Article

The "Gospel of Fatness" and Acts of Sitophobia: The Foodscape and Power Relations at the Grahamstown Lunatic Asylum, 1890 to circa 1910

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Abstract

The article explores the foodscape of the Grahamstown Lunatic Asylum, South Africa, from 1890 to circa 1910. The staff of the asylum were disciples of the "gospel of fatness" in which a patient's weight gain was regarded as an index of restored physical health and possibly also the onset of convalescence from mental illness. Nevertheless, the practice of this gospel at the asylum did not amount to an equitable distribution of food. Instead, the diet scale that the patients received was based on their race, sex and status as paying or non-paying patients. Although the patients were able to secure more food rations via sanctioned and illicit foodways, it is of significance that some patients sought to resist the regimen of the asylum and its dietary scale by acts of sitophobia – the refusal to eat. The study concludes by investigating the themes presented in the acts of sitophobia committed by women.

Keywords: Cape Colony, diet scale, femininity, foodscape, lunatic asylums, sitophobia

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Introduction

In the *Agenda* special issue on "Food Challenges: Feminist Theory, Revolutionary practice", Danai Mupotsa (2016, 5) pronounces the collection of articles to present a commendable "smorgasbord of work addressing the interplay of theory and practice in reformulating feminist approaches to food". Seeking to add a further research avenue to the evolving smorgasbord of feminism and food scholarship, I explore the foodscape of a South African institute in the late nineteenth century: the Grahamstown Lunatic Asylum (GLA). The exploration thereof seeks to identify the way in which food, as encapsulated by Vasu Reddy (2016, 46), "operates within broader circulations of power" and "references cultural, social, gendered and economic practices." Accordingly, the study of the GLA foodscape between 1890 and circa 1910 reveals the way in which the diet scale that the patients received was based on their race, sex and status as paying or non-paying patients. Although the patients were able to secure more food rations via sanctioned and illicit foodways, it is significant that some patients sought to resist the regimen of the asylum and its dietary scale by acts of sitophobia – the refusal to eat. The study concludes by investigating the themes presented in the acts of sitophobia committed by women.

The GLA (currently known as the Fort England Psychiatric Hospital) was established in 1875 in Makhanda, formerly known as Grahamstown. The GLA was part of the Cape Colony's asylum network, which was underpinned by policies and practices of racial discrimination, in which black patients were segregated from white patients and received a reduced diet scale as well as differential treatment regimen (Du Plessis 2020, 77). Dr Thomas Duncan Greenlees (1858–1929) was appointed as the medical superintendent of the GLA from 1890 to 1907. During Greenlees's tenure, the asylum consisted of a patient body of different race groups. By 1908, the GLA was reserved for white patients only. Thus, by delimiting the study broadly to the period of Greenlees's tenure, an examination of the black patient body of the asylum is included.

Diet and Dining at the Asylum

The diet of the patients was held by Greenlees to be an important feature in the treatment and therapeutic regimen of the asylum (Cape of Good Hope G37–1891, 43) (hereafter referenced as G#). Significantly, Greenlees (G16–1895, 59) endorsed a "gospel of fatness" in which a patient's weight gain was regarded as an index of restored physical health and possibly also the onset of convalescence from mental illness. To understand why Greenlees was a disciple of the "gospel of fatness" and the way in which weight gain was anchored in the concepts of health and wellness, we need to recognise that a dominant trope in the patients' condition when admitted to the asylum was thinness and even emaciation. This is compellingly demonstrated in the patient admissions of 1901. Of the patients admitted, the bodily health of 20 was in a "very feeble and exhausted condition"; 74 were in "feeble health," and only 53 were reported to be in "good health" (G70–1902, 94). Greenlees interpreted the high proportion of patients with poor

physical health to "show how intimate is the association between ill-health and mental disease" (G70–1902, 94).

