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**From promising settler to undesirable immigrant: The deportation of British-born migrants from mental hospitals in interwar Australia and South Africa**

Jean P. Smith

Abstract: This article examines the process by which British-born migrants to Australia and South Africa were deported from mental hospitals in the 1920s and 1930s. It shows how men and women who arrived as permanent settlers, could be re-classified as immigrants subject to expulsion. Debates over who was responsible for those, who through mental illness or alcoholism were deemed ‘undesirable’, were conducted at the levels of both high diplomacy and petty bureaucracy. Tracing the history of deportation as a means of social engineering within the empire, this article highlights the tension between the transnational ideology of white supremacy and its expression in national terms. Using the case files of those deported from two settler colonial mental hospitals, Callan Park in Sydney and Valkenberg in Cape Town, as well as official deportation paperwork, it also traces how such diplomatic decisions were refracted through the process of attempted implementation. These files show firsthand both the social history of deportation and the mechanisms through which the settler colonial state aimed to shape its population by excluding not only those perceived to be racially other, but also those judged to be racially unfit. The process of determining domicile and of deportation itself reveals much about the frequently precarious circumstances and life histories of these migrants and their often far flung networks, as well as the ways in which migrants and their families were able to negotiate the regulatory mechanisms of both the state and the asylum.

Keywords: deportation, Australia, South Africa, race, migration, settler colonialism, immigration, repatriation, mental illness, alcoholism

On the 14th of May 1930, James Hamilton was found by the police wandering the mountainside near Cape Town. He had been missing for ten days and confessed that he had been contemplating suicide. Hamilton was admitted to Valkenberg Hospital and his case notes reveal that he heard mocking voices and saw people in the street imitating him. Originally from Scotland, Hamilton had moved to Southern Rhodesia in 1927. Two years later he sold his shares in a tobacco farm and moved to Cape Town. Despite making good progress to recovery, 'working well on the farm' and his stated wish to stay in South Africa, he was deported to Scotland in May 1931.<sup>1</sup> Hamilton was originally judged to be a worthy settler, receiving an assisted passage on a selective scheme operated by the 1820 Memorial Settlers Association. His mental illness rebranded him as an undesirable immigrant, however, and he was ultimately deported against his will.

In a similar case in Australia, John Gray was deported in 1934. In this instance it was alcoholism that marked Gray as an unworthy settler. A Great War veteran, Gray had arrived in New South Wales from England on an assisted passage in 1929 with his wife and three children. Gray was detained in Callan Park Mental Hospital in October 1933 under the Inebriates Act and was deported in September 1934, just before he was due to be released, leaving his family behind in Australia. Commenting on Gray's case, the Medical Superintendent at Callan Park wrote, 'It is desirable to expedite the deportation of the above-named inebriate. We have found that he is utterly unreliable, and are of the opinion that he will never do any good in this country.'<sup>2</sup> As this indicates, Gray's alcoholism, like Hamilton's mental illness, transformed him in the eyes of the settler colonial state from a promising settler granted an assisted passage to an 'undesirable' immigrant who was forcibly removed.<sup>3</sup>

Both men were deported under legislation better known for the exclusion of Asian immigrants. From the late nineteenth century, immigration restrictions across the settler colonies of the British Empire and in the United States worked to exclude migrants of colour,

forming what Marilyn Lake and Henry Reynolds have termed the ‘global colour line’.<sup>4</sup> Legislation in these countries privileged newcomers identified as ‘European’ or ‘white’ and, within the British Empire, those from the United Kingdom. These laws, however, also provided for the exclusion of those considered undesirable for other reasons including criminals, the mentally ill, prostitutes and alcoholics.<sup>5</sup>

Looking closely at the processes by which Hamilton, Gray and other British-born migrants were deported from South Africa and Australia allows for a detailed exploration of the racial ideologies of these settler colonial nations and, crucially, how they operated in practice.<sup>6</sup> Deportation was a necessary mechanism here, as mental illness or alcoholism was not always easy to ascertain at the moment of entry. Yet, as Jordanna Bailkin has argued, this process of removal has often been overlooked and the scholarship on race and migration has paid far greater attention to the restriction of entry.<sup>7</sup>

The process of deportation left behind a significant archival trace. In both South Africa and Australia, mental hospital authorities in concert with government agencies amassed considerable information about those admitted to their care. They sought to establish whether patients had family members locally or abroad with the means to provide financial support, whether foreign-born patients were domiciled, whether they could legally be deported and if so, who was liable to pay for the transportation costs. Such enquiries often resulted in the recording of highly detailed personal information, often including the testimony of the individual concerned, a bureaucratic attempt to outline the life history of patients before they entered the institution.<sup>8</sup> This kind of material, especially when used in conjunction with sources from beyond the asylum archive, as Will Jackson has argued, provides a broader social context for the histories of both mental illness and migration.<sup>9</sup>

Mental hospital case files, cross referenced where possible with official deportation paperwork, therefore, provide a way to access the voices of not only the asylum doctors and immigration officials, but the patients themselves, as well as family members, neighbours, local police officers and magistrates, adding a new dimension to discussions focused on government policy or the medical discourse of mental illness.<sup>10</sup> While clearly mediated through the officials charged with compiling the files, and especially given the context of mental illness, not always reliable, these sources provide rich details about the experience of migration.<sup>11</sup> This article draws on 23 case files of British-born migrants admitted in the 1920s and 1930s to Valkenberg Hospital in Cape Town and Callan Park Mental Hospital in Sydney.<sup>12</sup> Fourteen files were located through a survey of all those available from Valkenberg. Such a comprehensive survey was not feasible for the Callan Park records due to volume but nine files were located with the aid of the 'Register of Discharges, Removals and Deaths'.<sup>13</sup>

