PERCY OTTYWELL was committed to Seacliff Lunatic Asylum on 17 June 1891. The papers certifying the 22-year-old under the 1882 Lunatics Act had been signed the previous day by two medical officers, as required, after he had threatened to take his own life. His suicide threats had been made after others attempted to stop him from seeing Leslie Douglas, then 15 years old.1 Douglas’s father reported that Ottywell had developed a ‘strange attachment’ for his son which involved his waiting outside the youth’s house at all hours, following him down the street whenever he went out and writing him numerous, ardent letters.

At the time of his committal, Percy Ottywell was a recent immigrant to New Zealand, having been sent to the colony two years earlier with nothing but a few pounds in his pockets. His middle-class Scottish family had hoped he would make a new life for himself as a colonial farmer. His spell in Seacliff — which lasted six months — followed a lonely time roaming the Otago countryside in search of work and companionship. Ottywell’s rural experiences demonstrate the itinerancy of male labour and something about its relationship to the colonial élite: local men of influence were willing to help out a young man in difficulty by providing him with work opportunities and money.2

Ottywell’s life is implicated in various spheres of wider social significance, including immigration, work, social class, mobility, masculinity and sexuality.3 At the forefront of this investigation are his feelings for Leslie Douglas, their meanings and consequences. Part life story and part critical history of sexuality, this article explores what Percy Ottywell’s case reveals about love and sexual desire between men in nineteenth-century New Zealand. Little has been written on this topic, and few individual lives have made it into the public record.4 Virtually nothing exists in the mental health literature: it appears that men were rarely committed into New Zealand asylums for their attraction to other men during this period. The penal system catered for those unlucky enough to be convicted of ‘buggery’ (or, later, ‘sodomy’), while others presumably stayed outside the state’s purview.5

Ottywell’s case is interesting, then, for its rarity. It is also valuable as a window into the social construction of male same-sex desire in New Zealand during a key period in the history of sexuality. The man who sexually desired other men has not always been considered an identifiable character with an inner homosexual ‘nature’, as is commonly understood today. Many scholars of sexuality contend that during the nineteenth century this modern view came to eclipse the older supposition that renegade sexual practices might be indulged in by any man who gave in to his natural curiosity or temptation.6 This shift in understanding was not instantaneous, however, and older ideas about universal same-sex proclivities remained influential well into the twentieth century.7
Two main forces drove the development of a recognizably modern form of homosexual subjectivity. First, a number of activists — Karl Ulrichs, Karoly Maria Benkert and John Addington Symonds — lobbied against European sodomy laws and in the process defended same-sex love as ‘natural’ among certain ‘predisposed’ individuals. From 1864 onwards Ulrichs referred to such people as ‘Urnings’, while in 1868 Benkert coined the term ‘homosexualität’ (homosexuality), which first appeared in English amid the pages of John Addington Symonds’s 1891 *A Problem in Modern Ethics*.8 Second, nineteenth-century psychiatry played an influential role in classifying sexual subjectivity. Psychiatrists sought to expand their prestige and sphere of influence by classifying human sexuality in great detail, medicalizing it, and offering expertise over those aspects deemed pathological.9 Same-sex desire lay at the forefront of this move.

These new understandings of same-sex desire as an *individual* and *pathological* phenomenon provide an interesting framework through which we can read Percy Ottywell’s case. Putting aside twenty-first-century modes of understanding male sexuality, we can ask how Ottywell and those involved with his committal conceived of such desires.10 In particular, we can consider whether the pronouncements of European psychiatrists informed official interpretations of Ottywell’s ardent attachment to Leslie Douglas. In turn, we might ask what this single case can tell us about how doctors in Dunedin, New Zealand, understood sex and affection between men at this time. Remarkably, those in authority are not the only ones whose views are reflected in the records. Ottywell’s own voice can also be heard in an active dialogue with Truby King, Seacliff’s medical superintendent, under whose care he was placed.

