become acquainted with European types of vice.' Miss Stuart, meanwhile, was said to be associating with men of all races with complete impartiality and an alarming lack of reticence.<sup>74</sup> Prestige, it seemed, appeared to be falling apart. But the threat to European troops was no less grave. 'Miss Stuart,' the memo reported, 'is at present free from infection but it can only be a matter of time before she becomes diseased and she will then constitute a medical as well as a social danger to the large numbers of British troops at present in Nairobi.' Salvation Army hostels in Kenya could not help meanwhile, full as they were with military personnel. Confining women to institutions in Kenya was, in any case, no solution: not only would the costs likely be prohibitive but women who had spent any time in such an institution would hence be 'marked by the whole community'.<sup>75</sup> The power of scandal meant 'loose women' could not be reformed but could only be removed from the colony altogether.

The problem however, was that both Stuart and Dawson had been born in Kenya. They could hardly be repatriated when they were already 'home' and they had committed no criminal offence.<sup>76</sup> The Colonial Office, however, balked at the proposal for new legislation to allow for the forcible removal or incarceration of women. If Dawson and Stuart could be persuaded to leave Kenya voluntarily, however, the British government would make the necessary arrangements for their accommodation at institutions in Britain.<sup>77</sup>

Quite how the Kenya government succeeded in gaining Dawson and Stuart's consent is impossible to know, but it remains the case that of all the documents concerning Rachel Stuart, the only one written by Stuart herself is a single page torn from an exercise book, on which is written, by hand, a

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<sup>74</sup> KNA: AH / 13 / 132, Chief Secretary to CO, 2 December, 1944

<sup>75</sup> KNA: AH / 13 / 132, Memorandum (Department of Education), 'Legislation for Dealing with Indigent Women and Girls', 11 November, 1944

<sup>76</sup> Significantly, no mention is made of the 1913 legislation against sexual congress between European women and African men. It may be that evidence for Dawson and Stuart's transgressive sex was only hearsay or that the public scandal of prosecution was felt to have been greater than the benefits of allowing for her speedy removal.

<sup>77</sup> Andrew Cohen (CO) to Chief Secretary, February 24, 1945

pledge to leave Kenya, 'of my own free will'.<sup>78</sup> Both Rachel Stuart and Barbara Dawson were eventually removed from Kenya, after much debate and lengthy correspondence between the Secretariat in Nairobi and the Colonial Office in London. Both women were escorted back to the UK in the spring of 1945, their urgent passage back organized at the very top tiers of government. Barbara Dawson, we know, was received at a Salvation Army hostel in London; Rachel Stuart was sent to a reformatory in Lancaster where she was accommodated at a charge of £1 a week, a cost that was met by the Kenya government. A hand-written memo by the Kenya Chief Secretary, RG Turnbull, confirming that Stuart was to continue at the Convent indefinitely, added: 'we are cheaply rid of her at £52 per year.'<sup>79</sup>

The records concerning Stuart and Dawson are incomplete and we do not know what happened after the women were sent to England. But we do know that in 1948, three years after she left Kenya, Rachel Stuart attempted to return. Government ministers immediately fired off letters: Is there not some method, they wanted to know, whereby Miss Stuart could be prohibited from entering the country?<sup>80</sup>

There was not. Prohibiting the entry into Kenya of undesirable immigrants was one of the principal means by which the colony controlled its social make-up but because Rachel Stuart had been born in Kenya she could not be debarred from re-entry. As the Chief Secretary affirmed, 'much as we agree as to the undesirability of Miss Sheppard returning... since she was born here she cannot legally be prevented from doing so, and if at any time another country wishes to deport her, Kenya is the place to which she will be repatriated.'<sup>81</sup>

Whether Rachel Stuart was successful in getting back to Kenya we do not know. Silence closes over; only her shadow-presence remains. But her case is illuminating for several reasons: Firstly, that the possibility of Stuart returning to her mother was ruled out on the grounds that the opprobrium of the local community would lead to her mother's unemployment and consequent destitution shows the symbiotic relationship between reputation and economic privation. To keep its racial integrity whole, respectable society worked constantly to cut away its fraying edges. Association of friends and family members with people who had been corrupted, corrupted them in turn. Joblessness, homelessness and in turn *increasing* marginality created a vicious circle for those who slipped on the ordered stage of colonial decorum. Sexual promiscuity among the Happy Valley 'set' near Gilgil was

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<sup>78</sup> KN,A, AG / 12 / 132, Rachel Sturt, March 6, 1945

