

HISTORY OF MEDICINE

Weskoppies Hospital, founded 1892 — the early years

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Summary

The *Krankzinnigengesticht te Pretoria* (Pretoria Lunatic Asylum) was established in 1892 as the first and only psychiatric institution in the Zuid-Afrikaansche Republiek (now the Transvaal). The asylum was later renamed Weskoppies Hospital. The first 10 years of the hospital's history, including the turbulent years of the Anglo-Boer War, are described. Attention is given to the institution's management, the diagnosis and treatment of patients and the effectiveness of such treatment. The hospital's medical director followed an enlightened approach to caring for the mentally ill, in line with the policies of psychiatric hospitals in contemporary Europe. However, his ideals of no restraint and minimal confinement of patients could not be maintained during the war years owing to insufficient accommodation and a lack of suitably trained attendants. It is concluded that the humane care of the institutionalised psychiatric patient was (and is) not guaranteed by enlightened policies, but depends on sufficient resources to put such policies into practice.

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The *Krankzinnigengesticht te Pretoria* (Pretoria Lunatic Asylum, renamed Weskoppies Hospital in 1947) was the first and only psychiatric institution in the Zuid-Afrikaansche Republiek (now the Transvaal). To commemorate a century of service to the community, this article describes the treatment of patients at Weskoppies during the first decade of its existence, a period which included the turbulent years of the Anglo-Boer War.

Establishment and management of the asylum

By 1890 there were already several mental hospitals in South Africa, namely those at Grahamstown (1875), Pietermaritzburg (1880), Bloemfontein (1883), and Port Alfred (1889), while the hospital at Valkenberg was established soon thereafter.¹⁻³ None of these, however, was in the independent Zuid-Afrikaansche Republiek (ZAR).

Tenders for building what came to be known as the *Krankzinnigengesticht te Pretoria* were invited in February 1890, to be based on plans and specifications available for inspection in the office of the Government Engineer-Architect S. Wierda.⁴ The tender of W. Goetz, at £12 620 was accepted by the Government's Executive Council.⁵ The hospital was erected some 3 km west of the Pretoria railway station, where it has remained to this day.

The management of the institution was in the hands of three curators, appointed by government. The original appointees were Willem Eduard Bok, Secretary of State; C. E. Schutte, Landdrost of Pretoria; and J. M. A. Wolmarans, member of the Executive Council. Schutte served until 1900, as did the secretary, W. J. Geerling.⁶

One of the first tasks facing the curators was to draw up guidelines for themselves. These were eventually published in 1893⁷ and stipulated that the curators should appoint a visiting medical officer and staff, approve the admission and discharge of patients, regularly inspect the institution to ensure its proper functioning, and report to government once a year. Another of their initial tasks was to draft a law providing for the certification and custody of patients. This led to the promulgation of Act 9 of 1894, which made provision for the safe custody of dangerous lunatics and for the care and custody of persons with deranged mental abilities.⁸ The Act was based mainly on Act 20 of 1879 of the Cape Colony.

Before the promulgation of Act 9 of 1894 there had been no legal basis for detaining patients — a problem that had also been experienced in the Cape Colony some 17 years before.⁹ The Act permitted a magistrate to certify a person mentally ill on the basis of diagnosis by two medical practitioners. It brought procedures in the ZAR in line with those followed elsewhere.

The first visiting physician, appointed at the beginning of 1892, was Scottish-born Dr Gordon B. W. Messum, M.R.C.S. (Eng.), L.R.C.P. (Lond.), District Surgeon of Pretoria, and holder of several other part-time government appointments.^{10,11}

Although 1 urgent case was dealt with in January 1892, the institution was only fully ready to admit patients in May of that year.¹² Advertisements were placed in a number of newspapers to inform the public that the curators were ready to consider applications for admission and to solicit applications for the post of female attendant.¹³

Some 25 of the earliest patients were transferred to the asylum from various prisons in the ZAR, where they had been kept for want of more appropriate accommodation.¹² This practice had to be resorted to again during the early years of this century, owing to overcrowding.