*Figure 1:* Truby King, Seacliff’s medical superintendent, probably photographed around the time Percy was resident there. King took up his post in 1889, and stayed until 1920 (Hocken Library, Dunedin, E2376/28).
A number of local sources allow us to trace Ottywell’s time in New Zealand and the prevailing ideas about sexuality in which he was implicated. His case file in the Seaciff Asylum archives comprises the statutory committal papers, including certificates from two doctors: Isaiah de Zouche and the eminent Thomas Hocken; Truby King’s comprehensive ‘medical remarks’, which include notes from his initial interview with Ottywell and further summations of the patient’s progress; and letters sent to King from the fathers of Percy Ottywell and Leslie Douglas. The Seaciff outward correspondence files also contain carbon copies of six letters written by King to these Mr Ottywell and Mr Douglas, as well as to Percy Ottywell after his release. Thirteen more letters survive amongst the papers of the parliamentarians William Rolleston and Sir John Hall. Written by Rolleston, Albert Ottywell (Percy’s father), Percy Ottywell’s initial billet in New Zealand, Andrew Christie, and Percy Ottywell himself, these relay the circumstances of a young English man’s emigration to the colonies in 1889 and his resulting loneliness and hardship, and tell us something about those who extended the hand of sympathy to him.

There is a diverse and detailed literature on nineteenth-century psychiatry and same-sex desire that allows us to set the European scene for this Dunedin incident. Percy Ottywell was committed to Seaciff at a time when English, French and German psychiatrists were busy publishing papers about same-sex attraction and mental deficiency. Englishmen Alexander Morison and John Millingen drew connections between ‘monomania’ and ‘unnatural propensity’ or ‘sodomy’ during the early decades of the century. Other further developed these ideas: by 1880 Jean Charcot and Carl Westphal had started to argue that men desiring those of their own sex suffered from ‘contrary sexual feeling’ and were predisposed to insanity, while Paul Moreau thought they inhabited a state ‘midway between reason and madness’. In 1864 Karl Heinrich Ulrichs, a jurist, reflected upon his own personal experiences to develop a theory of the ‘Urning’ (or ‘Uranian’): the man with a natural, inborn sexual interest in other men. Like many of his contemporaries Ulrichs assumed that a true masculinity involved desire for women. He declared the Uning a member of a separate ‘third sex’. Ulrichs conveyed his theories to psychiatrist Richard von Krafft-Ebing, whose 1886 work *Psychopathia Sexualis* (translated into English in 1892) catalogued sexual ‘aberrations’ (including nymphomania, masochism and fetishism) in great detail. To Ulrich’s consternation, Krafft-Ebing joined other psychiatrists in declaring those experiencing ‘homo-sexual feeling’ to suffer from mental ‘degeneracy’. It is important to note, however, that European sexology was not a unified field of endeavour. While Westphal’s interest lay in the ways same-sex desire might lead individuals to adopt social characteristics of the ‘opposite sex’, forensic psychiatrist Johann Ludwig Casper sought to identify distinct corporeal and hereditary traces of ‘unnatural gratification of the sexual appetite’ for use as legal evidence, and Krafft-Ebing attempted to map out which cases of ‘antipathic sexual instinct’ could be shown to be ‘acquired’ and which might be ‘congenital’. Although Charcot and Moreau declared most men with same-sex desires to be mentally ill, Albert Moll considered any ‘abnormal’ sexual tendencies unlikely to affect other aspects of their general physical
or mental health. Meanwhile, James Foster Scott showed little interest in the workings of either the mind or the body, preferring instead to rail against moral impropriety, ‘unchastity’, ‘vice’ and the threat to civilization posed by unrestrained ‘sensuality’.

It becomes clear that each sexologist had his own particular interests and idiosyncrasies and these resulted in a multiplicity of discourses that could be taken up and modified by subsequent writers and medical practitioners.

While many psychiatrists were increasingly judging men’s sexual attractions according to a medical standard, the broader meanings attached to men’s intimate relationships with each other were also in flux. During the early nineteenth century men and women could form emotionally intimate, and sometimes even passionate, ‘romantic friendships’ with others of the same sex. The social acceptability of such same-sex intimacy hinged upon an overarching cultural separation between the spiritual ‘purity’ of romantic love on the one hand and the potential pitfalls of ‘lust’ and sensual pleasure on the other. Thus, any individual could experience the former without the latter. However, the moralistic zeal with which the sexologists pathologized dissident forms of sexuality encouraged the conflation of spiritual devotion and sexual desire. By the end of the century both were frequently stigmatized.

