Tales of female sexuality and scandal: Lauren Beukes's "Princess" and archived asylum texts

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Abstract

In the short story "Princess", Lauren Beukes presents a tale of a princess who discovers her clitoris. Subsequent to this discovery, the princess's sexuality rapidly develops to encompass the pleasures derived from autoeroticism, as well as the sexual acts performed by her handmaid. Yet, the princess's sexual pleasure is only one part of the story. The other part is how society recoils in shock and engages in vehement scolding of the princess's expression of female sexual pleasure. Beukes's tale sparks my curiosity to explore narratives of female sexuality in archived texts. Such an undertaking is motivated by the dearth of historical studies of female sexuality in South Africa. One case in point is the study of female sexuality in the Victorian period, where the primary focus of academic scholarship is on rape and sexual violence. In this article, I seek to broaden the South African narratives of female sexuality in the late nineteenth century to include aspects pertaining to pleasure, as well as to enumerate how female sexual desire was often tied to scandals, public shock and transgressions of femininity. To achieve this goal, I offer a micro-study of female sexuality at the Grahamstown Lunatic Asylum.

Keywords

Autoeroticism; Lauren Beukes; female sexuality; Grahamstown Lunatic Asylum; masturbation; nymphomania; nineteenth-century; South Africa.

Introduction

In the short story, "Princess" (2016),[1] Lauren Beukes presents a tale of a princess who finds her "pea […] nestled among the wiry coils between her legs" (Beukes 2016, 49). Subsequent to this discovery, the princess is awestruck at how her acts of autoeroticism are able to "turn her blood to treacle and pin her like a butterfly on the fulcrum of her desire" (Beukes 2016, 49). The princess's sexuality rapidly develops to encompass the pleasures derived from the dexterous fingers of her handmaid:

> at the princess's insistence, the handmaid plucked and shaved and waxed the plump, velvety casing, all the better to show off the sultry treasure within. Then she teased back the folds and burnished the princess's pea to a glistening jewel. And the princess shivered and shuddered and gasped and finally cried. (Beukes 2016, 50)

Later on, the princess, "still simmering in the heat and thrall" (Beukes 2016, 52) of the handmaid's handiwork, enters a nightclub. The mob of clubbers respond negatively to the princess's behaviour when she is "lost in the flow of the rhythms resonating inside her" (Beukes 2016, 53) and proceed to unleash a torrent of scuff and scorn. The assault committed by the mob results in the princess being stripped naked. At witnessing the sight of the princess's pea, the mob recoil in "shock", "outrage and superstition and fear" (Beukes 2016, 54). Beukes's story, in summation, is an exploration of female sexual pleasure, but also of how the expressions thereof are met by society's rebuke.

While Beukes's tale can be interpreted within the noughties context of sex scandals as sacraments within the "cult of celebrity" (Schmidt 2014, 110), the tale sparks my curiosity to explore narratives of female sexuality in archived texts.[2] Such an undertaking is motivated by the dearth of historical studies of female sexuality in South Africa. One case in point is the study of female sexuality in the Victorian period, where the primary focus of academic scholarship is on rape and sexual violence (for example, see Scully 1995). In this article, I

[1] The short story was originally published in Karin Schimke's *Open: Erotic Stories from South African Women Writers* (2008).

[2] My curiosity stems from heeding Debra Mollen and Jennifer Mootz's (2013, 325) call for the exploration and understanding of women's sexuality to take into account multiple perspectives that include medical discourses and literary texts, as well as "media influences, personal and collective histories, political influences, and cultural considerations". By pursuing this line of enquiry, we are provided with a comprehensive and rich inventory of the full range of women's "sexual agency and pleasure" (Mollen and Mootz 2013, 322).

seek to broaden the narratives of female sexuality in the late nineteenth century of South Africa to include aspects pertaining to pleasure, as well as to enumerate how female sexual desire was often tied to scandals, public shock and transgressions of femininity. To achieve this goal, I offer a micro-study of female sexuality at the Grahamstown Lunatic Asylum (see also Ek 2017; Goldberg 1999).