<sup>79</sup> KNA, AG / 12 / 213, Colonial Office to Kenya Government, January 15, 1946; Turnbull minute, January 26, 1946

<sup>80</sup> KNA, AG / 12 / 213, Commissioner for Social Welfare to the Chief Secretary, March 9, 1948,

<sup>81</sup> KNA, AG / 12 / 213 Chief Secretary to the Commissioner for Social Welfare, March 11, 1948,

of course well known but these were people endowed with huge financial reserves and Kenya's interwar reputation as a destination for foot-loose aristocrats and wife-swapping *hedonistas* has served above all to obscure the far more prevalent, yet far less visible reality of fractured lives on the edges of colonial life for whom improper sex was far from incidental.<sup>82</sup>

Second, we must consider the reaction of the authorities to the problems posed by Dawson and Stuart. The correspondence on file between the department of education and the colonial secretariat indicates a growing concern for the provision of mechanisms for the 'training' of European girls. A concomitant concern was the lack of responsible parenting. Ann Stoler has written elsewhere on the colonial project to educate desire; to inculcate rigid racial boundaries from the very start of colonial lives.<sup>83</sup> In Kenya, it was directly out of the Stuart and Dawson cases, coinciding in 1944, that government departments, in concert with the East Africa Women's League, addressed the problem of parenting, the education of girls and, implicitly, the inculcation of desire. The reasons are obvious. Lacking the legislative means to deport those 'Kenya-born', alternative measures had to be set in place for ensuring that women maintained their correct colonial roles. The Second World War raised the spectre of flux; of social boundaries collapsing. When war ended, urged on by the EAWL, government moved to institute new legislation to deal with 'neglected' children. The definition of neglect, as the League insisted, was inadequate: specifically, they argued, it should to be widened to include cases in which children were left in the care of 'native' servants.<sup>84</sup> The outcome of unsatisfactory home lives was clear: women inadequately raised had sex with Africans. The results were children of mixed parentage. A government committee set up to investigate the matter, concluded:

The Colony is faced with the problem of the child of mixed parentage. Many such children are illegitimate and lack the security of established homes and balanced parental control. ... children of mixed racial parentage, who have no strong home ties, are more inclined to indiscipline and delinquency than other children.<sup>85</sup>

Based on recommendations made by the investigating committee, the Children's Ordinance was made law in 1955, providing for the setting up of approved societies to investigate cases and take care of children who had to be removed from their homes. In 1956 branches were formed in Nairobi, Mombasa and Nakuru; Kisumu followed in 1957. By July 1958 a total of 358 cases had been

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<sup>82</sup> For an account of Happy Valley see James Fox, *White Mischief: The Murder of Lord Erroll, A True Story of Aristocracy, Adultery and Alcohol*, Random House, 1982

<sup>83</sup> Stoler, *Carnal Knowledge; Race and the Education of Desire*

<sup>84</sup> KNA: CS8 / 22 / 37; Personal Communication

<sup>85</sup> KNA: BZ / 2 / 7: Report of the Committee on Young Persons and Children, 1953

dealt with by the Society of whom 95 children were considered European and a further 81 'of mixed blood'.<sup>86</sup> Ten years earlier, the Director of Education had reported that there were almost a thousand 'half-caste children' in and around Nairobi.

What is particularly telling about the committee's conclusions, cited above, is the idea that racial mixing coincided with inadequate homes. There can be no doubt that children of mixed racial parentage did lack 'strong home ties' but this was precisely because sexual liaisons across racial lines were themselves the result of economic insecurity and social marginalization. The fact remained, however, that the majority of mixed race children born in Kenya at this time were the result of sexual relations not between European women and African men but between African women and European men.<sup>87</sup>

Ideas about the effects of racial mixing and fears of racial degeneration were clearly powerful concerns for colonial regimes. To emphasize this point, however, is not enough: such beliefs had concrete effects. The myth, in other words, was a self-fulfilling prophecy. Precisely because there was no room in a colonial social order for the transgression of racial categories, those who found themselves in their interstices lived impossible lives. Government officials' bemoaned that neither Rachel Stuart nor Barbara Dawson were sufficiently unbalanced for Mathari: it was their sanity, in other words, that was problematic. In other cases however, people deemed to be mentally normal at the point at which their anomalous behavior was first observed consequently *became insane*. Their immediate life histories track both their physical journey to Mathari and their social trajectory from health to mental sickness. Two final case studies explore this journey.