Apart from the connection between bodily illness and mental illness propounded by Greenlees, it is also important to underscore that the alienists – the nineteenth-century term for psychiatrists – recognised that privation and starvation were significant factors in bringing about an attack of insanity. The 60-year-old widow, Refiloe (HGM 19, 4) was admitted to the asylum on 10 December 1893 with privation and starvation listed as the causes of insanity. On admission, Greenlees noted that she was "convalescent from mania probably the result of neglect and starvation". From her first day at the asylum, Greenlees deemed that Refiloe was rational and sane in speech, conduct and thought. Although Refiloe's mental health was not a concern, her physical health was extremely feeble. She weighed approximately 40 kg and her body was described as emaciated and "starved looking." By 10 January 1894, after improving in physical health and gaining weight, she was deemed to have recovered and was discharged, but admitted to the Chronic Sick Hospital, an institution that offered welfare support for destitute individuals.

The weight of the asylum's patients was measured on admission and afterwards at periodic intervals over the course of their institutionalisation. Greenlees, like his nineteenth-century contemporaries (see Mercier 1894), believed that patients suffering from an acute attack of insanity had a deficient appetite, but during the early stages of convalescence their "appetite returns with vigour" (Campbell 1886, 195) and they consequently gained weight. In the asylum's annual reports, Greenlees thus enthusiastically reported on the weight gain of the discharged patients. In 1897, Greenlees (G28–1898, 4) documented that the average increase in weight for the discharged patients was approximately 3 kg for white men, 11 kg for black men, 8 kg for white women, and 12 kg for black women.

Greenlees declared that the weight gain of the patients provided proof that the "patients are well fed" (G28–1898, 4) and that the diet scale of the asylum is "working satisfactorily" (G21–1899, 4). Yet, Greenlees's proclamation fails to acknowledge overtly that the asylum made use of a sliding diet scale by which white male paying patients received the highest allotment. Tables 1 and 2 indicate that the diet patients received at the asylum was in fact based on their sex and their status as paying or non-paying patients. Such a sliding diet scale was shared by international asylums in which paying male patients received the greatest amount of food and non-paying female patients received the least (Hide 2014, 150; Showalter 1980, 166).

Table 1: GLA's diet scale for breakfast and tea (Colonial Office n.d.)

	Paying patients' dietary		**Non-paying patients' dietary**	
	Male	**Female**	**Male**	**Female**
Breakfast	1 pint cocoa or coffee 8 ounces bread 0.5 ounce butter 1 egg or bacon	1 pint cocoa or coffee 7 ounces bread 0.5 ounce butter 1 egg or bacon	1 pint coffee 8 ounces brown bread	1 pint coffee 6 ounces brown bread
Tea	1 pint tea 8 ounces bread 0.5 ounce butter	1 pint tea 7 ounces bread 0.5 ounce butter	1 pint tea 8 ounces brown bread	1 pint tea 6 ounces brown bread
Extra rations for patients engaged in labour and ward duties	Working men to have 8 ounces bread to luncheon on Wednesdays and Saturdays, and 2 ounces tobacco weekly.			
	Laundry and workroom patients to have 8 ounces bread to dinner on Wednesdays and Saturdays and 0.5 pint coffee to luncheon daily. Tobacco, snuff, or other extras as ordered by medical superintendent.			

Table 2: GLA's diet scale for dinner (Colonial Office n.d.)

	Paying patients' dietary		**Non-paying patients' dietary**	
	Male	**Female**	**Male**	**Female**
Sunday	8 ounces roast 8 ounces potatoes 8 ounces vegetables 2 ounces bread 6 ounces pudding	7 ounces roast 8 ounces potatoes 8 ounces vegetables 2 ounces bread 4 ounces pudding	8 ounces boiled meat 8 ounces potatoes 8 ounces vegetables 6 ounces pudding	7 ounces boiled meat 7 ounces potatoes 7 ounces vegetables 4 ounces pudding
Monday	1 pint soup 6 ounces boiled beef or mutton 7 ounces potatoes 7 ounces vegetables 2 ounces bread	1 pint soup 6 ounces boiled beef or mutton 4 ounces potatoes 4 ounces vegetables 2 ounces bread	20 ounces Irish stew 7 ounces vegetables	16 ounces Irish stew 6 ounces vegetables
Tuesday	16 ounces meat pie 7 ounces vegetables 2 ounces bread 6 ounces pudding	14 ounces meat pie 6 ounces vegetables 2 ounces bread 4 ounces pudding	16 ounces meat pie 7 ounces vegetables	14 ounces meat pie 6 ounces vegetables