These files reveal the laborious and often inconclusive bureaucratic process involved in attempts to determine whether patients should be deported, providing evidence of what Ann Stoler has termed 'administrative anxiety'.<sup>14</sup> Stoler has drawn attention to the 'uneven densities' of the colonial archive, often surrounding social categories, in this case the question of domicile and which nation, usually within the British Empire, was responsible for these patients.<sup>15</sup> This intensive bureaucratic activity in the colonial archive, Stoler argues, is frequently found in places where the inconsistencies and hypocrisies inherent to the 'warped logic' of white supremacy are exposed.<sup>16</sup> These records of deportation formed one such density, as the erratic behaviour of British-born mental hospital patients and alcoholics highlighted inconsistencies within the settler colonial ideology of white supremacy with its emphasis on the rationality and self-sufficiency of the European and especially of the British settler.<sup>17</sup>

These, often implicit, ideological motivations for the exclusion of mentally ill and alcoholic British migrants existed alongside more practical concerns. Excluding the mentally ill, ‘inebriates’ and other ‘undesirables’ was often presented by officials as a rational and pragmatic policy, removing those who would not be productive citizens and would instead be a drain on state resources. That officials were concerned about the cost of maintaining mentally ill immigrants has led some historians to conclude that economic rather than ideological considerations were more important in the formation of legislation that allowed for their deportation.<sup>18</sup> This characterisation, however, overlooks the ways in which racial ideology co-existed with and shaped these economic concerns. The deportation of ‘undesirables’ was both pragmatic, saving the state expense, and ideological, in that it removed from the colony those who did not fit the ideals of white supremacy foundational to the settler colonial nation and the impetus behind the creation of its racialised welfare provision.<sup>19</sup>

Taken as a whole, the immigration laws of both Australia and South Africa reflect an ideal settler who was not only of European descent but also physically fit, mentally sound, moral, and economically self-sufficient. In looking at institutions in both countries this article extends the developing body of ‘trans-colonial’ work on mental illness in the Australian colonies and New Zealand.<sup>20</sup> Though by the interwar period, Australia and South Africa were self-governing Dominions rather than colonies, they remained settler colonial societies and had very similar immigration policies and deportation procedures, underpinned by an ideology of white supremacy.<sup>21</sup>

It is with the wider imperial context that the article begins, tracing the longer history of the exclusion of those deemed undesirable throughout the British Empire. Drawing on interwar correspondence between the Dominions Office and the governments of Australia and South Africa, it also highlights the tensions that debates over deportation reveal between

imperial unity and national concerns about racial fitness. Subsequent sections draw on the case files of Callan Park and Valkenberg to examine the implementation of deportation policies. They show how the process of determining domicile reveals much about the life histories and networks of migrants and the ways in which they and their families were able to influence, with varying degrees of success, the process of deportation.

### **Deportation as a means of social engineering in the British Empire**

The deportation of ‘undesirables’ has a long history in the British Empire dating back to the transportation of convicts to the North American colonies and later to Australia. Such social engineering could also take place in the opposite direction. Even as the British government deported convicts to Australia, the admission of Europeans to other British colonies was highly regulated and those considered ‘undesirable’ were frequently deported. In India, first the East India Company and later the Raj restricted the entry of Europeans through a system of licenses and deported European vagrants, prostitutes, criminals and the mentally ill.<sup>22</sup> Deportation was used in a similar way in Shanghai and Kenya.<sup>23</sup>

In the case of the self-governing settler colonies, Australia, Canada, New Zealand and South Africa, by the late nineteenth century the regulation of migration raised the question of how to reconcile national borders within a larger imperial polity. This was evident in the conflict between the settler colonies and the British government over immigration policies that explicitly excluded Asian immigrants, including those from the British Empire, which eventually led to the use of measures such as dictation tests to remove explicit racial discrimination in immigration legislation while retaining it in practice.<sup>24</sup>

The settler colonies also attempted to keep out or remove ‘undesirable’ Europeans. The anti-transportation movements of the mid-nineteenth century comprise one such effort, which eventually succeeded in ending transportation to the Australian colonies and preventing its institution in the Cape colony.<sup>25</sup> A similar movement was also successful in New Zealand.<sup>26</sup> Settler colonial governments also passed legislation allowing for the restriction or removal of the mentally ill. The Immigration Act of 1869 excluded ‘any lunatic or idiotic person’ from Canada.<sup>27</sup> In 1873, New Zealand passed the Imbecile Passengers Act which controlled the entry of ‘lunatics’ and similar legislation was passed in Western Australia in 1897 and Tasmania in 1898.<sup>28</sup> In the Cape Colony, the 1897 Lunacy Act made steamship lines responsible for the maintenance or repatriation of passengers found to be mentally ill within 60 days of arrival, a provision reinforced by the Immigration Act of 1902.<sup>29</sup>

In Australia, the Immigration Act of 1901, and in South Africa, the 1913 Immigrants Regulation Act, consolidated previous colonial legislation in the wake of Australian federation in 1901 and the formation of the Union of South Africa in 1910.<sup>30</sup> While these Acts are best known for their de facto racial restrictions, as discussed above, they also included prohibitions against criminals, prostitutes, the so-called ‘feeble-minded’, the insane, the diseased and those who would become ‘a charge against the State’.<sup>31</sup> The latter was a broad category, open to interpretation, which could, depending on how it was deployed, include a wide range of so-called ‘undesirables’: the unemployed, the disabled, the mentally ill, the inebriate. Under these laws a British migrant admitted to a publicly-funded asylum or other charitable institution could be deported. In Australia, under the amended Immigration Restriction Act from 1920, migrants, including those from the United Kingdom, could face deportation if they were admitted to a publicly-funded asylum or charitable institution within three years of arrival in the country.<sup>32</sup> This was extended in 1932 to five years with



retrospective effect.<sup>33</sup> In South Africa, under the 1913 Immigrants Regulation Act, British subjects could face deportation if admitted to an asylum within three years of arrival.<sup>34</sup>