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<sup>86</sup> The legislation was not designed to deal only with European children: concerns over the upbringing of European children coincided with increasing attention to the problem of African welfare. Nevertheless, the majority of cases dealt with concerned Europeans or those of 'mixed blood.' KNA: RN / 3 / 36 (Nairobi County Council): Child Welfare Society; An Ordinance to Provide the Measures for the Prevention of Cruelty and Neglect of Children, Ordinance No. 12 of 1955.

<sup>87</sup> AV / 4 / 21: White Sisters School for Children of Mixed Parentage

## ***The Crossing of Marion Mclure and the Madness of Philip Van Vleck***

### ***Marion Mclure***

On the 16 August, 1943 police at Eldama Ravine, a small town in the Rift Valley, were informed that there was a European woman in the area, living alone in a state of degradation. The woman's name was Marion Maclure. Investigations were begun and it was ascertained from the Kisumu DC, that he had been acquainted with Miss. Maclure some years before. 'Speaking from memory,' Murphy wrote, 'the facts are as follows:

Miss Maclure came out to this Colony many years ago, having been crossed in love by a Naval Officer. She then was strongly anti-European, and refused to have anything to do with her fellow country-men or women. I heard of her officially...when, owing to an outbreak of disease, the Veterinary Officer, Mr. Smith, called on her as she always had a large pack of dogs. He met a Kikuyu, who told him that Miss Maclure did not wish to have anything to do with any European, but eventually he persuaded him to take him to where she was. She was locked up in a boy's hut at the back of the main building, and the Kikuyu had to unlock the door. She was having lunch and refused to give Mr. Smith any information or help, saying that she wanted to have nothing whatsoever to do with any European. Mr. Smith retired, the door of the hut being again locked.'<sup>88</sup>

The problem for the authorities was the state of Maclure's mind. The local Police Superintendent, having visited Miss. Maclure, reported that, 'although undoubtedly insane, I doubt whether she is certifiable...However, a European woman living in such a state amongst natives is a reproach to Government and should be ended, but by what means I cannot say.' Medical opinion, meanwhile, counseled that it would not only be cruel to remove her from her present surroundings but that it would almost certainly accelerate her demise.'<sup>89</sup>

Despite these warnings, in July 1944, the police set about removing Miss Maclure. Exactly how she was taken from her home is unclear but a letter from the Assistant Superintendent of Police at Kisumu provides a basic narrative of events. On the evening of July 24<sup>th</sup>, police arrived at Maclure's home from which she was conveyed to the European hospital at Kisumu. On arrival at the hospital, Miss Maclure refused to alight from the police car and, as it was apparent that she could only be removed by force and with a great deal of noise, the resident magistrate who had been forewarned

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<sup>88</sup> KNA: AH / 13 / 40, Provincial Commissioner, Nyanza, to Chief Secretary, 31 August 1943

<sup>89</sup> KNA: AH / 13 / 40, Acting Provincial Commissioner, Nyanza, to Chief Secretary, 25 January, 1944, appending comments from the Senior Medical Officer, Nyanza, on the Acting Commissioner of Police's suggestion that Miss Mclure might be certifiable under the Mental Disorders Ordinance

of Maclure's arrival, ordered that instead of being treated at the hospital, she should instead be detained under observation in prison. There was, however, no prison accommodation available. Maclure was then driven through the night to Nairobi where she was incarcerated in Nairobi jail. Whatever the effect of these events on her mental disposition, within the requisite ten days prescribed for 'observation', Maclure was certified insane and transferred to Mathari hospital. Writing to the Secretariat some weeks later, the Commissioner of Police relayed the hospital superintendent's opinion that it was unlikely she would be released for quite some time.

There the record of Miss. Maclure ends. Her Mathari case file has not survived. It may be that she was repatriated to Britain. She may have been transferred to South Africa. (One man who was transferred to South Africa in 1945 was still there in 1969.) It may have been the case that she recovered her health and returned to her farm, though that seems unlikely. Several things are striking about the case. First, we note the abandonment of the colonial 'home'. Whether or not Miss Mclure was having sex with Africans is unknown but for her to have left her own 'European' dwelling and retreated to the Kikuyu huts signaled the collapse of the colonial spatial order, an order by which the human categories of rulers and ruled became visible and so affirmed. That Mclure had moved outside the European domain of the home and concealed herself in the Kikuyu hut indicated the loss of her European self. We do not know if her presence in the Kikuyu hut was used as (even circumstantial) evidence for the unsoundness of her mind. But we can be sure that Mclure's refusal to play her designated colonial role determined that she would be removed.