This shift did not go unnoticed. A number of commentators worried that the ‘freedom of comradeship’ available to men would be eroded if all expressions of same-sex intimacy were diagnosed as a form of sexual impropriety. Homosociality threatened to collapse into carnal desire, symbolically if not literally. The 1895 trial of Oscar Wilde made many nervous. For example, author Samuel Butler (who had lived in the South Island during the early 1860s) withdrew a poem about his young companion Hans Faesch from the British publishers to whom he had submitted it, worried that in the new climate difficult questions might be asked about the relationship. Meanwhile, sexologists had trouble distinguishing the psychic qualities of ‘Uranian’ love from the socially acceptable forms of male companionship experienced by ‘normal men’. In the absence of a distinction between spiritual and sensual love, the boundaries between sex and intimacy required some rethinking.

Before examining the antipodean translation of the decline of the romantic friendship model and the increasing medicalization of sex and affection between men, let us pause and consider the methodological implications of choosing a single case with which to address such a concern. Without a doubt, the question of scale compels us to be careful: a full picture of complex social processes cannot be gained from one instance. On the other hand, this case is perhaps not as idiosyncratic as it might first appear. First, Percy Ottywell was enmeshed within a wider social network. The records available to us reflect the views and actions of Seaclliff superintendent Truby King, churchmen, police, the fathers of both young men, and two certifying doctors. All acted within established legal and medical guidelines and/or popular discourses, even though not everybody agreed in their prognosis of Ottywell’s situation.

Second, the understandings put into effect by Truby King, Percy Ottywell and the others reflected widespread contemporary ideas about subjectivity, sexuality and madness. As Margaret Somers argues, people make sense of their
lives and their surroundings by assembling and reconstructing the narratives made available to them within their time and culture. Aspects of individual lives, be they personal feelings or professional suppositions, are always located within these cross-cutting narratives, themselves contested and changeable.

In this sense, too, the beliefs of doctor and patient were held more widely. What of ‘sexuality’, the key field of social enquiry framing this investigation of Ottywell’s case? It is useful to abandon the commonplace idea that sexuality represents an unchangeable essence that inheres in individuals and produces stable meanings. Instead, sexuality can be understood as a shifting field of discourses, practices and power relations, embedded within institutions and taken up by individuals in ways that differ culturally and historically. Such an approach suggests we tread carefully around the search for ‘homosexuality’. As we now understand him or her, ‘the homosexual’ embodies and expresses a very particular confluence of sexual behaviour, emotional intimacy, identity commitment and minorititarian social status. Although commentators sometimes associated specific sexual behaviours with particular forms of subjectivity throughout the nineteenth century, ‘homosexuality’ has a complex history involving important disjunctures as well as continuities. Elsewhere I have suggested that our current understandings were not fully consolidated throughout New Zealand until the 1960s. To commence with a search for ‘the homosexual’, then, is to risk overlooking important nuances and historical specificities in the social construction of intimacy and desire.

In short, this article does not set out to recover ‘the homosexual’ from the past, so much as to ask how one individual case from the archives embodies a number of historically specific understandings. Percy Ottywell’s life should be considered in its wider enabling context, as one node in a complex web of beliefs about sexuality, selfhood and madness.

Percy Ottywell set sail for New Zealand, via Melbourne, in January 1889. He had been trained for colonial farming and spent some time on sheep and cattle farms in the north of Scotland learning the arts of animal nutrition and husbandry, and agricultural chemistry, before his family sent him to the colonies. The letters among the papers of Sir John Hall and William Rolleston reveal that Percy was born in England to a middle-class family. His father, Albert, was a British-based emigration officer for the New Zealand government. Albert Ottywell’s position took the family to Edinburgh in 1879, although in the following decade a decline in emigration saw the family’s fortunes wane. Having spent more than the family ‘could well afford’ on his son’s training, Albert determined to send Percy to New Zealand where he might ‘commence his life-work’. Albert sounded out Rolleston and Hall about these plans, since both men had exercised some influence over his emigration business:

My only son … has been in training for colonial life for some years. He is 18, and very tall and strong . . . I am anxious to make arrangements without delay for his settlement in the colony. Unfortunately, I cannot give him capital, and he will have to work his way, as his father, and grandfather did before him. I should like to place him on a station with good people, who would, as they had opportunity, help him master his work, and where he would have a chance of doing good. If necessary, he would give his services for a year in exchange for his maintenance.
An initial billet was arranged at ‘Glencairn’, a Dipton property owned by Andrew Christie, a Scottish farmer of Albert’s acquaintance. Percy lasted for the best part of four months at Glencairn, working in exchange for board and food. Apparently deciding that more remunerative employment might be found in Dunedin, he set off with letters of introduction to a number of gentlemen in the city, a new pair of boots and £9 in his pocket. However, it was not long before he got into some difficulty. He had trouble finding work, and having at some point ‘lost’ the £9 — which his father had given to him — he wrote to both Hall and Rolleston to plead for loans. Hall dispatched several pounds. Rolleston, though, suspected young Ottywell was a ‘useless loafer’ seeking funds for his ‘riotous living’. Unmoved, he concluded that Ottywell ‘must be a poor creature indeed if he cannot even earn his tucker’.

Next Ottywell spent a miserable month labouring on a butcher’s farm near Outram on the Taieri Plain, until conditions became too much for him. Having come from a moderately well-off British family he objected to ‘working very hard living in a miserable hut with the rough men and being in every way the same as a common roustabout’. A severe spell of diarrhoea brought on by drinking bad water sent him in search of medical attention in Dunedin:

The agony I have endured is beyond description. I work[ed] for three weeks suffering every day torture indescribable. At last (two days ago) I could bear it no longer as I was getting quite unable to work and scarcely able to walk, so Mr Patrick said that I had better go into Dunedin and try to get into the hospital and he gave me one pound, and I came into Dunedin, and went to Dr Ferguson, and he has prescribed for me, and said I would be better out of the hospital than in it, and I did not like the idea of it at all. I am a little better now, the doctor says rest is absolutely necessary as my case is very bad indeed and I am very weak. If I am not able to work at some light work when my £1 is done of course I shall be very badly off, but I must hope for the best and be thankful that I am a little better.

After a period of ‘enduring terrible hardships’, sleeping out on frosty winter’s nights and ‘going for days without food’, Percy Ottywell was discovered in a farm outhouse and passed on to Bishop Samuel Nevill. The bishop provided him with a job as groom and coachman at ‘Bishopgrove’, his property in Dunedin, and after a while suggested that Ottywell try his luck at the Roxburgh gold diggings. Finding the diggings not to his liking (and beset with diarrhoea once again), Ottywell returned to Dunedin and worked at a sole-charge farm position on the Taieri Plain for a time, where he was required to keep an eye on the sheep during lambing, maintain the fences and ensure the well-being of the cattle and horses grazing on the property. It was a lonely existence, although he was not ungrateful:

[The owner] has shown me more kindness than I had believed it would ever be my lot to receive from any man in this country, or any other. True I was in great trouble at the time he gave me the situation but I shall never be able to fully describe the sympathy and trust and encouragement I have had at the hands of this good kind man. I have occupied the place now 3 weeks to the apparent satisfaction of my employer, who pays me a visit every week. I live in a small hut and cook my own meals. I am quite alone, and when I first came I thought the loneliness at night was terrible, but I have got used to it now. I do not see a soul, for days together sometimes.
Finally he moved back into town, having abandoned farming in favour of work as a clerk (a job for which his father had thought him unsuited) and taken up quarters above the Spanish Restaurant in Princes Street. Bishop Nevill, who maintained a paternal interest in the young man, noted that ‘lately his conduct has been very strange. For instance he would scatter his wages among a crowd of boys that he gathered round him and he openly professed his strong attachment for the boy Douglas’. According to the certifying doctors, Ottywell ‘pursued’ Leslie Douglas whenever he left the house, had started to threaten suicide if the youth would not see him and finally delivered a pencilled note asserting that ‘the end would come tonight’. One of the doctors concluded that Ottywell had become ‘very troublesome’ to Leslie Douglas’s family, ‘indeed quite unmanageable’. Leslie Douglas’s father informed King he had initially felt ‘the young fellow was more to be pitied than shamed [and] had several serious conversations with him, allowed my boy to meet him twice in my presence to say goodbye’. Unfortunately there is no indication of whether or not Ottywell’s attraction for Leslie Douglas was in any way reciprocated.