Alcohol abuse could also lead to committal to a mental hospital and posed a particular threat to settler ideologies of white supremacy. Excessive drinking was frequently cited as both a symptom and a cause of mental illness. In both South Africa and Australia indigenous people were restricted in their access to alcohol. The ability to handle alcohol (or particular kinds of alcohol such as liquor) was imagined as the province of the white man alone. An overindulgence in alcohol and the corresponding lack of inhibition that drinking entailed ran directly counter to the settler colonial fiction of whiteness with its emphasis on control, not only over the colonised, but also over the self.<sup>35</sup> In South Africa, the 1911 Prisons and Reformatories Act allowed for the creation of 'inebriate asylums' where habitual drunkards could be imprisoned. These institutions, alongside 'work colonies' were aimed at the rehabilitation of so-called poor whites.<sup>36</sup> In New South Wales the Inebriates Act of 1912 allowed the families or business partners of alleged inebriates to have them committed if their claims were verified by medical professionals.<sup>37</sup> The Australian immigration regulations of 1913 also included 'chronic alcoholism' as one of the proscribed illnesses that could be used as grounds for deportation.<sup>38</sup>

The importance of these immigration regulations in the construction of a racialised nation state - of white Australia and segregated and later apartheid South Africa - is well established. While much attention has been paid to cultural representations of the white Australia policy and its counterpart in South Africa, as Alison Bashford has argued, far less has been paid to the ways in which such policies were executed, especially in regard to British migrants.<sup>39</sup> Turning from the creation of these laws to their implementation highlights the broader consequences and conflicts created by such policies. Individual states could

create laws regarding deportation, but officials had to ascertain where deportees could be sent and negotiate their return with the authorities at their intended destination.

Debates over the deportation of British subjects within the empire reflected the trend towards increased sovereignty for the Dominions marked by the passage of the Statute of Westminster in 1931 and culminating in the establishment of independent citizenship laws after the Second World War. While British officials aimed to preserve the policy of 'Empire-wide British nationality' they were also concerned about the 'dumping' of 'undesirable' British subjects in the United Kingdom in a time of economic crisis.<sup>40</sup> In 1931, the Dominions Office circulated a memorandum which aimed to standardise the definition of domicile and the procedure of deportation across the British Commonwealth. It proposed that deported British subjects should be sent to 'the territory of that Member of the British Commonwealth of Nations with which he is most closely connected' rather than automatically to the United Kingdom. Though potential methods for defining 'close' connection were suggested such as a residency of at least seven years, military service and birthplace, a clear formula proved elusive.<sup>41</sup>

In the discussions that followed this proposal, South Africa pushed for an 'international rather than intra-Commonwealth' approach to the question of domicile and deportation, avoiding 'any explicit recognition of the implications of common British nationality'.<sup>42</sup> This attempt to assert South African sovereignty was met in the Dominions Office with some concern over its implications for imperial unity, but rejecting it entirely raised the prospect that the United Kingdom might become 'a dumping ground of deportees from any of the Dominions'.<sup>43</sup> While refusing to concede that standards of international law should apply within the Commonwealth, the Dominions Office agreed to the majority of the South African proposal, on the condition that the Union would not automatically deport

British subjects who were not South African nationals to the United Kingdom but would take steps to send them to ‘that part of the Commonwealth to which they properly belong.’<sup>44</sup>

The difficulty in these discussion in clearly defining ‘most closely connected’ or determining where individuals ‘properly belonged’ speaks to the deeper problem of defining nationality and identity in the interwar British Empire of settlement and the tensions between the rhetorically unifying imperial ideology of British race patriotism and its often exclusionary national expression.<sup>45</sup> The files of the Dominions Office and the immigration regulations of South Africa and Australia suggest the increasing independence of the settler colonies and with it their ability to regulate their own borders. The laborious work involved in implementing these laws, however, speaks to a more chaotic social landscape where identities were unknown, national belonging was blurred by serial migration and often dysfunctional family networks spread across the British Empire and beyond.<sup>46</sup>

### **Determining domicile: Serial migration and the far flung networks of the British world**

The process of determining domicile revealed much about the life histories of patients, and especially of their migrations. It, along with attempts to find out whether patients or their families had the means to pay maintenance, required that officials contact friends and relatives both locally and abroad.<sup>47</sup> This correspondence provides details of the often precarious existence of many of the individuals who found themselves facing deportation and reveals a frequent pattern of serial migration.<sup>48</sup>

In some cases it was straightforward to determine domicile. Both Valkenberg and Callan Park were located in busy port cities and frequently admitted patients who had been diagnosed with mental illnesses aboard incoming ships or soon after their arrival. Arranging

for the deportation of such patients, who had generally not established domicile, was relatively uncomplicated as in both Australia and South Africa steamship companies were liable for paying for both the hospital care and return passage of these patients. Arthur Mason, for example, was deported in June 1929, after being admitted to Callan Park in April, just a few weeks after his arrival in Australia.<sup>49</sup> Elizabeth Dixon was admitted to Valkenberg on the recommendation of the ship's surgeon on her arrival in Cape Town en route to Australia in May 1927 and was deported a few weeks later.<sup>50</sup> Similarly, Annie Jensen, who was travelling to Melbourne, where her sister lived, was admitted to Valkenberg directly upon landing in Cape Town in November 1927 and deported back to the care of her family in Manchester in March 1928.<sup>51</sup>

Even in cases of admission directly from the ship, however, establishing domicile was not always clear-cut, as many patients had a complex history of serial migration. Scottish-born Charles Murray, for example, was admitted to Valkenberg a few days after landing in Cape Town in February 1927 and given a diagnosis of 'alcoholic psychosis'.<sup>52</sup> There was a debate about whether he was considered domiciled in South Africa between the Department of the Interior and the Union-Castle steamship line, which would be responsible for his transportation costs if he was deported. Murray had first arrived in South Africa in 1920, but had subsequently travelled to the United Kingdom in 1922, 1923, 1924 and 1926 after a string of failed businesses. He had returned to South Africa each time and had also lived in Southern Rhodesia. In the end, over the strong objections of the Union-Castle line, it was determined that he was not domiciled and he was repatriated to Scotland in July 1927.