Background

Before embarking upon the micro-study, it is necessary to outline the dominant medical discourses of female sexuality in the Victorian era, and to sketch a concise overview of the Grahamstown Lunatic Asylum. In terms of the former, female sexuality was conceptualised to be passive and thus "awaiting the awakening of desire in response to the approaches of men" (Groneman 1994, 342). Moreover, sexual desire was thought to be lower in women than in men (Clarke 1888). Instead of having strong sexual desires, women were believed to be exceedingly ruled by desires for marriage and motherhood (Groneman 1994, 355; Oppenheim 1991, 202). The passivity of female sexuality and lower sexual desire observed in women are recurrent themes in the medical texts of the nineteenth century, and form the cornerstone of Richard von Krafft-Ebing's *Psychopathia Sexualis* (1886). In this pioneering study dedicated to sexual pathology, Krafft-Ebing declares that

> Man has beyond doubt the stronger sexual appetite of the two. From the period of pubescence he is instinctively drawn towards woman. His love is sensual, and his choice is strongly prejudiced in favour of physical attractions. A mighty impulse of nature makes him aggressive and impetuous in his courtship. […] Woman, however, if physically and mentally normal, and properly educated, has but little sensual desire. If it were otherwise, marriage and family life would be empty words. As yet the man who avoids women, and the woman who seeks men are sheer anomalies. Woman is wooed for her favour. She remains passive. Her sexual organization demands it, and the dictates of good breeding come to her aid. (Krafft-Ebing 2001, 55)

From the discussion thus far, we can chart that in propagating "normal" female sexuality as passive and an inconsequential desire when compared to the desires anchored to domestic and maternal roles, female sexual deviance and pathology is dominated by the transgressions and violations thereof. This is compellingly demonstrated in how nymphomania was

understood in the late nineteenth century to be a "morbid condition peculiar to the female sex, the most prominent character of which consists in an irresistible impulse to satisfy the sexual appetite" (Bouchereau 1892, 863). In such an ambiguous description, it not surprising that where "sexual desire in a woman was too assertive to ignore", doctors were provided a means to pathologise her sexuality and "assume that she was unhealthy and suffered from nymphomania" (Oppenheim 1991, 204–205). Significantly, in studying nymphomania cases of the nineteenth century, feminist scholars have revealed that the doctors found evidence of excessive sexual desire in the speech and behaviour of the women (see Ek 2017; Goldberg 1999; Groneman 1994). Stated differently, in the medical records for the majority of these women, the doctors were affronted by the women expressing "immodestly overt" (Goldberg 1999, 97) sexual desire in their speech and conduct, which violated the feminine ideals of "modesty, chastity, and sexual passivity" (Goldberg 1999, 96). Thus, what becomes comprehensible in the cases of nymphomania is how the women were deplored by the doctors for exhibiting "gender deviancy" (Goldberg 1999, 96). In this way, the diagnostic label of nymphomania can be argued to be a "derogatory description of female transgressions of all sorts" (Goldberg 1999, 116–117).

The Grahamstown Lunatic Asylum (presently known as the Fort England Hospital) was established in 1875 in Makhanda, formerly known as Grahamstown.[3] From 1875 to 1890, Dr Robert Hullah was the superintendent of the asylum. Thereafter, Dr Thomas Duncan Greenlees (1858–1929), a Scot who had previously worked in a number of British asylums, was appointed as the medical superintendent of the asylum from 1890 to 1907. During Greenlees's tenure, the asylum consisted of a heterogeneous patient body of different races, sexes, languages, and nationalities. Moreover, under Greenlees's superintendence, the asylum was underpinned by policies and practices of racial discrimination, in which black patients were segregated from white patients and received a differential treatment regimen (for further discussion, see Du Plessis 2017). The casebooks of an asylum can be described to be "innately jaundiced" (Andrews 1998, 266), as the recorded information contains only the aspects of the case that were of interest to the doctor. This feature is clearly discernible in the casebooks for the Grahamstown Lunatic Asylum's female population, where the focus on white patients was on their sexuality, while for black women, the spotlight was on their

[3] The Grahamstown Lunatic Asylum was part of the Cape Colony's network of asylums established in the nineteenth century for the care and custody of the insane. The colony's network of asylums has been the subject of considerable scholarly research (see Swartz 2015).

fertility and maternity.[4] As the casebooks provide only a somewhat comprehensive account of white female sexuality, this article is delimited to developing an awareness and understanding of the white women inmates' stories.[5]