Unlike the settler memoirs, these life-histories provide no resolution. There is no final chapter. What is most telling about Miss. Maclure is that, although she was eventually certified as insane, initial reports suggested that she was not. It was only after she had been removed from her home, taken to Kisumu, then onto Nairobi and then imprisoned that her insanity was established. The overarching imperative at the outset was not to restore Miss. Maclure's health, but to get her out of the way. But it was precisely this very process - of removing those people seen to be jeopardizing racial prestige - that contributed to their distress. As long as unorthodox behavior remained invisible, meanwhile, sanity could endure. Taken to Mathari, 'madness' appeared.

Finally, we consider the 'origins' of her disordered mind: how might we ourselves explain Mclure's refusal to maintain her European, colonial self? All we have is Murphy's testimony; that Mclure had come to Kenya after being 'crossed in love' by a British naval officer. Sex, we discover, was at the very heart of Marion Mclure's self-created colonial exile. In empire, it seems, she was seeking escape.

### ***Philip Van Vleck***

Philip Van Vleck was a Catholic missionary, in 1941 living near Kakamega in Western Kenya. On the 15<sup>th</sup> May, a Police Inspector together with the priest in charge of the local mission, brought Vleck to a doctor at Kisumu. The priest in charge of the mission, Father Bierman told the doctor that he and others at the mission had noticed Vleck had been peculiar in his manner for some time. He was taciturn and depressed, avoided the company of his colleagues and had occasional fits of weeping. At times he went away for days on end, not telling anyone where he was going or where he had been when he returned. Occasionally, his behaviour had been violent. On the night before he was brought to Kisumu, Vleck had disappeared. Father Bierman and others went to look for him and found him asleep in an Indian's house some distance from the mission.

In the morning Bierman phoned the police and reported Vleck's behavior. Between them, the priest and the policeman with whom he spoke decided to take Vleck to Kisumu on grounds of his suspected mental ill health. Before they left, Bierman spoke with Vleck, who told him that he was a homosexual; that he had tried to get released from his holy orders, but had been unsuccessful.

In the hospital at Kisumu, the doctor also spoke with Vleck. Here Vleck told the policeman that he had been brought up in Holland, that his father and mother had both died when he was a child and that he had no near relatives still alive. The doctor also learned that Vleck had come to East Africa seven years previously, in 1934, as a missionary. He had first had sex with a 'boy' – meaning an African male – in 1938 and had done so since on some twenty occasions. Tellingly, Vleck informed the doctor that he suspected the natives at the Mission knew of his sexual life because he had noticed that they sometimes called him 'Bwana' instead of the more usual terms of address, 'Father', or its equivalent in the Luo language.

The doctor at Kisumu, in his case report, provides a remarkable insight. He writes:

From the patient's manner and demeanour, and from the history as obtained both from himself and others, I consider him to be suffering from melancholia, of advanced degree. This, I have no doubt, is secondary to his homosexuality; it has probably been induced by the state of mental conflict in which he has lived since he first started to indulge his desires for members of his own sex: on the one hand, this unnatural lust, which he is unable to repress; on the other, his divine office and the realization that he 'was disgracing his cloth.'

Vleck was admitted to Mathari in June of 1941. Over the ensuing weeks the psychiatrist in charge, Jack Carothers, had three long conversations with Vleck. Carothers asked Vleck what the church meant to him – if it was just a means to a living, or if it ‘mattered a great deal’. Vleck replied that the church did mean a great deal to him. Carothers advised that in that case he should find some solution *within* the church, implying that the best prospect for Vleck would be to subordinate his sexuality to his religion and repress his sexual desires. We do not know however, if Carothers recommended to him that he should attempt to continue with his missionary work

On the second of September, Carothers wrote to the Bishop of Kisumu to tell him that Vleck was ‘really quite sane’ and was suitable for discharge but that he felt very strongly that he should not return to Kakamega or participate in any sort of missionary work. ‘Please regard this matter as urgent,’ he wrote, ‘as we cannot keep sane people in the Asylum.’ The next day the Bishop wrote to the Chief Secretary in Nairobi: ‘Now I am in a dilemma,’ the bishop wrote, ‘the doctor declares my priest ‘really quite sane’ and at the same time does not think him fit to resume the work for which he has been sent in 1933.’ The Bishop also wrote to Carothers: ‘If the person is really quite sane, he ought to be able to take up his former missionary work.’