In many cases the personal histories of individuals emerged more clearly from institutional attempts to determine the domicile of patients than from records regarding their diagnosis and treatment.<sup>53</sup> The initial admission paperwork for Harold Linton, admitted to Valkenberg in 1929, as for other patients, contained a standard form, with entries that aimed

to establish his identity. Linton was described as a 44 year-old, married, Roman Catholic, European male, born in England. He was diagnosed with psychosis and was judged to be suffering from religious delusions and those of grandiosity. The case notes, written by the medical staff at Valkenberg, largely focus on a recounting of his delusions and often disorderly behaviour. They provide only fragments of information about his prior life, such as recording Linton's own suggestion that his present illness was caused by 'sleepy sickness' contracted on the mines of the Witwatersrand in 1921.

By contrast, the correspondence in the file that aimed to determine whether he could be deported and whether his family members could pay for his care provides a much more richly textured account of his life. The magistrate's report, filed just weeks after Linton's first admission in May 1929, noted that his relatives were all living in England, including his wife and ten-year old daughter. In July, the Superintendent at Valkenberg wrote to Linton's siblings living in London, Bognor, Manchester and Leeds asking if they were in a position to pay for his maintenance.

The correspondence established that Linton was considered domiciled in South Africa, having arrived in 1912, and therefore he remained at Valkenberg until his death in 1945. It also revealed a complex history of migration and an attenuated but still existing family network. It provided more information about his wife, highlighting the difficulty of classifying this couple who had both undertaken a series of migrations within and beyond the British Empire. Born in Leeds, Linton had travelled to Italy in 1909, then returned to live in London for five months in 1912 before moving to South Africa. Linton and his Irish-born wife, Nellie, had married in Johannesburg in 1914. They relocated to England in 1927 with their daughter. Linton returned to South Africa on his own in 1929 and was admitted to Valkenberg seven weeks after his arrival in Cape Town. Nellie subsequently returned to South Africa, moving to Mafeking by October of 1930. It is not clear that Nellie moved to be

closer to her husband as Mafeking is a significant distance from Cape Town, but she did visit occasionally and wrote regularly, sending small gifts such as cigarettes until her husband's death in 1945.

Another case where the process of ascertaining domicile revealed a complex history of migration is that of Ernest Bates, a navy veteran who arrived in Sydney from England in May 1935 and was committed to Callan Park six months later with a diagnosis of 'dementia paralytica' linked to alcoholism.<sup>54</sup> Investigations into his liability for deportation revealed that Bates had previously come to Sydney in 1932 and tried to set up a poultry farm, but this venture had failed and he had returned to England. Bates did not, therefore, meet the five year requirement for domicile and was deported at the expense of the steam ship company, Gilchrist, Watt and Sanderson, in May 1936.<sup>55</sup> Enquiries into his background revealed that Bates was single, his sister, Mabel, lived in Sydney and he also had other siblings in England. Mabel was very much involved in his care and corresponded frequently with the Superintendent of Callan Park.

Bates's file highlights the practical difficulties involved in deporting those suffering from mental illness. Mabel had supported her brother's committal to Callan Park, out of concern about his alcoholism, which she attributed to war service. Bates died soon after his return to England, however, and Mabel blamed his death on the lack of supervision on the voyage. She had heard from her sister that he had arrived in Plymouth, in a 'very dirty condition', having been allowed to have 'too much drink' and as a result had £40 of his navy pension money stolen on the voyage. She had been assured that two attendants from Callan Park would supervise her brother on the voyage, although as the superintendent pointed out, Bates had actually been put into the care of the ship's stewards.<sup>56</sup> Mabel's letter provides a rare insight into what could happen to deported patients after their release from the

institution. Most files simply record the date, the destination and occasionally the name of the ship on which they sailed.<sup>57</sup>

Some files do, however, suggest the lack of care provided in the deportation process. Arthur Mason's file, for example, includes letters from both his wife in London and his father in Cornwall asking for reports of his progress at Callan Park, months after he had been deported; they were apparently unaware that he had been sent back to England and there was no mention of any provision for further care.<sup>58</sup> While it is unclear what happened to him, that neither of the relatives listed on his file knew of his whereabouts suggests a failure in communication at the very least and very little concern in these procedures for providing continuity of care for patients who were often very vulnerable.

As these cases illustrate, the deportation of the mentally ill involved the removal of patients from the relatively controlled space of the hospital to the liminal space of the ship.<sup>59</sup> The orderly rhetoric surrounding deportation, that of returning people to where they 'properly belonged' necessitated that they pass through a state of transition on board ship, a place between, where they might elude the control of everyone concerned with their case: doctors, immigration officials, and family members alike. Deportation and institutionalisation were intended to solve the problem of the 'undesirable' by removing them from society, but they often created new problems for families already under strain. In Bates's case, the difficulties caused by his mental illness were compounded by deportation. In other cases, however, both institutionalisation and the legal mechanism for deportation provided opportunities for family members to exercise influence over the crises emerging from mental illness and alcohol abuse. As well as providing portals into the personal histories of patients and their families, the case files at Valkenberg and Callan Park also reveal the ways in which family members were able at times to exert agency, not only over the decision to commit a patient and their treatment, but also over the question of deportation.

## **The power and limits of state regulation**

Looking at these policies through the individual case file highlights both the power of the state and its limitations. As Mark Finnane has argued, the asylum could serve as an ‘arbiter of social and familial conflict’.<sup>60</sup> In cases where patients were liable for deportation, this could extend beyond the asylum to the state. The case files demonstrate that family members and even patients at times tried to influence the processes of committal and deportation with varying degrees of success.<sup>61</sup> It is, however, important not to overstate the agency of these often very vulnerable patients and their families. Ultimately deportation was a tool of social engineering frequently and often brutally employed by the settler colonial state.