	Paying patients' dietary		Non-paying patients' dietary	
	Male	**Female**	**Male**	**Female**
Wednesday	1 pint soup 6 ounces boiled beef or mutton 7 ounces potatoes 7 ounces vegetables 2 ounces bread	1 pint soup 6 ounces boiled beef or mutton 4 ounces potatoes 4 ounces vegetables 2 ounces bread	1.5 pints soup 6 ounces brown bread	1.5 pints soup 4 ounces brown bread
Thursday	Curry, 6 ounces meat 8 ounces potatoes 7 ounces vegetables 2 ounces bread 6 ounces pudding	Curry, 6 ounces meat 4 ounces potatoes 4 ounces vegetables 2 ounces bread 4 ounces pudding	8 ounces curried meat 3 ounces boiled rice 7 ounces vegetables 8 ounces potatoes	8 ounces curried meat 3 ounces boiled rice 4 ounces vegetables 4 ounces potatoes
Friday	20 ounces Irish stew 2 ounces bread 7 ounces vegetables 8 ounces pudding	18 ounces Irish stew 2 ounces bread 4 ounces vegetables 4 ounces pudding	20 ounces Irish stew 7 ounces vegetables	18 ounces Irish stew 6 ounces vegetables
Saturday	1 pint soup 6 ounces boiled meat 7 ounces potatoes 7 ounces vegetables 2 ounces bread	1 pint soup 6 ounces boiled meat 4 ounces potatoes 4 ounces vegetables 2 ounces bread	1.5 pints soup 6 ounces brown bread	1.5 pints soup 4 ounces brown bread

On closer scrutiny of Tables 1 and 2, it is also evident that the paying patients received a more varied and nutritious diet. To substantiate, on Wednesday and Saturday nights, the non-paying male patients received the equivalent of 852 ml soup with 170 g bread, whereas the paying male patients dined on approximately 568 ml soup, 170 g boiled meat, 200 g potatoes, 200 g vegetables, and 56 g bread. It is also clear that the diet of the paying patients included indulgences such as pudding on four days a week, an egg or a slice of bacon with breakfast, and bread with butter.

Another feature in the dietary scale of the asylum is the extra rations that patients received for taking on labour and ward duties (see Table 1). In a drive to reduce the overhead costs of the asylum, rather than employing a larger staff component, the patients were exploited as an unpaid labour force. In this way, in lieu of receiving payment, the patients were compensated for their toil, efforts, and the drudgery of hard work with extra rations or treats.

Although patient labour reduced the overhead costs of the asylum, there was also a recurring drive to decrease the budget required to implement the asylum's dietary scale (G36–1892, 39). One conspicuous method was providing the black patients with a "mealie meal dinner" (G36–1892, 112) three days a week. As a cost-cutting exercise, the reduced diet scale for black patients was a hallmark of the Cape Colony's asylum network and continued into the twentieth century. Further afield, the Port Alfred Asylum (hereafter PAA) and the Fort Beaufort Asylum (hereafter FBA) were earmarked to "provide cheap custodial care for the chronic insane" (Swanson 2001, 16) and one means of cost cutting at these sites was to reduce the rations and restrict the diet of the black patients – this mainly took the form of mealie meal being served on most days. In 1909, this resulted in an outbreak of scurvy at the FBA (Swanson 2001, 141). Later, in 1916, the continued implementation of a racialised diet scale manifested in the "cost of feeding one white male at Valkenberg [asylum] per annum [being] recorded as approximately £25, as opposed to the £6 spent on black females at Pretoria asylum" (Swartz 1995, 410).

When comparing the diet scale of the PAA and FBA with that of the GLA, it can be suggested that although all of them implemented a reduced diet for black patients, the GLA offered better provisions by serving mealie meal on only three days a week. Accordingly, it is reasonable to propose that black patients fared better at the GLA. To substantiate by way of example, in early July 1899, Mgonyama (HGM 5, 162) was transferred from the GLA to the PAA weighing approximately 61 kg. By 17 August 1899, when he was retransferred to the GLA, he weighed 57 kg. Thus, in only several weeks of institutionalisation at the PAA, Mgonyama had lost the equivalent of 4 kg in weight. One possible reason why the GLA was able to offer a better diet scale for black patients than the PAA and the FBA is that Greenlees prioritised the intake of paying patients as "a legitimate means for assisting in reducing the total cost of the upkeep of the Asylum" (G32–1906, 73).[1] Thus, in conceptualising paying patients "as a source of revenue" (G27–1896, 25), and making considerable strides in increasing their admission to the asylum, there was no need to mitigate the costs of running the asylum by further reducing the diet scale of black patients.