In the casebooks of the asylum, there is a sizeable collection of cases for white women that include a description and / or diagnosis of nymphomania, mention of masturbation, and love affairs as bringing about the onset of a mental breakdown, as well as of women who practiced autoeroticism. In the investigation of these cases, the article is divided into four parts. The first part investigates the women who entered the asylum with medical certificates that attributed the onset of mental illness to masturbation. Curiously, this attribution is submitted without any evidence to confirm the practice of masturbation. On scrutinising these cases, it is reasonable to propose that by assigning the cause of insanity to masturbation, the certifying doctors were provided with a "medical discourse for reading female deviancy as sexual pathology" (Goldberg 1998, 35). The second part identifies the themes in the cases where "love affairs" were assigned as a contributing factor to a patient's mental breakdown. The third part considers how the diagnostic label of nymphomania encompassed a variety of sexual expressions that were violations of "the widespread ideal of nineteenth-century femininity" (Ek 2017, 7). Lastly, I investigate one patient's practice of autoeroticism to offer an affirmative expression of female sexual pleasure as polycentric and thereby constituting a challenge to patriarchal and phallocentric norms of Victorian sexuality.

Masturbation

Adriana (HGM 22, 139)[6] entered the asylum with medical certificates that included the testimony of her landlord, who described her wandering away at night. The landlord also

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[4] These racially distinct focus areas are a product of the dominant colonial ideologies and eugenic discourses of the late nineteenth century: while doctors were concerned about the sexual deviancy of white subjects and the threats this posed to the degeneracy of the white race (see Hodes 2015), they were equally concerned about constructing myths, stereotypes and beliefs of "black women as sexually indiscriminate and as bad mothers" (Washington 2006).

[5] This article builds upon a study that aimed primarily to explore the unique life stories of the patients; a secondary aim was to develop an awareness of the narrative patterns that were shared by patients of the same race and gender profile (Du Plessis 2017). For an in-depth and wide-ranging discussion of black female sexuality that challenges colonial stereotypes and develops a positive construction of the sexuality, desires and agency of African women, see Tamale (2011).

[6] The article makes extensive use of quotes and information obtained from the casebooks. Thus, to avoid repetitive and identical citations in my discussion, I only cite the first instance in which a casebook reference is used.

believed that Adriana was pregnant. The certifying doctors classified Adriana's wandering habits as a symptom of nymphomania. Overall, Adriana's attack of insanity was concluded to be "chiefly the result of masturbation". This conclusion is forwarded as the cause of her insanity, despite the medical certificates containing neither evidence of masturbation nor the testimonies of witnesses to confirm the practice of masturbation.

In the casebooks of the asylum, there are a handful of cases of single women in their early twenties who, like Adriana, were assigned masturbation as the cause of insanity, even though their medical certificates contain no evidence or testimony of masturbation. While the medical certificates are startlingly silent on the sexuality of the women, they do provide pronounced descriptions of the women's acts and behaviours that were regarded to be transgressions of femininity and offences of immodesty. In these cases, I suggest that the certifying doctors interpreted the patients' acts of depravity and immodesty, as well as transgressions of femininity, to be analogous to how masturbation in women was "associated [...] with the nervous irritability, wayward fancies, and nondescript ailments of hysterical girls" (Yellowlees 1892, 785). Along these lines, the medical discourses of masturbation provided a means for the certifying doctors to label the deviant and defiant behaviour of the women to be indicative of sexual pathology (Goldberg 1998, 35). The proceeding discussion seeks to bring to the fore the transgressions of Victorian femininity committed by the women who the certifying doctors assigned masturbation as a cause of their attacks.

A common denominator in the life stories of the women is that they wandered away from their abodes. As the women absconded from their domestic environs, and journeyed unchaperoned into the night, their wandering habits would certainly have been regarded as a taboo by the certifying doctors and may have brought into disrepute the social and sexual respectability of the women (see Stoler 1997). The majority of the cases are also characterised by the doctors identifying several other sexual pathologies as symptoms of mental illness. While Adriana's wandering habits were deemed a symptom of nymphomania, Winifred (HGM 22, 133) was considered to be suffering from erotomania—defined as delusions of "being loved by someone else" (Berrios and Kennedy 2002, 397)—as she thought every man was in love with her. Yet, on Winifred's admission to the asylum, Greenlees was unable to detect any delusions of erotomania. What Greenlees did discern as a point of concern was that Winifred moved to the mirror to "admire" herself. To understand how this behaviour was judged to be scandalous, I turn to Krafft-Ebing (1965, 58), who

describes that for women who aspire to marriage, their "emblem and ornament" of chastity is "modesty". In contrast are women who make themselves attractive "with the fixed purpose of pleasing men" (Krafft-Ebing 1965, 58). Therefore, a binary is established between the modesty of chaste women seeking marriage as the opposite of unchaste women who vainly flaunt their beauty for the purposes of "coquetry" with men (Krafft-Ebing 1965, 58). In this formation, Greenlees may have condemned Winifred's admiration of herself to be an act of immodesty and motivated by a licentious desire to entice male attention.