The deportation of patients accused of crimes illustrates this social engineering and was sometimes pursued, in South Africa at least, even if the person in question was domiciled.<sup>62</sup> Those accused of crimes who were committed to mental hospitals were frequently offered deportation as an alternative to criminal prosecution. Dennis Taylor, a publishing agent who had moved to South Africa from England in 1920, was accused of ‘criminal injury’, of sexually assaulting several young men in Port Elizabeth in 1927.<sup>63</sup> The government offered to drop the charges against him if he agreed to return to England. After spending time in Grahamstown Mental Hospital, Taylor was transferred to Valkenberg while the details of his repatriation were worked out and he was deported in December 1927. Martin Alford, a retired civil servant, was charged with passing bad cheques in various Cape Town hotels in November of 1935, shortly after arriving in South Africa. Following his arrest, he became so ‘irrational’ that he was sent to Valkenberg. After Alford was declared a prohibited immigrant and the procedure for deportation was underway, the charges were dropped. Alford died suddenly in January 1936 before he returned to England.<sup>64</sup>



In another case, Harry Nesbitt was declared insane while on trial for assault and attempted murder.<sup>65</sup> In exchange for his release, he agreed to leave South Africa. His case also shows the difficulty of ascertaining where someone should be deported. Nesbitt had been born in Belfast, had lived in Canada and the United States and claimed to be both a British subject and an American citizen. A South African official expressed concern that Nesbitt's history of mental illness might prevent his readmission to the United States and asked whether the Physician Superintendent at Valkenberg might furnish Nesbitt with a letter stating that he did not require further 'mental hospital treatment' to increase the chances that he would be admitted.<sup>66</sup> As no clear evidence could be found of his naturalisation in the United States and there were doubts that he would be accepted by Canada, where there was an increasingly strict immigration regime, it was determined that it would be 'safest' to send him to Ireland, his birth-place.<sup>67</sup> He set sail without escort in July 1936.

Other cases illustrate both the limits of state regulation and the possibility, however small, for patients and their family members to influence the process of deportation. It was John Gray's wife, Lillian who applied to have him committed as an inebriate. Their son also provided an affidavit supporting her claim. In her statement Lillian noted that her husband had been 'drinking heavily for the past two years and spends all the money he earns' and his health 'is being seriously impaired.' She described her own difficulty in dealing with her husband: 'He comes home drunk and on Saturday night last suffered with delirium tremens and I had a terrible night with him.' This testimony and a short letter granting her husband permission to visit are the only instances where Lillian's words were recorded directly in the case file.

Lillian, however, appears frequently in correspondence between the staff at Callan Park, the Sydney Police, the Customs Officer, the Superintendent of Mental Hospitals and the Master of Lunacy for New South Wales. She was consulted continuously regarding

arrangements for her husband's treatment, his release and ultimately for his deportation. In a letter regarding the possibility of the revocation of the order against him, Dr. Wallace noted that Gray was 'in good health and behaves well, but it would be necessary for his wife to be consulted in this matter.' By June, Lillian had applied to have her husband released on a licence. Writing to the Inspector-General of Mental Hospitals, Dr. Wallace observed, 'Previously she objected to him being discharged, but his conduct has been satisfactory for a prolonged period, and I would recommend that her application be approved.' It seems that Lillian changed her mind several times about whether she wanted her husband to be released. This uncertainty likely stemmed from the precarious situation in which she found herself. While Gray's admission to Callan Park might have helped his health and saved his wife from dealing with him while he was drunk, the loss of his earnings, even given his tendency to spend them on alcohol, was also a hardship.<sup>68</sup> There is evidence that Lillian received support from the child welfare department, whose officials wrote twice to Callan Park to confirm that Gray was a patient there and was therefore unable to contribute towards the maintenance of his children. Eventually, after Gray began drinking again, Lillian advocated successfully for his deportation. Though his committal to an institution within five years of arrival in Australia meant that he could legally be deported, the intervention of his wife was crucial to the final decision to send him back to England.

John Gray was deported in September 1934, just before he was due to be released from Callan Park. However, subsequent events demonstrate that he was not entirely subject to the social control of the state. Gray returned to Australia in 1936 in defiance of the deportation order placed upon him. He even had the confidence to return to Callan Park for a visit in 1937, 'looking very well and inclined to be offensive in manner and speech'.<sup>69</sup> According to probate files, Gray remained in Sydney until his death in 1973 at the age of 80. While there is little evidence on his later life, the files show that Gray left the poultry trade to

become a printer and that despite his differences with his wife Lillian in the 1930s, they were still married at the time of his death and he left her the whole of his estate.<sup>70</sup> Though Gray's brazen return to Callan Park after flouting the deportation order against him is distinctive, that he would attempt to return to Australia is unsurprising given that his wife and children remained there. Though Australian immigration officials had determined that Gray belonged in England, the pull of another locus of belonging, the family, proved stronger. His return also highlights the utopian thinking in the notion that deportation could make 'undesirables' disappear. Determining where British migrants were most 'closely connected' was confounded by the fact that they often took connections with them as well as forging new ones in their new surroundings.<sup>71</sup>

Even if Gray's case was not typical, it does show the limits of this form of state regulation and the ways in which individuals were sometimes able to exert influence on the process. Another example of this comes from the case of Reginald Allard, admitted to Callan Park in February 1923.<sup>72</sup> In his admission paperwork Allard was described as a 24 year-old, single, Roman Catholic, of 'no fixed home'. His birthplace was listed as England, his profession as 'Labourer - Imperial Soldier'. Allard heard voices and 'suffered from delusions of wealth' and was committed to Callan Park after he went to a police station complaining 'of persons calling him names in the street'. He had come to Australia on an assisted passage in 1921, moving from Fremantle to the 'Western bush, then to Melbourne, then Canberra and finally Sydney', indicating that his time in Australia was unsettled.