The diet scale of the GLA certainly presented a marked improvement for the patients transferred from the PAA and the FBA, but also for those transferred from the Colony's gaols. Owing to the shortage of asylum accommodation in the Colony, gaols were looked upon as "acting-asylums" (G37–1891, 8). Appallingly, this meant that 59 per cent of admissions to the Colony's asylums spent a duration of time at gaols until a bed was available at an asylum (G57–1905, 47). The diet scale at gaols lacked variety and provided considerably smaller meal rations (see Table 3). Even more troubling is that for black inmates, the diet consisted primarily of mealie meal. For the asylum's patients

1 Greenlees (1905, 223) enthusiastically revealed that over a period of 15 years, from 1890 to 1904, the average cost per patient amounted to £57 17s. 0.¾ d per annum, but after deducting the receipts from paying patients, the actual cost to the Colony was reduced to £39 2s. 3.½ d.

who were transferred from gaols, their time at the asylum was marked by a significant weight gain. Thobile (HGM 20, 65) was admitted to the GLA from a Uitenhage gaol in November 1904. On admission she weighed 37 kg and by February 1905 she weighed 47 kg.

Table 3: Diet scales for the Cape Colony's gaols (Swartz 2015, 78–79)

	Black male inmates	**White male inmates**
Morning	4 ounces mealie meal 2 ounces sugar	4 ounces mealie meal 1 ounce sugar
Midday	12 ounces mealies 0.5 ounce fat 0.5 ounce salt	8 ounces meat 16 ounces bread (or 8 ounces and 8 ounces in the evening) 2 ounces rice (or vegetables) 1 ounce salt
Evening	12 ounces mealies 0.5 ounce fat 0.5 ounce salt	
	Female inmates: three fourths of the ration provided for male prisoners.	Female inmates: three fourths of the ration provided for male prisoners.

The periodic weighing of the patients determined not only when there was an increase in weight, thus pointing to potential convalescence, but it also brought to the fore any loss in weight. For Greenlees (G36–1892, 110), a patient's loss of weight provided a "timely warning" of the onset of any illnesses. Once weight loss was recorded, the asylum sanctioned for the patient to receive extra rations or a specialised diet that aimed to fortify the body. In the treatment of diarrhoea and dysentery at the asylum, a dietary regimen of brandy and milk was prescribed. For example, Macholo (HGM 3, 68) was given brandy daily with beef tea and "milk as much as he can drink." For patients who were nursing broken and fractured bones, the asylum offered double rations, and for those whose weight loss was coupled with feeble health and the loss of energy, they received a diet that featured the inclusion of iron tonics, milk stout beer, cod liver oil, and beef tea. Significantly, for black patients this meant that they received a "nourishing diet" (HGM 17, 7) that replaced the mealie meal.

When implementing the sliding diet scale of the asylum, the majority of the asylum's patients were limited to "ingest" (Probyn 2000, 15) food quantities and qualities that were determined by their race, sex, and status as paying or non-paying patients. However, some patients were able to procure an extra diet by a number of legitimate and unsanctioned foodways. Patients who were physically healthy, as outlined in Table 1, were able to receive extra rations for performing labour and ward duties at the asylum. Consequently, for some patients, the decision to provide labour to the asylum

was motivated by the promise of securing extra food or indulgences. Patients such as Ethan (HGM 7, 25), who had a "voracious appetite," would satisfy their hunger by performing labour, whereas others such as Mkulisi (HGM 13, 173) would make "himself generally useful to the attendants in the expectation of small gifts of tobacco".