The number of residents increased steadily, to reach a total of 138 at the end of 1898, the last pre-war year for which statistics were published. As a result of the increasing number of patients and Dr Messum's numerous other duties, it soon became clear that a full-time medical director was required. Applications from doctors with appropriate experience were solicited in Holland, leading to the appointment in May 1896 of Dr Henricus A. E. Smeenk. Dr Smeenk was born in Deventer in 1844,¹⁴ studied medicine at the University of Leiden, and had 6 years' experience as second medical officer at the asylum in s'Hertogenbosch.¹⁵ He never became a registered physician of the ZAR¹⁶ and little else is known about him.

Considering the state of development of the Transvaal at the time, the institution's facilities were initially quite satisfactory. It even had a telephone installed as early as April 1892, owing to its 'distant position'.

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The water supply from a well in the grounds was limited, yet 500 trees were planted during the first year. After the hospital was connected to the municipal water supply in 1893, a 2,5 ha vegetable garden was laid out. The official description of the hospital as 'a beautiful building very healthily situated, with large gardens and cultivated fields'¹¹ was therefore appropriate. However, the number of black patients, in particular, turned out to be much larger than expected, so that plans for additional accommodation were already under consideration before the institution was even officially opened.¹⁷ After some additional rooms, houses and outbuildings had been acquired during the first 3 years, no more money was available for new permanent buildings and the accommodation problem continued to worsen.

Diagnoses and presumed aetiology

Dr Smeenk's first diagnostic classification (Table I) included all 108 cases treated during 1896. He employed the genus and species terminology originally proposed (for mental illness, as for plants) by the Swedish botanist Carl Linnaeus (1707 - 1778). However, this system never became popular in the English-speaking world. Six years later, Acting Medical Superintendent A. Cowper classified the patients treated during 1902 according to the British system (Table II). His diagnostic categories were better known in the rest of South Africa and were used in the Cape as early as 1830, when Dr S. S. Bailey reported on the insane at Somerset Hospital.¹⁸ Tables I and II clearly illustrate the incongruence between these diagnostic systems.

TABLE I.
The first detailed diagnostic classification of patients in Weskoppies Hospital, including all 108 cases treated during 1896

Diagnosis	Whites		Blacks		Total
	M	F	M	F	
Mania	4	—	9	2	15
Mania chronica	3	4	9	5	21
Mania puerperalis	—	1	—	—	1
Stupiditas post-maniam	1	—	2	—	3
Insania epileptica	3	2	5	—	10
Insania hysterica	—	1	—	—	1
Paranoia hallucinatoria	6	—	5	—	11
Hallucinationes	2	—	3	—	5
Dementia	2	3	4	—	9
Dementia paralytica	1	—	1	—	2
Melancholia agitans	1	—	—	1	2
Imbecilitas	2	4	5	2	13
Idiotismus	2	11	2	—	15
Total	27	26	45	10	108

Compiled from Tables II and V of the Annual Report for 1896.

TABLE II.
Diagnostic classification of the 339 patients treated in Weskoppies Hospital during 1902

Diagnosis (main category only)	Whites		Blacks		Total
	M	F	M	F	
Congenital or infantile mental deficiency	7	13	7	—	27
Epilepsy, acquired	4	7	9	—	20
General paralysis	4	—	1	—	5
Mania	46	25	103	18	192
Melancholia	10	7	12	2	31
Dementia	13	2	42	7	64
Total	84	54	174	27	339

Compiled from Table VII of the Annual Report for 1902.