The case file shows that Allard's father in England advocated strongly for his deportation. Enlisting the aid of various family members in London, and numerous organisations including the Red Cross, the Association of Ex-Service Civil Servants, and the Balmain police, Allard's father mounted a formidable letter-writing campaign to have Reginald, and another son, Clement, returned to England. Letters from Allard senior to his

son, chronicle his efforts including personal visits to Australia House in London. Allard himself also advocated for his own return, drawing attention to the specific clause of the immigration regulations under which he was liable to deportation. From surviving documentation it is unclear whether his brother Clement was ever located, his last known address was simply listed as the 'Seaman's Lodge', Circular Quay, Sydney. Reginald, however, did return to England in December 1924.<sup>73</sup> Though it seems likely that this bid to have Allard returned to England was successful at least in part because the family's interests aligned with those of the Australian immigration authorities, the ways in which both Allard and his father aimed to use the process of deportation for their own ends, even citing the legislation to the authorities, is striking and testifies to the strong pull of familial connection across the world.<sup>74</sup> At the same time the apparent disappearance of Clement Allard also suggests the ways in which migration could weaken and even sever family ties.

Just as families such as the Allards, were able to effect a reunion, others were able to use the process of deportation to avoid supporting family members.<sup>75</sup> Lillian Harris was admitted to Callan Park in August 1932 and diagnosed with 'manic depressive insanity'.<sup>76</sup> She had moved to Sydney from London in 1928 after leaving her husband, whom she described as an abusive alcoholic. Four of her grown children lived in England and another son lived in Sydney with his family. Her file includes letters from her son in Sydney and another son in England, both claiming that they were not in a position to support her and suggesting, at times insistently, that the other should take responsibility. Harris's son in Sydney had her admitted to Callan Park, and while his intentions for doing so are unclear, his letters indicate that he thought it best for her to go back to England into the care of his single brother and he described her as 'difficult to get on with'. He was unemployed with two children and felt unable to support his mother financially. She was deported to England in October 1932.

Another family conflict was evident in the case of Cecil Drummond, who was admitted to Callan Park in October 1928.<sup>77</sup> Drummond suffered from violent outbursts and the delusion that he was a world famous athlete, leading him to cut up all ‘his good suits into shorts for running imaginary Marathon races’. Drummond had come to Australia in May 1927 with his wife and children. Their passage had been paid by his brothers in England, over his wife’s objection, on the grounds that a sea voyage would be beneficial to his health. Though an engineer by trade, he had been unemployed since service in the Great War and seems to have had both physical and mental difficulties, spending time in a tuberculosis sanatorium and suffering a nervous breakdown in 1923. His wife alleged that his brothers, who were well off, had paid the passage ‘simply to get rid of him as he has been unable to work since the end of the war’ and had paid the full fare to avoid a medical examination so that his mental illness would not disqualify him from moving to Australia. Drummond’s wife with their two adult children elected to remain in Australia after it was determined that Drummond would be deported at the expense of the steamship company, Gilchrist, Watt and Sanderson. The process of deportation was also contentious.<sup>78</sup> The steamship company challenged the deportation order, accusing his wife and children of having him committed and ‘deported as a pauper and landed in London in a destitute condition’ in order to ‘evade the responsibility of his support’ and ‘escape their moral obligations’. The Australian government, however, pressed forward with the deportation order, which was also challenged by Drummond’s brothers, whose lawyers submitted a letter disclaiming any responsibility for their sibling if he was returned to England. The case file records that he was deported in February 1929, but his subsequent fate is unknown.

As these cases show, at times family members were able to exert influence on the process of deportation, however, this likely depended on the individual case as well as the degree to which their aims aligned with those of the government. While Lillian Gray, for

example, seems to have had a lot of influence, in other cases family members' requests were not honoured. Charles Alford wife's request that her husband be allowed home to assist with packing in advance of his deportation was refused, for example. While reasons for this were not given, it seems likely that Alford's diagnosis of 'manic depressive psychosis' and his threats to kill his family and himself contributed to the refusal of leave and the relatively swift decision that he be deported. Alford returned to England with his wife in July 1934.<sup>79</sup>

Repatriation was also offered to other patients, even those not subject to deportation by law, highlighting its wide-ranging use as a tool for social engineering and its often inhumane application.<sup>80</sup> James Adams, a veteran of the First World War, was admitted to Callan Park in April 1930 with depression, suffering from what today might be called post-traumatic stress disorder. Like many other patients described in this article, the long shadow cast by the Great War is clear in his file. His symptoms included persistent ringing in his ears and a fear of loud noises. His case notes indicate that he was 'gassed' during the war and that the symptoms began after the explosion of a loud shell nearby. Adams was domiciled in Australia, having moved there in 1910 from Scotland when he was 14 years old. He had enlisted from Australia in 1915. After the war he began to experience ringing in his ears and subsequently spent time in a number of different mental hospitals in New South Wales: Randwick, Lidcombe, Liverpool, Broughton Hall and finally Callan Park. The notes in his case file indicate that he was ambivalent about returning to Scotland, saying at one point that he wanted to go back to see friends and family and at others that he was concerned about the impact of the cold weather on his health. He is listed as discharged to Scotland in December 1930, returned there after spending most of his adult life in Australia.<sup>81</sup>

These cases demonstrate the wide range of state efforts at social engineering, while revealing at the same time the limited ability of patients and family members to exert some influence over the process of deportation. They also show a more complicated story

surrounding the questions of responsibility and belonging than the diplomatic negotiations over deportation suggest. Overall, they show that the governments of Australia and South Africa pushed for deportation whenever possible, often sending vulnerable patients on board ship with limited supervision and little provision for their care on arrival in the United Kingdom.