Both Leslie’s and Percy’s fathers expressed concern about Percy’s ‘pursuit’ of Leslie. Leslie’s father referred to ‘the strange attachment Ottywell appeared to have for my son’, while Percy’s father reported ‘the strange infatuation which had taken possession of him’, and ‘feared that he has for the time lost his mental balance’. One of the certifying doctors framed Percy’s feelings in terms of ‘love’, ‘attraction’ and ‘affection’: ‘He says that he is greatly attracted to a boy named Douglas and cannot live without him, that his affection for this boy has become an all absorbing idea, and that his greatest happiness is to see him and be with him constantly […] that in short he worships Douglas and that last night he had thoughts of taking his own life because he could not see him. The Rev[erend] York tells me that Ottywell is unable to bring his mind to any other subject than his love for Douglas.’ Another, though, proffered a very different and much more pathological account: ‘[Patient] is downcast and somewhat melancholic and is monomaniacal. Has conceived a violent passion for a youth […] whom he pursues and by whose house he spends whole hours. He threatens that if he is thwarted he will commit suicide and will do other mischief.’ Before Ottywell even arrived at Seacliff, then, his behaviours, feelings and motivations were subject to differing interpretations. Was he a harmless lovelorn young fellow, or a depressive maniac? Presumably it was up to Truby King to decide, and Percy Ottywell was taken away to the huge baronial asylum perched high above the sea, allocated an attendant whom he shared with only one other patient, and instructed that he should not talk about Leslie or ‘any sexual matter’.

It is difficult to tell the extent to which local ‘experts’ deemed Ottywell insane. The police paper work, filled out a day after the certifying doctors had completed their reports, stated that he was apprehended for the offence of ‘lunacy’, although this may have been a fairly standard descriptor for those destined for the asylum. King’s page of ‘medical remarks’ in the case notes contains only two hints of a diagnosis. On the day Ottywell was discharged, King noted that he ‘has been practically well for some months and has been kept at the asylum merely for the sake of building up his strength of character
in order to enable him to face the world with a fair prospect of not breaking down’. There is also a small note, ‘manic?’, scrawled on the very top of the page.

Figure 2: Seacliff Lunatic Asylum, located north of Dunedin on a site high above the sea. A farm asylum, Seacliff’s grounds provided both food and work for its patients (Hocken Library, Dunedin, E3308/43).

Figure 3: Entrance to Seacliff’s main building. For all its forbidding gradiosity, the castle-like structure was softened slightly by the landscaping Truby King had instigated (Hocken Library, Dunedin, E3307/48).
Mania (‘insanity with excitement’) was something of a catch-all diagnosis in psychiatry at the time, often intertwined with melancholia in a rather imprecise and fluid nosology. Mania and melancholia could either precede or result from one another. This might help to explain why one doctor yoked together Ottywell’s ‘melancholy’ (presumably brought on by his inability to see Leslie Douglas) with a ‘monomaniacal’ tendency that none of the other commentators mentioned. Melancholia was also thought to foster a susceptibility to suicide. When questioned by King, however, Ottywell denied that he had actually felt suicidal, arguing that his threats were a ruse to ‘frighten people’ so they would not impede his access to the younger man. It is likely that he was assumed to suffer from two more factors thought to precipitate nervous collapse and mental breakdown: obsession and loneliness.