Although these female patients were admitted to the asylum with masturbation assigned as a cause, Greenlees (1907, 3) critiqued this assignment, as he considered masturbation less as a cause and more as a symptom of insanity. Nevertheless, Greenlees, like the certifying doctors, labelled a patient's life story to be deviant, and this took the form of diagnosing a patient to be a moral imbecile. In the late nineteenth century,[7] moral imbecility was defined as individuals who "exhibited an ethical and aesthetic defect, and an inclination to immoral conduct" (Rimke and Hunt 2002, 73). In this way, moral imbecility can be regarded as a label for individuals who were judged to be disposed to depraved and immoral behaviour, and accordingly, were reckoned to be unable to lead a civil, decorous and virtuous life. By way of example, after reviewing the life history of Winifred (HGM 22, 133) recorded in the medical certificates, Greenlees deemed her to be suffering from "moral imbecility" and was of the opinion that her "moral character is unstable", and cautioned that "away from [the] restraint [of the asylum] she might give way to her passions".

Love affairs

A considerable portion of women were admitted to the asylum with "love affairs" stated as the cause of their mental breakdowns. Greenlees (1905, 221) remarked that this cause of insanity "more readily affects the female" than the male patients. In scrutinising the "love affair" cases, three prominent themes are revealed. The first theme pertains to women who were rejected by their husbands-to-be. Subsequent to being jilted, the women became lewd and lost all facets of feminine poise and self-control. Annie's (HGM 17, 92) engagement was broken off and this was "supposed to have been the starting point of her illness". From the

[7] For a discussion of moral imbecility in the South African medical and psychiatric discourses of the early twentieth century, see Klausen (1997), Hodes (2015), and Swartz and Ismail (2001).

onset of her mental breakdown, Annie was lewd, destructive and cursed incessantly. After Magdalene's (HGM 22, 88) engagement failed, her conduct was erratic and she would tear off her clothing to expose herself. On admission to the asylum, Magdalene expressed a delusion that she was married and was "lewd in expression and manner". Stephen Garton (1988, 148–149) enumerates that as "marriage and motherhood were stressed as the acme of a woman's life", "[f]ailure here was considered a tragedy". In this regard, it is possible to conclude that the jilted women suffering piercing heartache, psychological trauma and their disappointment in love may have been a bona fide factor in contributing to the onset of their mental illness. This claim is further supported once we comprehend that the vast majority of the women with "love affairs" assigned as the cause of insanity had no occupation.[8] For these women, marriage was thus indisputably "essential for attaining economic security" (Goldberg 1999, 137).

The second theme pertains to young unwed women who were misled and deceived by the broken promises and dishonesty of men. In seeing that a key feature of women's lives in the nineteenth century was upholding "[s]exual honor" (Goldberg 1999, 145), the women who were victims to the dishonesty of men most likely suffered shame. The scandal of a deceitful "love affair" made public not only the treachery committed by the man, but also cast a dark shadow over the woman's respectability, character and integrity. To cite a case in point, I turn to the casebook for Edith (HGM 22, 138). Prior to her admittance to the asylum, Edith was in her late twenties and single. Her natural disposition was described as "delicate; kind hearted, industrious, sober in disposition"—the hallmarks of Victorian femininity. Edith was a Sunday school teacher for over 12 years and excelled in her duties. In 1906, a male teacher joined the staff of the school and asked Edith to accompany him on several walks, to which she consented. To Edith's shock, a fellow female teacher informed her that he was married, with a wife residing in England. Edith confronted him and he confessed that he was a married man. Subsequent to his confession, the curator of the school asked him to resign from his post. In a letter addressed to Greenlees from her mother, we witness that despite his resignation, Edith endured mental anguish and she "wished the floor could have opened and swallowed her up". Her mother testified that throughout Edith's entire life she was "perfectly sensible and a very useful and good industrious daughter", but after this event, she "could not

[8] More broadly, for the white women admitted to the asylum from 1890 to 1906, 31 per cent had no occupation and 37 per cent were housewives (Du Plessis 2017, 264).

do anything not even dress herself properly". Drawing upon the poignant pronouncements contained in the mother's letter, it is possible to deduce that Edith's self-image was mortified by these events, she was beleaguered by the scandal, and this was a key source of her suffering from depression. Lamentably, the casebook entries narrate that her depression did not abate while at the asylum. Edith was diagnosed with melancholia and was described as remaining in a cataleptic condition in which she was almost "statuesque" and devoid of any interest in her surroundings.