## **Conclusion**

Taking examples from two mental hospitals, Callan Park in Sydney and Valkenberg in Cape Town, this article has highlighted the convergence in the ways in which these two settler colonial states aimed to remove those white, British-born migrants who did not fit their settler ideal. It also works toward the articulation of the social history of these deportation policies, to show how they unfolded on the ground and how the individuals involved, their families and friends, manoeuvred and failed to manoeuvre around them. These ties stretched across the world; relatives from as far afield as Canada and New Zealand as well as the United Kingdom wrote concerned letters enquiring about the progress of their loved ones or filled in gaps about their personal or medical histories. At the same time, migration, deportation and institutionalisation also allowed for the abandonment of family responsibilities. The mental hospital case files and official deportation records give insight not only into the life histories of the individuals involved, but also the social worlds that they inhabited.

They also show the ways in which the settler colonial states of South Africa and Australia aimed to shape these social worlds. Though institutionalisation, incarceration and deportation were used by many states, settler colonial societies such as South Africa and Australia, with a large percentage of immigrants in their population and a founding ideology

of white supremacy, had a particular opportunity and motive to use such strategies as a form of social engineering. Though the ability of asylum and state officials in Australia and South Africa to exert control over patients and their families is clear, so too are the limits of that control. These case records reveal the possibilities for family members and even patients to exert influence on the processes of committal and deportation. This was especially true in regard to deportation which removed patients from the controlled space of the hospital and the jurisdiction of individual nation states.

The difficulties that Dominion and British authorities had in determining who should be responsible for migrants suffering from mental illness or alcoholism also speaks to the specific position of British migrants in settler colonial ideology. Their race and nationality meant that they could theoretically come to be domiciled in the legal sense of the term and thereby come to 'belong' in Australia or South Africa, to settle. Yet, if they failed to fulfil other criteria of racial fitness, would-be settlers could also be re-cast as unwanted immigrants who did not belong in the settler colonial nation. These attempts to remove 'undesirables', therefore, reveals the work that went into the maintenance of the mythology of white supremacy that underlay the settler colonial societies of both Australia and South Africa.

## Notes

1. ME 3276, BC 1043, University of Cape Town Archives (hereafter UCT). All patients have been given a pseudonym in accordance with the conditions of access for both the Valkenberg and Callan Park records.
2. Admission file 1933-23, Inebriate, 14/10129, State Records New South Wales (hereafter SRNSW)
3. On the analytical difference between settlers and migrants in the settler colonial context see Veracini, *The Settler Colonial Present*, 32-49; Veracini, *Settler Colonialism*, 3-4, 14, 108.
4. Lake and Reynolds, *Drawing the Global Colour Line*.
5. Bashford, *Imperial Hygiene*, 137-163; Carey, 'White anxieties', 199.



6. Jackson and Manktelow, 'Introduction: Thinking with Deviance', 2-3, 17.
7. Bailkin, *The Afterlife of Empire*, 203. Exceptions include Dhupelia-Mesthrie, 'Betwixt the Oceans'; Heaton, 'Elder Dempster'; Martyr, 'Having a Clean Up? '
8. Schler, 'The facts stated', 146.
9. Jackson, 'Unsettled states', 85-87.
10. On the use of case files see Coleborne, *Insanity, Identity and Empire*, 4, 84-91; Coleborne, 'Locating ethnicity'; Coleborne, *Madness in the Family*, 88-121; McCarthy, 'Ethnicity, Migration and the Lunatic Asylum', 49-50, 53-54.
11. McCarthy, 'Migration and Madness', 69; Schwarz, 'Colonial lunatic asylums', 285-302.
12. For more on the histories of these institutions and of mental hospital provision in New South Wales and the Cape see Garton, *Medicine and Madness*; Marks, 'The Microphysics of Power'; Schwarz, *Homeless Wanderers*.
13. Of these cases, the majority were men: one women and eight men in the case of Callan Park and six women and eight men in the case of Valkenberg.
14. Stoler, *Along the Archival Grain*, 41.
15. *Ibid.*, 35.
16. *Ibid.*, 6.
17. For the longer history of this 'administrative anxiety' in settler colonial mental hospital records see Coleborne, *Insanity, Identity and Empire*, 2,8-9, 27-28, 164-66.
18. McCarthy, 'Exporting and Repelling the Colonial Insane', 146-61.
19. Bashford, 'At the Border', 353; Lake and Reynolds, *Drawing the Global Colour Line*, 156-58; Murphy, *A Decent Provision*, 55-182; Seekings, 'Not a Single White Person', 375-94.
20. Coleborne, *Insanity, Identity and Empire*, 5-6; Coleborne, *Madness in the Family*, 8-10, 144-45.
21. Setter colonial immigration policies were not only similar but were often modelled on each other. See Martens, 'A transnational history of immigration restriction'.
22. Ernst, *Mad Tales from the Raj*, 14-15, 23-24, 26, 39-40, 51-52, 56, 162-63, 166; Fischer-Tiné, *Low and Licentious Europeans*, 44-45, 104-5, 143, 205, 290.
23. This became more difficult after 1945 in Kenya due to a growing population of white settlers born in Kenya who could not be deported. On Kenya see Jackson, 'Dangers to the Colony'; Jackson, *Madness and Marginality*, 15, 54-61, 68-69, 121, 159; Kennedy, *Islands of White*, 73, 177; Shadle, *The Souls of White Folk*, 65-66. On Shanghai see Bickers, *Empire Made Me*, 19, 202, 234-36.