Both melancholia and mania were presumed to relate to sexual excess, the most common manifestation of which was thought to be masturbation. During the nineteenth century many doctors believed in the dangers of sexual excess in general and masturbation in particular, as the latter could trigger ‘moody and morose self-absorption’ at best, or chronic insanity at worst. In Ottywell’s case notes, King wrote: ‘[q]uestioned re[garding] masturbation he admitted that he had practised the vice but only to a very slight extent and not as a habit. He says he has always been strong and vigorous.’ Perhaps by responding in this way Ottywell sought to refute the widespread notion that masturbation in men might occasion a loss of manly vigour, or maybe he considered he indulged too little for it to have any effect upon his own constitution. King, however, was not so sure: ‘It is hard to say how far masturbation has been carried out and to what extent it may have been a factor in bringing about his present state. His physical condition is good but his gaze is not as straight and frank as it might be and he is decidedly diffident.’

Masturbation posed a clear threat to one’s manliness, in part because it demonstrated the failure of masculine self-control. It was best avoided by immersing oneself in socially approved forms of physical exercise with one’s fellow men, in order to better direct one’s bodily energies and thus free oneself from the ‘torment of sexual desire’. During the nineteenth century masturbation was thought to lead not only to insanity, but also sometimes a desire for ‘sodomy’ (usually understood as anal penetration between men, but sometimes meaning any form of non-procreative sex), particularly when it precipitated an intermediate state of nerve weakness known as neurasthenia. However, the link between masturbation and sodomy was not always medicalized. Although King wondered whether masturbation was in part responsible for Ottywell’s diffidence, nowhere in his notes did the young man’s professed interest in sodomy appear as an expression of insanity. Instead, following the less medically-minded sexologists of the time, sodomy featured in purely normative or moral terms: a form of sexuality that was ‘filthy’, ‘dirty’ and ‘bad’. Overall, King considered Percy Ottywell to be ‘a well bred, well educated young man [who] appears actually to have very high principles and a good aim but he has held aloof too much from association with his fellows and has been keeping his mind saturated with filthy ideas’.

Neither doctor nor patient assumed that an interest in sodomy was the result
of any inherent congenital predisposition, as did some of the sexologists of the time. Instead, they both thought it a wayward interest that had got out of control and become all-absorbing. Sodomy became an abiding preoccupation for Ottywell after he read about it in a newspaper and several books and pamphlets: ‘[it] was not natural to me it was induced by what I read, and gradually I came to take a delight in it and could not keep my mind away from dirty subjects’.57 He recalled the process in some detail: ‘I was perfectly right until about two years ago when I happened to read a notice of a case of sodomy in a newspaper […] I looked up the subject in a book and gradually I came to read things like that until after a while they seized quite a fascination over me. I don’t know why I read them either because they were quite repugnant to my feelings but somehow I could not help it; one thing led to another. I actually took a pleasure in reading the beastly things about sodomy and masturbation.’

Ottywell found a number of other sources to further inform him about sex. He borrowed ‘health books and pamphlets’ from his acquaintances, including the famous ‘Masterpiece’, an early sex advice book written by the pseudonymous ‘Aristotle’, and one referring to sexual diseases and offering cures by patent medicine. Another, penned by L.L. Smith, described ‘man in relation to his sexual nature’, while a fourth was ‘written in a dramatic sentimental kind of way in high-flown, old-fashioned language’ and chronicled ‘various sexual crimes and how they were done’. Also making an appearance was Savage’s *Insanity*, which repeatedly mentioned masturbation and ‘sexual excess’ (although not sodomy) as precursors to madness.59 Ottywell reported that such books lay open in Braithwaites, the local book arcade, much to the delight of boys from the nearby high school. He felt it most unfair that he should be singled out, and (somewhat tantalizingly) asserted that ‘I am sure I’m no worse than some of the fellows I talked to, they have just as much reason to be here as I have’.60

King was greatly interested in this literature, and asked a number of questions about the publications Ottywell had managed to lay his hands on. King’s questioning revealed his anxiety about the effects of morally corrupting literatures and his more general concern with ‘faulty conditions of education’. The superintendent believed that improper pedagogical practices could lead to nervous instability, ‘sexual irregularities’ and ultimately insanity, particularly in those sedentary, ‘bookish’ boys ‘not given to playing games’.61 To this end, he sought to fortify Percy Ottywell’s constitution through the staple Seaciff therapies of healthy diet, outdoor work and a mixture of recreations.62 These were standard fare for the asylum’s able-bodied male patients and reflected contemporary notions about the importance of a healthy, robust form of masculinity.63 King instructed: ‘He is to be kept as far as possible in the open air to be taught tennis. For the greater part of the day he will work in the garden and at Bush Felling etc. He is also to be taught billiards and cards. He appears to have gone in for no recreation which would throw him in with his fellows in a healthy way and […] he has not been in the habit of dancing or mixing in any way with the opposite sex.’64