Thus far, the identified themes potentially point to "love affairs" as substantial factors in contributing to the women's onset of mental illness. Yet, in the third theme, "love affairs" refers to acts of adultery committed by women. On Johanna's (HGM 23, 23) admission to the asylum, she was 23-years-old, had been married for five years, and was a mother to three children. Her committal to the asylum commenced when she "suddenly became abusive and violent" and later refused to eat. Her family attributed the cause of her insanity to an "indiscretion" she committed five weeks prior, in which a married man arrived in her home town and became "enamoured" by Johanna. She "reciprocated his advances and turned against her husband". In the process of enumerating on Johanna's act of adultery, and proffering it as the cause of her attack, her family members shifted the attention of the certifying doctors away from her husband, who was an alcoholic. Thus, rather than the medical certificates accounting for the more plausible contributing factors of Johanna's breakdown as stemming from the stresses and strains of living with a husband suffering from alcoholism, Johanna is castigated as an adulteress whose indiscretions resulted in her attack of insanity.

Johanna, on arrival at the asylum, shouted out a "stream of abusive and lewd language". During the first two months of her institutionalisation, she refused food, used the "most obscene language", and was destroyed clothes. On the one hand, such acts and behaviour can be regarded as symptoms of psychopathology, but on the other hand, they can be viewed as expressions of rage and protest at being confined in the asylum (Coleborne 2020, 20; Goldberg 1998, 43; Groneman 2000, 5). To substantiate the latter point, the refusal to eat is widely interpreted to be a "weapon" (Van Deth and Vandereycken 2000, 399) by which the patients of an asylum communicated their protest of being incarcerated (see Du Plessis 2020). Furthermore, the act of trashing clothes can be interpreted as a rejection of the establishment and the status of being a patient therein (Goldberg 1998, 43). Although Johanna's acts can

potentially be viewed as "battles against the asylum" (Goldberg 1998, 110), it did not result in her receiving a discharge from the asylum. Instead, the asylum responded to her acts of resistance by force-feeding her with a stomach tube and confining her to a padded room. Alarmingly, she spent several days detained in the padded room and was only let out for a few hours each day to spend in the asylum's courtyard. Of interest is that Johanna remained in the asylum for less than six months before she was discharged recovered. Her convalescence was signalled to the asylum doctors once she employed herself at sewing and became "quiet and sociable". Thus, Johanna's adoption of feminine behaviour communicated to the doctors her restored sanity and suitability for discharge.

Nymphomania

In the asylum's casebooks for the period of investigation there are, as far as I can ascertain, only a handful of nymphomania cases.[9] This stands in contrast to the male counterpart of nymphomania, satyriasis, which was diagnosed in a sizeable number of cases. Interestingly, in the cases of satyriasis, a recurrent theme is the male patients being beset by unbridled sexual desire, enraptured by masturbation, and surrendered to obscene behaviour. Alwyn's (HGM 9, 127) medical certificate describes how he lay on the ground "with penis in hand calling for a woman with whom he might fornicate", while Philip's (HGM 14, 24) casebook describes his behaviour at the asylum to be predominated by chasing "after every woman he meets". Unlike the cases of satyriasis, which share an account of the men thought to be consumed by carnal desire and lust, the cases of nymphomania reveal an "amorphous medical category" (Goldberg 1998, 38). In one instance, it referred to a woman's delusions of erotomania (HGM 17, 34), and in the other instance, it was identified in the "loose immoral and intemperate life" led by a woman who was deemed a moral imbecile (HGM 21, 102).

Alice (HGM 17, 34 and HGM 18, 34) was admitted to the asylum in July 1894 with medical certificates that labelled her to be suffering from nymphomania, as she believed that "several men are desirous of copulating with her and have made overtures". During her first few days

[9] In the treatment of nymphomania at the Grahamstown Lunatic Asylum, no surgical operations were performed. During the nineteenth century, despite gynaecological surgeries for the treatment of nymphomania being described by the wider medical community to be "useless" and to be "condemned" (Bouchereau 1892, 866), there are numerous examples of Victorian women being subject to clitoridectomy (removal of the clitoris), nymphectomy (removal of the labia minora), circumcision, and oophorectomy (removal of non-diseased ovaries) to cure nymphomania and insanity (see Groneman 1994).