The problem of course was prestige. It was simply inconceivable that Vleck should be allowed to return to Kakamega where he was likely to resume sexual relations with African men. He could not be repatriated against his will, however, unless he was certifiably insane. Carothers, in a deft intellectual move, solved the conundrum:

‘Father Van Vleck is now mentally normal, but...in my opinion, he runs a grave risk of losing his sanity if he returns to work in Kavirondo.’

Here Carothers put his finger on the ambiguity by which Vleck’s madness was perceived. In a letter to the Director of Medical Services, Carothers elaborated on his theme. ‘At the time of his admission [Vleck] was anxious, depressed and potentially suicidal, but hardly psychotic as he had good reason to be depressed.’

Vleck’s ‘madness’, in other words, was perfectly rational - in a sense. The impossibility of his returning to missionary work, meanwhile, reflected a political agenda: that Africans had ceased to address Vleck as Father, using the generic Bwana instead, suggested that in *Africans’* eyes the respectability of the white man was in doubt. That Vleck was homosexual was not, of itself, adequate to explain his insanity; rather it was the experience of practicing his homosexuality with Africans that had precipitated his breakdown. Mental health would be restored only once the

tension between Vleck's homosexual desire and his own 'white man's burden' - his missionary position - was relieved.

Vleck, it appears, was returned to Britain. *Potential* madness, it seems, was enough to warrant his repatriation. The mission to which Vleck belonged paid the costs of his passage and the Secretariat rubber-stamped his removal. Yet more questions than answers remain: *Did* Van Vleck have sex with Africans? Who were they? How did these incidents come to pass? And what was the nature of these relations? Above all, it is uncertainty that characterises these fractured, fragmented stories and animates them as historical sources. In the case of a woman who told doctors she had been sexually assaulted by an African, neither the doctors nor the reader can get any grip as to whether this actually happened. Is this a delusion, or did the incident actually take place? The point is, *in either case*, we have an explanation for the woman's mental instability. There were in fact many European patients in Kenya, diagnosed to be deluded - the content of whose delusions present visions of the colonial imagination that sometimes scrambled, sometimes inverted, and sometimes *precisely replicated* perceptions of Africa and Africans prevailing at the time. One patient, for example, was certain that the African cooks employed at the hospital were Mau Mau. Others believed the Africans they employed at their farms were Mau Mau. But we have to ask, *were* they Mau Mau? It is perfectly feasible that they were. And yet these were people whose perceptions of reality were deemed to be disordered. One of the patients treated at Mathari, a woman admitted in 1957, suffered from the belief that the African lady whom she employed to look after her new born baby was in fact bewitching her child. The question which we have to ask, but that we cannot answer: *was* the African woman bewitching the European woman's baby? Or was the European's *belief* that her baby was being bewitched what constituted her madness? In the case of Philip van Vleck, there is no evidence to 'prove' that Vleck was indeed having sex with Africans. This too may as well be fantasy or fiction. Working with the histories of the mentally ill we read subjective realities in a state of suspended incredulity. These versions of colonial Kenya, no less than those recorded by Beryl Markham, Elspeth Huxley or Karen Blixen, deserve to be read with sympathy and consideration. What they remind us is that if the reiteration of an idealised colonial discourse was, as Said suggested, such an important aspect of colonial power, then so too was the deliberate forgetting of all of those people who experienced themselves - and Africa - in different ways.

***Collapsing Categories: Genealogy and the Inchoate.***

This paper was entitled, 'Kenya's *Other Whites*'. Who were these other whites? How might they be grouped together? Are they even of any historical significance?

In one sense, Kenya's *other whites* can be defined by default; by what they were not rather than what they were. These are the people left out of the historical record; people whose very presence, thanks largely to the lasting image of Kenya Colony as a playground for the romantic and the rich, appears strange. These are people out of place.

Attempting to identify what these other whites have in common, however, is a more difficult task. Certainly many of these people were poor. Many developed relationships with Africans considered by society at large to be unreasonable and destructive to the corporate well being of the colonial population. Others experienced Africa as desultory or depressing. Many found frustrating the petty privations of farming life. At least one person expressed despair over the colonial project itself, asking her doctor, 'what are we doing here? Surely we must know that this is useless?'