Performing work duties provided not only a sanctioned way to receive extra food, but by securing duties assigned to the kitchen and dining hall, the patients were also in a position to "work the system" (Goffman 1961, 219) to their advantage in some way. Jeremiah (HGM 4, 109) was hardworking and conscientious in his dining hall duties, but the casebook reveals that "there is method to his industriousness [in the dining hall] as he selects the best dinners for himself". In this way, by working in the dining hall, Jeremiah was in a "position to avail himself informally of some of the fruit of his labor" (Goffman 1961, 220) while at the same time receiving the extra rations permitted by the GLA for patients who undertake labour duties.

A large proportion of the patients abstained from performing labour duties, but secured extra food through prohibited and illicit means (Goffman 1961, 54). Sarah (HGM 22, 100) was described by the alienists to enjoy her food and obtained additional food by eating "anything that the other patients leave on their plates." Some patients would resort to stealing food from the other patients. In a few instances, patients would secure food for another patient "out of feelings of solidarity" (Goffman 1961, 283). Ellen (HGM 18, 75) was suspected to be suffering from typhoid and was subsequently isolated in the infirmary ward and placed on a restricted diet. Nevertheless, another patient gave her meat and biscuits through the window of the infirmary ward.

Patients' weight gain potentially strengthened their convalescence, but the alienists' verdict on patients' sanity and their suitability for discharge was informed by a number of findings gathered by interviewing and cross-questioning the patients, and observing their conduct and behaviour (Du Plessis 2020, 141). For white patients, a prime observation site for the alienists was the homelike wards and spaces of the asylum.[2] The homelike spaces aimed to encourage the patients "to conduct themselves as much as they can like other members of society" (Eastwood 1863, 324). Implicit in this regard is that the homelike space would instil in the patient habits and behaviours that befitted models of "normal" conduct. Thus an important objective of asylum design was to immerse the patients in an environment that meticulously emulated home life in order to enable them to conduct themselves as "normal" members of society (Parry-Jones 1972, 184).

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2 In the racial segregation of the GLA, the spaces reserved for black patients were minimally furnished and resembled that of a workhouse (Du Plessis 2020, 77). The prime sites in which the alienists used to observe the black patients were where they performed their labour duties – for example, the laundry, the farm, and the stables.

The homelike dining halls for the asylum's white patients (Figure 1) sought to uphold decorum and promote a patient's self-control and self-discipline by serving meals with "propriety" (G37–1891, 21), singing grace before every meal, and reserving the space predominantly for patients who refrained from bad behaviour, foul language, and disgraceful habits. For example, Annie (HGM 17, 64) was described to be noisy, destructive and depraved in behaviour and consequently was barred from the dining hall and had to "take her meals alone." Once the patients improved in behaviour, they were granted the privilege of eating in the dining hall.

The dining hall provided the alienists with a prime space to observe if the patients were able to exhibit the self-control, self-discipline and normative behaviour that were a requisite for the rituals and routines that characterise family, social, and work life (Showalter 1980, 158). In this regard, a valuable space for the surveillance of sanity in the patients, and as a treasured testing ground for the discharge of the patients into the outside world, dinner in the dining hall takes on an added dimension. No longer are the alienists concerned only with the "consumption of food" as a "biological necessity" (Visser 1991), but also with the way in which the patients behave in the ritual of dinner. Accordingly, at the asylum we are witness to dinner being conceptualised as a "ritual and a work of art, with limits laid down, desires aroused and fulfilled, enticements, variety, patterning, and plot. As in a work of art, not only the overall form but also the details matter intensely" (Visser 1991). In this conception, the dining of the patients – the way in which they maintain propriety and conduct themselves – serves as a communication channel of their fitness to return to normal life.

Figure 1: An example of a dining area reserved for white women at the GLA (Reproduced by permission of the Western Cape Archives and Records Service, reference number: A.G. 403)

Patients Refusing to Eat

The casebooks of the asylum abound with cases of sitophobia – the refusal of food.[3] Sitophobia was common in patients who were suffering from grave illnesses such as tuberculosis, which makes the patient experience a loss of appetite. However, sitophobia was equally common in patients who were not suffering from physiological illnesses. For this group of patients, their food refusal was a "weapon" (Van Deth and Vandereycken 2000, 399) to oppose the mortifications the asylum exposed them to.