in the asylum, although she continued to uphold the delusion that "men are all in love with her", the asylum doctors diagnosed her to be suffering from mania owing to her fits of temper and irritability. A year later, Alice's behaviour had not changed and her delusions of erotomania still persisted. She was described to be very abusive and lacking self-control. By May 1896, Greenlees regarded Alice to be a chronic case of insanity and transferred her to the Port Alfred Asylum. In November 1897, Alice was transferred back to Grahamstown Lunatic Asylum and informed Greenlees that "she was not going to be regarded as a patient [of the asylum], and would brook no female control". Alice kept her word and was described as being headstrong, petulant in manner, and resistive to the regimen of the asylum. Alice still believed that "every man who sees her falls in love with her", but she wanted nothing to do with Greenlees and thus avoided seeing him or speaking to him. Finally, in March 1901, she was again transferred to the Port Alfred Asylum.

The 29-year-old divorcee, Esther (HGM 21, 102), entered the asylum on 11 August 1903 with medical certificates that outlined a depraved life history awash with sexual indiscretions. Her natural disposition was denounced to be that of a "moral imbecile" who had been living a "loose life" for several years. From the evidence promulgated in the medical certificates, Greenlees believed Esther to be suffering from alcoholism and nymphomania. However, from her first day at the asylum, Greenlees was unable to "detect any mental symptoms indicative of insanity". Esther was "quiet, civil and perfectly connected in language". During the cross-examination conducted by Greenlees, she confessed that drinking led to her onset of mental illness. By 20 August, Greenlees was still unable to diagnose Esther as insane and thus wrote to a solicitor general to request further time to observe her at the asylum:

> This case has been under my care since Aug 11. and with the exception (if it is an exception) to her confession of drinking [...] I am unable to detect any symptoms indicative of mental disease. The history given in her case, however, of a loose immoral and intemperate life, together with the apparent strong hereditary predisposition to mental disease are factors which, in her case, justify my requesting an order for her further detention—limiting such order to say 3 months providing further study of her case. (HGM 21, 102)

Soon after Greenlees received permission to detain her for a further three months, he received a letter from an acquaintance of Esther's mother, who provided a biography of Esther's moral failings:

> [Esther] had been living at Johannesburg with her husband with whom she did not get on very well—she took up military nursing and did very good service. It is believed that while in this service she contracted her habit of drinking. At any rate she misconducted herself as a wife and was divorced. Since then, this is almost a year ago, no one knows exactly what she has been doing.
>
> The first actual news about her came from Bulawayo where she was in hospital. She had been drinking and begging there to such an extent that in consequence of this, combined with circumstances to be mentioned later, the authorities there turned her out of the place. […]
>
> She is, if report can be trusted, utterly devoid of any idea of chastity or morality. At Bulawayo her conduct with men was so bad that one of the doctors there said he was of opinion that that, what he calls sexomania, was a failure of hers—whether this failure is only felt at times or not I cannot say but when she is like that she is unable apparently to control herself or will give herself to any man without regard to normality or position. […] Whether [Esther's behaviour] amounts to insanity I cannot of course say but it does seem to indicate remarkable weakness of mind in a woman born of gentle parents and raised as a gentlewoman. (HGM 21, 102)

This letter is of interest as it can be interpreted as an "illness narrative" presented by families who "actively participated in the processes of custodial care" (Wilbraham 2014, 166) to ensure that their relatives were committed to the asylum. Subsequent to this letter, Greenlees received one from a resident magistrate, who stated that there were reports that Esther "took on any man who offered himself". In juxtaposition to the depraved accounts of Esther's life contained in the two letters, was her conduct in the asylum, where she was praised for being "useful and industrious" in assisting in the dining hall. On 9 September, Greenlees again declared that he is "unable to detect any evidence of insanity". In motivating for Esther's discharge from the asylum as recovered, Greenlees stated that even though she had "been twice unwell since admission and her conduct (moral) did not change in the slightest during

this period, as it generally does in cases of nymphomania". Esther was discharged on 6 October 1903 with a train ticket to Kimberley.