24. Bashford, 'Insanity and Immigration Restriction', 17; Lake and Reynolds, *Drawing the Global Colour Line*, 5; Mongia, 'Race, Nationality, Mobility'.
25. Holdridge, 'The pageantry of the anti-convict cause', 141-64; McKenzie, *Scandal in the Colonies*, 171-79; Reid, *Gender, Crime and Empire*, 210-46.
26. Bashford, 'Insanity and Immigration Restriction', 15-16; Picker, 'A State of Infancy', 226-40.
27. McCarthy, 'Exporting and Repelling the Colonial Insane', 155.
28. Bashford, 'Insanity and Immigration Restriction', 16-17; McCarthy, 'Migration and Madness', 65.
29. Schwarz, *Homeless Wanderers*, 121-26.
30. Lake and Reynolds, *Drawing the Global Colour Line*, 137-138, 236.
31. Alison Bashford goes so far as to argue that it was British migrants who were the main object of Australian border control in the first half of the twentieth century. Bashford, 'At the Border', 346-52, 355-58.
32. Bashford and Howard, 'Immigration and Health', 103.
33. Martyr, 'Having a Clean Up?' 175-76; Nichols, *Deported*, 62-65.
34. Bradlow, 'Immigration into the Union, 1910-1948: Policies and Attitudes.' 74-75.
35. Fischer-Tiné, 'The drinking habits of our countrymen', 383-408; Roos, 'Alcohol Panic', 1167-89.
36. Roos, 'Work colonies', 61-62.
37. This ordinance operated in a similar way to the 1898 Inebriates Act in the United Kingdom. Garton, 'Once a Drunkard', 51.
38. Bashford and Howard, 'Immigration and Health', 103, 105.
39. Bashford, 'At the Border', 347.
40. Draft Correspondence, 7 October, 1933, Deportations: South Africa, 1930-36, DO 35/108/1, The National Archives of the United Kingdom, (hereafter TNA).
41. Draft Memorandum, 29 October 1931, Deportations: Australia, 1930-36, DO 35/108/2, TNA.
42. H.J. Stanley to Sir Henry Batterbee, 11 April, 1933, Deportations: South Africa, 1930-36, DO 35/108/1, TNA.
43. Ibid.
44. Percivale Liesching to Sir Charles Dixon, July 1933, Deportations: South Africa, 1930-36. DO 35/108/1, TNA.

45. On this tension see Lake and Reynolds, *Drawing the Global Colour Line*, 4.
46. MacDonald, 'Colonial Trespassers in the Making of South Africa's International Borders 1900 to c.1950.' 40-42.
47. Angela McCarthy's study of Irish migrant in mental hospitals in New Zealand found evidence of similar transnational networks. McCarthy, 'Transnational Ties to Home'. On the functioning of these networks in an earlier period throughout the 'British World' see Magee and Thompson, *Empire and Globalisation*, 64, 105.
48. On the mobility of 'settlers' see McCarthy, 'Migration and Ethnicity among English migrants in New Zealand Asylums', 81,93; Veracini, *The Settler Colonial Present*, 2. On their often precarious and 'unsettled' lives see Jackson, 'The settler's demise', 85-87; Jackson, 'Unsettled states', 89, 100.
49. A1, National Archives of Australia, Canberra (hereafter NAA). File number withheld to preserve anonymity as, unlike Callan Park case files, these records are open access.
50. FE 2189, BC 1043, UCT.
51. FE 2238, BC 1043, UCT. Similar cases include those of Frances Tierney (FE 2338) , Ethel Wells (FE 2300) and Ethel Tucker (FE 2352), BC 1043, UCT.
52. ME 2874, BC 1043, UCT. A similar pattern of serial migration is also evident in the case of William James, ME 2792, BC 1043, UCT.
53. On this point see Jackson, *Madness and Marginality*, 14.
54. Case File 1935-158, 20092, 14/9623, SRNSW.
55. A1, NAA. File number withheld to preserve anonymity.
56. Admission file 1935-158, 20092, 14/9623, SRNSW.
57. There are some fragmentary traces of deported British migrants in the National Archives, however these are few and far between. See for example, the case of John Dillon, an Irish-born migrant deported to Southampton from Australia in 1930. John Dillon (Deported Migrant from Australia), 18 January, 1936, DO 35/467/6, TNA.
58. Admission file 1929-353, 17536, 14/9545, SRNSW.
59. Heaton, 'Elder Dempster', 113-120.
60. Finnane, 'Asylums, Families and the State', 135. See also Wright, 'Getting Out of the Asylum', 137-155.
61. Parle, 'Negotiating Mental Illness', 1-21; Schler, 'The facts stated', 137.
62. Hyslop, 'Undesirable Inhabitant of the Union', 178-97.

63. ME 2885, BC 1043, UCT. This method was also employed as a form of informal deportation in Britain, see Bailkin, *The Afterlife of Empire*, 208.
64. ME 3992, BC 1043, UCT.
65. ME 4049, BC 1043, UCT.
66. ME 2885, BC 1043, UCT.
67. Ibid. On Canada's immigration policy see Menzies, 'Governing Mentalities', 135-73.
68. Admission file 1933-23, Inebriate, 14/10129, SRNSW.
69. Ibid.
70. Probate 13660, 1973, SRNSW. File number withheld to preserve anonymity as probate records are open access.
71. Deacon et al., 'Introduction', 6.
72. Admission file 1923-282, 15031, 14/9466, SRNSW.
73. Ibid.
74. A similar case of family intervention contributing to the deportation of a patient is that of Ethel Tucker at Valkenberg, FE 2352, BC 1043, UCT. See also Schler, 'The facts stated', 139-142.
75. McCarthy, 'Migration and Madness', 64.
76. Admission file 1931-52, 18441, 14/9572, SRNSW.
77. Admission file 1928-149, 17330, 14/9538, SRNSW.
78. A1, NAA. File number withheld to preserve anonymity.
79. Admission file 1934-17, 19508, 14/9605; Case File 19508, 14/10078, SRNSW.
80. Conversely the refusal of repatriation could also be used for social engineering as was the case of the white wives of West Africans who were denied passages to West Africa. See Ray, 'The White Wife Problem'.
81. Case File 144V, 14/10077, SRNSW.

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