3 Whereas anorectics refuse food for the fear of gaining weight, the sitophobic patient refuses food for motivations that do not cluster around weight gain (see Parry-Jones 1985; Van Deth and Vandereycken 2000). In the GLA casebooks from 1890 to circa 1910, as far as I can ascertain, there are no patients diagnosed with anorexia nervosa.

It is possible to argue that owing to the "gospel of fatness" propounded at the asylum, a patient's refusal to eat was an act that immediately attracted the attention of the staff. As the refusal to eat exposed the patient to health risks and to the endangerment of suffering from starvation, it is likely that the alienists sought to listen to some of the patient's pleas and concede to certain of the patient's demands. An interesting feature of the patients' demands is that they share a focus on asserting "some control of [their] environment" (Goffman 1961, 55). For example, Mary (HGM 22, 147) would refuse to eat when she "is not given her own way" and Norman (HGM 3, 124), if he did not receive "what he considers a sufficiency of food[,] he leaves it all." William's (HGM 7, 77) institutionalisation is punctuated by numerous acts of engaging in sitophobia to resist the regimen of the asylum. When his behaviour in the dining hall was disciplined, he "went off his food for a couple of days" and when he was removed from his duties on the infirmary ward, he responded by starving himself for a couple of days. Michael (HGM 4, 40), an Irish immigrant and a devoted Roman Catholic, refused "to go to meals unless specially ordered to do so by a priest as he objects to the grace that is sung before and after meals, and for some days he declined to take any food". It is likely that the grace sung at the asylum catered for the majority of the patients who were congregants of the Church of England and this presented a mortification to Michael. To ensure that Michael resumed eating, the alienists allowed him to "have his meals in the ward".

Although the asylum dispensed a diet based on a patient's demographic profile and prized conformity to a strict regimen, the acts of sitophobia by the patients are pleas for attention to be dealt with as individuals with unique preferences, needs and wants. In their acts of sitophobia, the patients resist a passive ingestion of the asylum's regimen and its sliding dietary scale, and are thus reconfigured as "mouth machines that ingest and regurgitate, articulating what we are, what we eat and what eats us" (Probyn 2000, 34). The patients articulated that what was gnawing away at them, causing them to worry and experience trepidation, was how they craved more food rations, and how their individuality remained invisible to the operations of the asylum's regimen.

The cases of sitophobia may reveal one of the "multiplicity of points of resistance" (Foucault 1979, 95) that the patients exercised to oppose the asylum's regimen of power. Furthermore, in some instances, a patient's act of sitophobia resulted in victories, as the alienists "were clearly willing to give in to the patient's demands, effectively shifting the balance of power from staff to patient" (Mauger 2018, 216). Nevertheless, in the interplay of mobile power relations at the asylum, the staff engaged in strategies to shift the balance back in their favour. We need to be cognisant that the patients' victories achieved by the acts of sitophobia are similar to other "triumphs within the field of mobile and reversible power relations" where we "can be sure that it will be met by further tactical interventions, actions intended to modify the new disposition of force relations, rearranging yet again the existing relations of power" (Davidson 2006, xix). Thus, in the power relations of the asylum, the patients who engaged with the "weapon" of sitophobia were met by the alienists deploying their own armaments – force-feeding

and the stomach tube (see also Sammet 2006). For the patients who were exposed to the asylum's armaments, we need to recognise that "the passing of a stomach tube through the inner body is intensely painful" (Miller 2016, 3) and as the procedure is performed against the will of the patient (Miller 2016, 3), the patient had to be physically restrained and forcibly pinned down to allow for the tube to penetrate their bodies (Miller 2016, 12). In the casebooks we bear witness to patients responding in agony to the tube, such as Hester (HGM 17, 126) who wailed "bitterly" after the procedure. In sum, the disciplinary regimen of the asylum made use of force-feeding and the stomach tube to repress acts of sitophobia, and to overthrow the patients' acts of resistance.