In comparing the cases of Alice and Esther, while their medical certificates share a focus on ignoble expressions of female sexuality that transgressed Victorian notions of femininity, their behaviour at the asylum was remarkably different. Alice continued to pronounce her delusions of erotomania, and her behaviour was characterised as unruly, defiant and imprudent. The converse of this behaviour was Esther, who was ladylike, polite and respectful. It is significant to note that Esther's feminine behaviour at the asylum was interpreted by Greenlees as evidence of her sanity, and this was also a contributing factor in his decision to discharge her from the asylum as recovered. Equally significant is that in the cases outlined in this article, the asylum doctors enshrined Victorian femininity as a sign of recovery (see also Ek 2017, 104; Goldberg 1998, 48). Stated differently, as the women under discussion entered the asylum with medical certificates detailing sexual immodesty and uncouth behaviour, it is precisely a patient's restoration of decency and adoption of well-mannered behaviour that were regarded by the doctors as signals of a patient's recovery. To substantiate by way of example, in contrast to the depraved portrait of Winifred (HGM 22, 133) in the medical certificates, at the asylum her conduct was good and showed no sign of "lewdness in her manners, conduct and gestures". Consequent to repeated casebook entries detailing how her conduct is "quite satisfactory", Winifred was discharged recovered after only five months at the asylum.

In the asylum where the normative ideal of femininity was regarded as an "essential component by which a woman's health and potential release from the asylum were determined" (Goldberg 1998, 39), it is possible to suggest that some women purposefully performed femininity as a strategy to secure their discharge from the asylum (Showalter 1985, 84). To support this claim, I return to the casebook for Esther. A few days after Esther's discharge, much to Greenlees's dismay, he intercepted a letter written from Esther and addressed to a patient of the asylum. In the letter, Esther writes that on the journey to Kimberley, the train stopped at Middelburg and she proudly boasted of the "jolly time" she had at the town's dance halls. Shortly thereafter, Greenlees received word from the resident magistrate of Cradock that Esther had not proceeded to Kimberley, but was stranded in his town under circumstances that mirrored her time in Bulawayo. By recognising the glaring divergence in Esther's behaviour from when she was at the asylum to how she behaved on

her discharge, it is possible to suggest that she consciously adopted genteel manners and made a concerted effort to perform her recovery before Greenlees. For Geoffrey Reaume (2000, 21), discussions about the agency of patients, or their ability to influence their own lives, should be framed by an acknowledgement that "patients were not merely passive actors", but also tempered by an understanding of how their actions were limited by the fact that "they were not able to direct the scenes", goals and motivations of an asylum. Cognisant of this line of reasoning, I suggest that, while Esther would never have been in a position to influence the rules and regulations of the asylum, she was nevertheless able to exhibit the asylum's criteria of good behaviour as a strategy to achieve her discharge.

Acts of autoeroticism in the asylum

Greenlees (1905, 221) stated that masturbation was a common practice among the female patients, and by turning to the casebooks, we are provided with the means to explore several cases of female autoeroticism. In exploring these cases, a dominant trope is how the asylum doctors sought to deploy preventative procedures to put an end to a woman's acts of autoeroticism. Even though, as already outlined, Greenlees held masturbation to be a symptom of insanity, the practice of masturbation was thought to counteract the "effects of treatment, it induces relapses, and in some cases prevents the recovery of otherwise curable cases" (Clouston 1892, 520–521). To ensure the restoration and recovery of the patients, the asylum's doctors embarked upon putting an end to the female patients' masturbatory habits by making use of cold douches (HGM 22, 105), restraining the women in straitjackets (HGM 18, 110), and deploying nurses to supervise them (HGM 16, 313). As far as I can ascertain, no chemical treatment or surgeries to manage their masturbatory habits were performed on the women.[10]

In scholarly studies of masturbation, the dominant focus is on male practices, while female acts and practices have largely remain a marginal point of interest or have been completely neglected (Laqueur 2004, 202; Mason 2003, 69). One noticeable gap in our understanding of female masturbation is precisely how women performed the act (Laqueur 2004, 203). I seek to address this gap by examining a case at the asylum that offers a glimpse into how

[10] While the female patients did not receive sexual surgeries to prevent masturbation, the male patients of the asylum were subject to the blistering and circumcision of the penis as preventative procedures (Du Plessis 2019).

masturbation was practised. The casebook for Sophia (HGM 16, 313) provides a passing reference to how she stimulated her "thighs and vulva by rubbing them", and thereafter details how the asylum sort to put an end to such behaviour by directing the "nurse in charge of her to prevent this as much as possible". Although this is only one very brief account of how autoeroticism was practiced, it nonetheless highlights an affirmative female sexuality that departs from the dominant patriarchal and phallocentric account of sexuality in the Victorian era.