A significant number of people, moreover, did not so much go to Kenya as end up there. Eva Sokolowski, who was admitted to Mathari in 1954, fled Poland with her family in 1942. The family moved through Persia and India and settled in Northern Rhodesia. Six months later, Eva met her husband and moved with him to Kenya. On her case notes is written, simply: 'Some terrifying war experiences and in Siberia.' Others come from Germany, Greece, Denmark, Hungary, Norway, France. Those who came from Britain, meanwhile, often arrived in Kenya via circuitous routes. Charlotte Crawford was born in Shanghai but had spent time in Britain and in India before she arrived in Kenya in 1949. Arthur Gumbal had spent 23 years in India where he had suffered from malaria, encephalitis and black-water fever and where he may also have become addicted to cannabis. Jack Ellis, born in Ceylon, went to Germany at 2, Scotland at 5 and to Kenya in 1948, aged 16. Robin Barker's case notes detail that he went to Ethiopia to make money, got stuck in a flooded river and lost most of his kit. The doctor notes: 'things happened in Ethiopia which caused him great distress but he did not say what.' One man, who had previously served in the navy, had been torpedoed at sea during the war and spent three days adrift alone on a raft after which, the doctor notes, his mind is a blank.

That colonials had histories - that they did not, except in the most fantastical accounts, arrive at Mombasa emotionally pristine - reminds us that empire was comprised not in fact of tropes and types but of human beings. That a sizable proportion of those treated in Mathari had moved around the empire before coming to Kenya is itself significant. These were people who bore their own,

unique imperial scars. Even amongst those for whom Kenya was their first colonial experience, it shouldn't be underestimated how difficult colonial lives could be.

And yet, we can only access these deep, complex, disordered life-histories in the archives of a mental hospital. These are, we must not forget, the histories of 'the mad'. But it would be a grave mistake to posit these people as different or separate from the colonial society itself. That they were excised from the social body – and consequently removed from historical view – is testament to the political need to expunge the stain of public scandal. The credibility of colonial rule rested above all on the character of the colonising self: the figure, the archetype - the embodiment of mastery and good order. Deviations from this ideal tarnished the sense and sensibility by which confreres in the colonial project took their own, existential bearings. In a colonial context, 'poor whites', whether as phantom or as fact, would always be 'a problem'. Yet the 'poor white' was no less a construct than the 'lazy native'. As for all those thousands of people who neither ended up in Mathari nor immortalised their lives in print (the great bulk that is the historically invisible) we have to foreground at least the *possibility* that colonialism entailed, for whites as well as blacks, stress, jeopardy, doubt, alienation. Doris Lessing, whose parents farmed in Southern Rhodesia, writes this of her mother:

I think what happened was this: When she arrived on that farm, which was still virgin bush, with not so much as a field cleared on it, not a house or a farm building – nothing; when she knew that this would be her future, a lonely one because of her neighbours, with whom she had nothing in common; when she knew that the forward drive of her life, which had been towards some form of conventional middle-class living, was blocked...when she knew that nothing she had hoped for could ever happen – then she had a breakdown and took to her bed. But words like breakdown and depression were not used then as they are now: people could be suffering from neuresthanian or low spirits. She said she had a bad heart and probably believed it, as she lay in bed with her heart pounding from anxiety, looking out over the African bush, where she would never feel at home.<sup>90</sup>

Elsewhere Lessing has written that though her family were 'poor' they hardly counted as 'poor whites'. The poor white, as Kennedy correctly observed, served mainly as a trope and the 'degenerate European, gone to seed in the tropics' was a caricature above all; a rhetorical fire curtain behind which the messy complicated realities of colonial reality were concealed. Poor whites, loose women, degenerates, drunks and ne'er do wells were all typologies; coordinates for imaginatively confining those 'other' whites within manageable conceptual bounds. But between

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<sup>90</sup> Doris Lessing, *Walking in the Shade: Volume Two of my Autobiography*, London: Harper Collins, 1997, p.145

these extremes - between the archetypes and the antonyms - were countless numbers of people - people whose stories largely have not been told - whose experiences were messy, difficult and often depressing. Colonialism, we are led to believe, was distinctively extraordinary – ‘life lived up in the air’ as Blixen had it - but for most people colonialism was in fact decidedly ordinary, with all the complexity that ordinariness entails. Tracking the movement of people – in and out of Kenya, in and out of sight, and from sanity to ‘madness’ - is to describe migrations across what is permissible and prohibited, what is foreclosed and what is (re)produced, what is possible and what is denied. The colonial endeavor to create categories and put up boundaries to defend them meanwhile, was premised on fixity, stasis and the defensive reassertion of what was at heart a collapsible truth.