Themes in Female Cases of Sitophobia

For the female patients who expressed sitophobia, a careful scrutiny of the casebooks reveals that two themes are recurrent in the majority of the cases, namely, patients protesting their admittance to the asylum, and patients suffering from melancholia.[4] In the ensuing investigation of these themes, I focus solely on white patients, as their cases are connected to the preceding discussion about the homelike interiors of the asylum, while also demonstrating the way in which the alienists enshrined Victorian femininity as a marker or sign of recovery.[5]

To illustrate the first theme of female patients who refused food as a means to protest against their admission to the asylum, I provide an in-depth exploration of the casebooks of Sylvia and Carolina. Sylvia (HGM 16, 147) on her admission to the asylum on 27 March 1891 averred that she "won't stay here" and refused her food. Sylvia's committal to the asylum was initiated by her family who applied for her to be admitted as a Voluntary Boarder. The family sought to commit her, as she would wander away in the veld at night and they became anxious for her safety. Sylvia's wanderings began after she took a fancy to a "travelling quack" and "completely lost herself over him". In many ways, by having lost her self-control in an illicit love affair with a man of dubious character, the committal of Sylvia as an unmarried 20-year-old is framed not by the presence of psychopathology, but by breaching the colonial ideal of sexual respectability for white females. Ann Stoler (1997, 27) maintains that asserting the sexual respectability of white women was instrumental in producing and promoting a profile of the colonist as civilised. To maintain this profile, the movements of white

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4 Although the article is limited to an exploration of sitophobia committed by the female patients of the asylum, a large body of feminist scholarship has underscored the way in which "[h]istorically Western women have used food refusal . . . as a means of expressing their protest against the patriarchal forces that subordinate them within the private realm and deny them agency within the public sphere" (McLean 2013, 251). For a literature review of the feminist scholarship dedicated to sitophobia, see Alice McLean (2013).

5 Black female patients' willingness to work and participate in the labour and ward duties of the GLA was held by the alienists to be a sign of restoration of mental health, and it thus featured significantly in the alienists' decision to discharge black subjects from the asylum as "cured" (see Du Plessis 2020, 131).

women were controlled, and their role was restricted to being "custodians of family welfare and respectability" (Stoler 1997, 22). Thus, it is possible to suggest that Sylvia's parents sought to control and curtail her movements by committing her to the asylum.[6]

For several days after her admission, Sylvia continued to refuse her food and was resolute in "wanting out" of the asylum. Although Sylvia's act of sitophobia can be interpreted as communicating her protest to being institutionalised, it did not result in her being discharged from the asylum. Instead, her recovery was signalled by employing herself at dressmaking, and behaving in a polite and decorous manner when taking tea at the nurses' home. To elucidate further, Sylvia's mother was "afraid to have her at home again as she says she fears she would be quite unmanageable and that she has no control over her". With Sylvia's adoption of feminine behaviour and its association with conduct that is tranquil, tractable and docile, such fears and anxieties dissipate and she thus becomes suitable for discharge. Sylvia was discharged recovered on 3 November 1891.

Carolina (HGM 16, 177) was admitted to the asylum on 31 October 1891. For several days after admission, she refused to eat and during the night would stand at her room door pleading to "be let out". Carolina's opposition to her institutionalisation gave rise to the alienists' describing that they required "all the resources of the asylum to manage her . . . as she is resistive to everything". To manage her behaviour and subdue her acts of resistance and refusal, the alienists force-fed her with a stomach tube. The contents thereof included eggs, beef tea, milk and sedatives. The use of the stomach tube may have defeated her refusal to consume food, but she remained resistive, troublesome and difficult to manage. Although Carolina's casebook shines a spotlight on a patient's acts of resistance, it also highlights that her recovery and discharge was supported by becoming respectful to the regimen of the asylum, being industrious in her ward duties, and adopting an interest in her appearance. Significantly, in terms of the latter, in the first few months of institutionalisation, she was reviled by the alienists for being "neglectful of her personal appearance", but later they commended her for being "quite attentive to her person" and that she now "seems convalescent". Carolina was discharged recovered on 23 February 1892.

The second theme pertains to women suffering from melancholia who refused to eat. As the refusal to eat and other acts of resistance were synonymous with melancholia (see Greenlees 1896), once patients' appetites were restored, and they abided by the regimen of the asylum as well as took an interest in participating in the daily life in the ward, they were deemed by the alienists to be in a convalescent state. However, for the female patients, their recovery and suitability for discharge included an added dimension pertaining to the interest they took in their dress and personal appearance.

6 Sylvia's case is disturbing in the way it draws attention to family members wishing to make use of an asylum to rid themselves of daughters who exhibited abnormal behaviour and who rejected established forms of female sexual respectability. For further discussion, see Sarah Wise (2013).