In line with prevailing expert opinion, two aetiological factors were considered to be of paramount importance. First, and most important in the case of white patients, was hereditary disposition, as revealed by a family history of insanity. The second factor was alcohol abuse, particularly among black patients. The latter had already been identified as an important aetiological factor in South Africa by Dr Bailey some 60 years earlier.¹⁸

Dr Messum further ascribed 7 cases admitted early in 1896 to 'the disorders in the country' (following the Jameson Raid in December 1895) and 'the dynamite explosion' near Johannesburg.¹⁹ The magnitude of this explosion certainly was awe inspiring: almost 600 tons of dynamite exploded at Braamfontein station on 19 February 1896. Some 200 persons were seriously injured and 62 bodies were recovered, but the number missing was never finally determined. The surrounding suburbs were partly destroyed by the explosion, which could be heard up to 200 km away.²⁰

Treatment

In his first annual report Dr Smeenk declared unequivocally that the asylum was both a custodial institution for chronic patients and an institution of healing for acute patients.²¹ This approach was in line with Article 1 of the curators' instructions to employees, which required that every effort should be made to promote the expected eventual cure of patients.²²

Treatment options were, however, limited and indirect. Proper physical care, which perhaps is taken for granted today, appeared to lead to significant improvement in the condition of many patients. The curators initially reported with enthusiasm that: 'If we now after lengthy observation see what improvement may already be detected in the condition of several patients, who could not but worsen previously due to the often poor environment in which they were placed before their admission to the asylum, then we can declare with confidence that the money appropriated thereto was well spent, and wish to congratulate the country with the establishment of an institution such as this'. (*Verslag van het College* (p.3),¹² our translation.)

In a more sober vein Dr Messum noted that patients' physical condition often improved during the first 2 months ('in general patients become fatter'), but thereafter their condition remained the same owing to their 'unemployed existence'.²³ Both he and later Dr Smeenk stressed the importance of various forms of work and recreation, as did their colleagues elsewhere. Such activities were considered to form part of effective treatment on the assumption that they made constructive use of a patient's remaining mental faculties.²⁴ Messum's view implies, however, that their main advantage was to counteract the deleterious effects of institutionalisation.

After the arrival of Dr Smeenk some additional facilities for treatment were acquired. These included hot baths for treating acute mania, a padded cell, and a dispensary. Smeenk also suggested that agitated patients be housed in separate buildings, but the required funds never materialised. Both physicians shared the view (which was generally accepted by then) that physical restraint should not be used against patients. This view had enjoyed increasing support since it was first successfully implemented by the British physician John Conolly at the Middlesex County Asylum at Hanwell in 1839.

Dr Smeenk seldom mentioned the use of medication in his reports. He tried opiates in 2 cases of acute alcohol psychosis;²⁵ the soporific, sulphonal, in 2 cases of acute mania;²¹ and trional in an attempt to calm a violent patient.²¹ As was to be expected from the composition of the patient population and the treatment available at the time, the prognosis was usually poor. This is reflected by the flow of patients through the institution (summarised in Table III). Comparable

statistics are included for the first few years of the British colonial period.

TABLE III.
Summary of treatment outcomes at Weskoppies Hospital during its early years

Patients	1892-1898	1901-1905
Resident at start	0	173
Admitted	342	708
Resident at end	138	432
Left hospital	204	449
Recovered (or found not disturbed)	99 (48%)	209 (46%)
Released or escaped, improved or not	36 (18%)	74 (17%)
Died	69 (34%)	166 (37%)

Based on the annual reports for 1898 (p. 5) and 1904/1905 (Table 4).

The hospital's darkest days

Owing to the upheaval caused by the Anglo-Boer War, no annual reports were published for the years 1899 - 1901. However, it is clear that conditions in the hospital deteriorated considerably during these years.

Several shortcomings had already been pointed out by the medical director in his reports for 1897²⁶ and 1898:²⁵ serious overcrowding, leading to the erection of many temporary cells of galvanised iron; a lack of space to separate violent from calm patients; insufficient work and recreation facilities; and a shortage of suitable attendants.