In the nineteenth century—as already outlined in the introduction of this article—a model of female sexuality was promoted that stressed it to be inherently passive and lay emphasis on how the "sexual instinct is feebler in women than in men" (Clarke 1888, 388). Constituted as passive and lacking passion, female sexuality is essentially reduced to a conduit and receptacle for a male's erect penis. In contrast to this model is Sophia's act of autoeroticism. Instead of engaging in penetrative acts that mimic heterosexual coitus, Sophia finds pleasure in rubbing her legs and vulva. By turning to Luce Irigaray's (1985) writing, it is possible to argue that Sophia's practice of autoerotism acknowledges the plurality of female sexuality and pleasure.

Irigaray (1985, 23) enumerates how female sexuality has "always been conceptualized on the basis of masculine parameters" with one consequence thereof being that "woman's erogenous zones never amount to anything but a clitoris-sex that is not comparable to the noble phallic organ, or a hole-envelope that serves to sheathe and massage the penis in intercourse". Irigaray rejects such a phallocentric construction and seeks to envisage female sexuality as constituted by the plurality of erogenous zones:

> Her sexuality, always at least double, goes even further: it is *plural*. […] Indeed, woman's pleasure does not have to choose between clitoral activity and vaginal passivity, for example. The pleasure of the vaginal caress does not have to be substituted for that of the clitoral caress. They each contribute, irreplaceably, to woman's pleasure. Among other caresses […] Fondling the breasts, touching the vulva, spreading the lips, stroking the posterior wall of the vagina, brushing against the mouth of the uterus, and so on. To evoke only a few of the most specifically female pleasures. […] But *woman has sex organs more or less everywhere*. She finds pleasure almost anywhere. […] [T]he geography of her pleasure is far more

> diversified, more multiple in its differences, more complex, more subtle, than is commonly imagined. (Irigaray 1985, 28) (emphasis in original)

In an Irigarayan reading, Sophia's autoeroticism may reveal "the geography of her pleasure" (Irigaray 1985, 28) as spread across her vulva and thus encompassing the mons pubis, the labia, clitoris, the vagina, and even extending to her inner thighs. Thus, in comparison to male sexuality, the alterity of Sophia's sexuality is no longer figured in terms of passivity and deficit desire. Instead, the alterity of her sexuality is the plurality of her erogenous zones that stands in stark contrast to male sexuality, which isolates the penis as an organ of pleasure. Although the discussion of female autoeroticism has focused solely on Sophia's act, it is possible to suggest that many other asylums witnessed the alterity of female sexuality. To substantiate, female masturbation was outlined by Dr D. Yellowlees in *A Dictionary of Psychological Medicine*, to be

> more frequently and easily indulged, mere friction of the thighs often sufficing to produce the erotic spasm; and it is impossible to prevent the practice by any mechanical or surgical interference. To tie the hands or enclose them in a muff sometimes answers well, but in bad cases it is futile, as friction is made against the bed, or the furniture, or even by the patient's own heel. (Yellowlees 1892, 785)

In cognisance of the above quote and Sophia's case, it may be suggested that in the process of the asylum doctors seeking to document cases of female sexual pathology and deviance, they inadvertently recorded the existence of an affirmative version of female sexual pleasure that departed from patriarchal and phallocentric norms.

Conclusion

In this micro-study of female sexuality at the Grahamstown Lunatic Asylum, a recurrent theme in the casebooks of the women is how the certifying doctors and Greenlees slated their life stories. Yet, by following Michel Foucault's (1980, 39) theorisation, it is important to underscore that in the process of women being "condemned" by the doctors, they were also "listened to". One outcome thereof is that the casebooks of the asylum come to unwittingly constitute an "archive of the pleasures of sex" (Foucault 1980, 63). Such an archive that includes the stories of "peripheral sexualities" provides a resource to question the discourses

and hegemony of "regular sexuality" (Foucault 1980, 39). Thus, in accordance with Foucault's theorisation, this article has identified the women's stories recorded in the casebooks to be a valuable resource in broadening our understanding of the narratives of female sexuality in the nineteenth century. To single out one story, Sophia's act of autoeroticism reveals female sexual pleasure to be polycentric and therefore at odds with the accounts peddled by Victorian medical texts. Furthermore, the identification of Sophia's act of autoeroticism opens up the possibility for future scholarship to explore the existence of affirmative narratives of female sexuality in Victorian diaries, life writings and novels (see Marcus 2007, 259). Such a research endeavour may hold the possibility of revealing the existence of a "Princess"-like text authored in South Africa during the late nineteenth century.

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