On admission to the asylum, Maria (HGM 17, 147) was ignobly presented by Greenlees to be "resistive," "refuses to take her food" and is "dull, stupid and untidy in dress". After several days of refusing food, she was force-fed with the stomach tube. Remarkably, in contrast to a period of several weeks where she was deplored by the alienist for being "untidy in dress and personal appearance," she "appeared to brighten up," acted more rationally and also "dressed better and took her food herself". She was discharged recovered from the asylum. The medical certificates for Jannett (HGM 17, 114) describe that she refused her food, would pull off her clothing, and rejected engaging in conversation. At the asylum she continued her refusal to eat and speak. After several days of refusing to eat, the stomach tube was used. In her second month of institutionalisation, she was regarded to be improving as she "eats with pleasure". Shortly afterwards, Jannett's recovery was signalled by her being "active, industrious and cheerful". Before her discharge, Greenlees took a photograph of Jannett (Figure 2) and proclaimed that "by it the improvement is evident in her condition".

In Figure 2, what becomes comprehensible is that Greenlees sought to underscore "improvement" and the representation of a healthy mind and body by making use of the symbols of idealised Victorian femininity. Jannett is imbued with feminine propriety with her hair carefully and neatly styled; she wears a hat that bathes her face in modesty and grace. Her garment – in its folds, bows, ribbons and number of intricate buttons – is elegant, decorative, but at the same time promotes a sense of modesty by gracefully guarding the neck area from exposure. Jannett's facial expression is infused with gentility and self-composure.

I interpret the photograph of Jannett to be the complement of Figure 1. As already indicated, the homelike dining halls of the asylum were spaces aimed at observing if a patient was suitable for release into the outside world and into their own homes. It is likely that the alienists who surveyed this space were interested in identifying the patients who exhibited the signs and markers of convalescence and recovery. For female patients, these markers predominantly pertained to their personal appearance, behaviour and dress being synonymous with Victorian femininity. Thus, for female patients in the space of the dining hall who partook in the sociocultural rituals of dining, the iconography of recovery is captured in Jannett's demeanour, poise and dress.

Figure 2: Jannett (HGM 17, 114) (Reproduced by permission of the Western Cape Archives and Records Service)

Conclusion

In the discussion about the themes presented in the cases of sitophobia in the white female patients, it is evident that the patients' various acts of resistance and refusal were met by the asylum submitting them to the stomach tube. For these patients, their discharge from the asylum was secured by participation in feminine pursuits such as dressmaking, adopting a feminine demeanour, and taking an interest in their appearance (see also Van Deth and Vandereycken 2000, 400). Although the acts of resistance and refusal exercised by these women did not amount to any victories or to their voice being heard by the alienists, it is possible to suggest that some of the women may have adopted a feminine behaviour, dress and appearance as a surreptitious strategy to receive

discharge from the asylum. To substantiate that this claim is grounded in "feminist explorations of agency and resistance" (Lewis 2016, 6), I draw upon Elaine Showalter (1985, 84), who reasons that in an asylum in which women's "sanity was often judged according to their compliance with middle-class standards of fashion", patients "who wished to impress the staff with their improvement could do so by conforming to the notion of appropriate feminine grooming".

Therefore, it is reasonable to conceive that some female patients were aware of the iconography of recovery that the alienists were surveying the dining hall for and thus consciously performed the markers of recovery to the staff to "bring about their discharge" (Digby 1985, 196). The casebooks may also hold some indication that some of the women engaged in a performance of femininity owing to a sudden and unexpected improvement that is astoundingly at odds with their prior acts of hostility and unruliness. After only one month of institutionalisation in which Maria (HGM 17, 147) "obstinately" defied the regimen of the asylum, "without warning" she "suddenly" became an exemplary embodiment of femininity. Furthermore, we should not discount that despite Greenlees's role in stage-managing and curating the photograph of Jannett (HGM 17, 114), it was also an opportunity for her to shape her self-representation. Jannett may have posed and enacted an "idealised 'self'" (Sidlauskas 2013, 30) to confirm her sanity and suitability for discharge (Du Plessis 2014; 2015).

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