During 1899 the editor of the Johannesburg newspaper the *Transvaal Leader* decided to investigate conditions at the hospital. After his request to the government for permission to inspect the institution had been summarily refused,²⁷ a reporter made an unauthorised visit and was shown round by Dr Smeenk. The reporter described the place as dark, poorly ventilated, overcrowded, insanitary, lacking facilities for work or recreation, and run by untrained attendants, including 'a half-witted girl of sixteen' in charge of the children's ward.²⁸ Dr Smeenk had earlier complained about the girl's appointment (Fig. 1), but the curators had thought her suitable. On the other hand, the reporter had the highest praise for the medical director, 'that most capable, clever and refined scientist', who 'justly enjoys a professional reputation second to none in South Africa, and especially with regard to his particular branch of medical science the verdict of his colleagues is one of unqualified admiration and respect'.²⁸

A second account of the hospital during the time was published in Cape Town in December 1899.²⁹ Its author was Frederick B. Higginson, an English music teacher who came to South Africa in 1894. In May 1899 he was arrested on suspicion of having hidden weapons shortly after the Jameson Raid. In his account he claimed to have been abducted by state agents and to have been confined illegally in the asylum. He was released on 2 December 1899 and immediately published the story of his experiences. To the shortcomings already discussed, he adds graphic descriptions of unhygienic conditions, nightly confinement of patients in small cells without any facilities for 12 hours, and of patients being beaten by uncaring attendants. Although he was by no means an expert or unbiased observer, the summary rejection of his complaints by Burrows⁴ as 'entertaining though doubtlessly misleading' is hardly justified.

The period of 15 months or so following Higginson's confinement until February 1901 was probably the most difficult time in the hospital's entire history. Conditions in Pretoria had been unsettled even before the British occupation of the city on 5 June 1900. This was fol-

lowed by large-scale deportations of Dutch citizens, the severe curtailment of civil liberties, a food shortage, the commandeering of all building material and horses for military use, a constant flow of refugees and prisoners-of-war into and out of the city, inadequate medical facilities, insanitary conditions in the city's military camps, and a lack of co-operation between the military and civilian medical authorities.³⁰

By the end of June 1900, the British forces, represented by a Dr Caldwell, were paying the salaries and replacing at least some of the asylum's staff.³¹ On 8 September Dr Smeenk, still living in the medical director's house on the hospital grounds, accepted in writing an offer by the Military Governor of Pretoria to facilitate his return, accompanied by his wife and 2 daughters, to Holland. He also stated in his letter that the officer appointed to take over from him had promised to visit him soon to discuss the date on which this would happen.³² The officer was Lieutenant (Dr) Samuelson. However, Dr Samuelson left in December 1900, leaving the hospital under the temporary supervision of a local physician, Dr Wilhelm Bidekamp.³³

During January 1901 the Medical Officer of Health of the Transvaal, Dr George Turner, reported to the Military Governor on his brief visit to the hospital. He drew attention to the totally inadequate facilities and noted that the most urgent need was for a resident physician with the necessary experience.³⁴

A new medical superintendent was appointed soon thereafter, in the person of Dr Percy Everard Todd, M.B., C.M. (Edin.), Medical Superintendent of Port Alfred Asylum.¹⁰ He was a man of considerable experience and was well suited to the task of restoring conditions to normal at the hospital. He had been recommended to the Military Governor by W. C. Scholtz, who had visited the asylum in Pretoria at the former's request, apparently as early as July 1900.³⁵

Todd started work early in February 1901.³⁶ His first monthly return, stating the number of patients, appears to be that for March 1901.³⁷ This date marked the return to proper administration at the hospital. There were 165 patients resident on the 1st day of that month.

During the 5 months without a medical director conditions had probably deteriorated further, as appears from Dr Todd's report on the institution as he found it.³⁸ A few extracts will suffice: 'The whole institution is a warren of dark passages, cells, and damp yards surrounded by high walls. . . . No provision has been made for the amusement or entertainment of the patients. . . . There is no possibility of classifying the patients, all are perforce herded together, curable and incurable. . . . Most of the single rooms [are] 6 ft. 6 in. x 3 ft. 10 in., yet many of these I found contained two persons. . . . Three European males were found chained hand and foot. . . . All the patients were filthy in the extreme, their hair long and matted and they were all swarming with lice. . . . No provision was made for patients who required to relieve themselves at night. . . . [African male] patients were comparatively better treated than the European patients. Their airing court was a sort of farm yard in which were found 11 pigs, 4 goats, fowls and several dogs'.

Todd also found that no records had been left by the previous administration, although British military intelligence had obtained the curators' records from the secretary's house in November 1900³⁹ and Dr Smeenk had presumably transferred his own records to Lieutenant Samuelson. A recent search through the patient files at Weskoppies Hospital yielded only 1 record of a patient admitted before the turn of the century: a white woman who had entered the hospital in 1893 and had remained there until her death in 1952.⁴⁰ The earliest medical notes on this case, dated 25 July 1901, are written in English, perhaps by Dr Caldwell. None of Dr Smeenk's patient records appear to have survived the war.

The hospital's staff shortage was finally relieved in May 1901, when 4 attendants and 4 nurses arrived from the asylum near Grahamstown.⁴¹ New rules regulating the conduct of attendants were drawn up,⁴² and the certification and detention of patients by the new regime were properly legalised by Proclamation 36 of 1902.⁴³

Other improvements took more time. New buildings were soon planned, but were only ready for occupation in 1906 (Fig. 1). Gradually, the new administration restored the hospital to what it had been in its earliest years: a beautiful building, situated on large and pleasant grounds with a quiet and tranquil atmosphere.

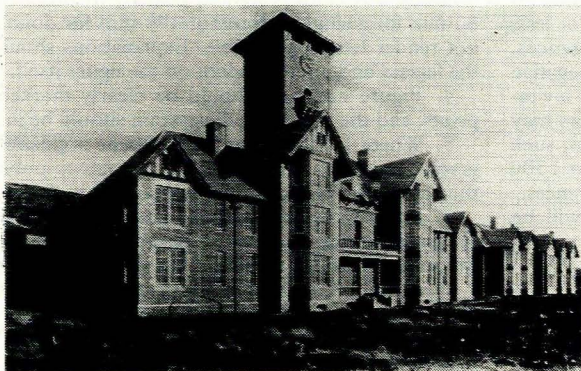


FIG. 1.
The new buildings of the 'Pretoria Lunatic Asylum', completed in 1906.

Discussion and conclusions

The early history of Weskoppies Hospital is of interest not only in its own right, but also because it sheds some light on the history of psychiatric care in South Africa. In the first place, we have shown that the more enlightened attitude towards psychiatric patients, which came to dominate psychiatric thinking in Europe during the middle to late 19th century, also prevailed in ZAR. This fact is amply borne out by the instructions to the hospital staff and by the annual reports of the medical director of the hospital. These show that staff were expected to make concerted efforts to help patients to recover (however, these efforts were as unsuccessful here as elsewhere); that physical restraint was not to be used, except on the direct instructions of the attending physician; and that confinement was to be used as seldom as possible. Putting these ideals into practice, however, was not easy at any asylum, and proved to be particularly difficult at Weskoppies during the Anglo-Boer War. Even in well-equipped late 19th century asylums during peacetime one patient might batter another to death with her bare hands,⁴⁴ or former patients might claim to have been repeatedly assaulted by untrained and unsuitable attendants.⁴⁵

Such incidents indicate that the enlightened approach was only practicable where patients could be adequately segregated and supervised by trained staff. These conditions could seldom be met until the advent of effective methods of treatment (beginning with insulin therapy, first applied in South Africa at Weskoppies Hospital in 1935) and, more particularly, antipsychotic medication. The enlightened approach therefore represented not so much an advance in psychiatry as a humanistic ideal that could be partly realised only in the most affluent countries during the 19th century.

The availability of effective medication since the 1950s has changed, but not removed, the limitations of the enlightened approach; consequently, the early history of Weskoppies Hospital also holds a lesson for contemporary psychiatry: humane institutional care of the psychiatric patient is not guaranteed by humanistic

ideals, but by sufficient resources to put these ideals into practice.

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