After a month at Seacliff Percy Ottywell had taken to billiards, cards and tennis, much to King’s approval, and worked ‘willingly and well and reads
Figure 4: Men scything on the asylum farm. Along with the other able-bodied male patients, Percy was set to work outdoors in Seacliff’s extensive grounds (Hocken Library, Dunedin, *Otago Witness*, 24 October 1900, p.48).

Figure 5: ‘He is to be taught billiards and cards’: one of Seacliff’s two billiard rooms, both available for patient use. As well as the billiard table, note the card tables and chaise longue (Hocken Library, Dunedin, *Otago Witness*, 24 October 1900, p.48).

Dickens of an evening’.65 He was also given the task of keeping the register of books in the asylum’s library, although apparently made only a half-hearted job and he and King both finally ‘gave this up in despair’.66 The superintendent later noted that Ottywell was somewhat ‘lacking in application’ and demonstrated little ‘self-reliance’, but hoped this would improve once he was discharged and ‘finds himself forced to work physically for a subsistence’.67

Ottywell remained less than forthcoming at Seacliff’s fortnightly dances, rarely being induced to dance and remaining ‘diffident’. Not only did he
appear disinterested in young women, but prior to committal his contact with other young men involved either sharing information about sex or a worrisome obsession with ‘dirty thoughts’ in general and Leslie Douglas in particular. One entry in his case file (jotted on the back of the letter from Douglas’s father) reported that eight years earlier an adult acquaintance had thought Percy Ottywell ‘soft’ and something of a loner, refusing to mix with other boys. While working for the bishop, Ottywell’s aloofness was sometimes attributed to ‘the fact of his being well born and his not caring to mix much with the servants’.  

King noted that Ottywell also showed no interest in either smoking or drinking, activities believed to exemplify manly self-expression and shunned by those given to sexual ‘perversion’.

By the late nineteenth century ‘softness’ and an interest in sodomy had been associated in the public imagination for at least a century. Ulrichs and a number of sexologists thought that the desire for other men revealed the existence of a woman’s soul in a man’s body (‘anima muliebris in corpore virili inclusa’). However, the relationships between this ‘inversion’, as it came to be known, and an effeminate demeanour per se were complex. One’s sexual predilections were related to, but did not entirely determine, whether or not one would express a conventionally ‘manly’ comportment. King appeared relatively agnostic on this issue. While he was somewhat concerned that Ottywell had not involved himself in appropriate ways with other young men, he described him as a ‘tall well made gentlemanly young fellow’ with good ‘muscular and general development’, and suspected that ‘as is often the case with young fellows so placed he appears from his own account to have done really nothing but shooting and fishing when he was supposed to be fitting himself for the colonies’. While Ottywell’s passion for Leslie Douglas was
considered less than acceptable, in his appearance and attitudes King thought him constitutionally indistinguishable from other young men his age.

One of the most intriguing aspects of Ottywell’s case is the way he contested King’s interpretation of his relationship with Leslie Douglas, at least initially. Such resistant voices are all too absent from the historical record in New Zealand, especially where dissident forms of sexuality are concerned. True, the available case notes were written by King, and as the ‘expert’ he possessed a certain power to define Ottywell’s situation and to prescribe its consequences. King directed the initial interview through his line of questioning, chose what to record and what to ignore, and set the diagnostic frame within which others might interpret Ottywell’s claims. At the same time, however, Percy Ottywell’s own voice comes through in King’s text. Soon after his arrival at Seacliff, he indignantly questioned why he was there: ‘When patient came in he was greatly excited at the idea of being in an asylum among the insane, and when he saw me said he was sure that I should at once recognise that a mistake had been made: “nothing can justify thrusting a young man with all his life before him in among a crowd of lunatics. I may be a criminal but I’m certainly not mad”’. It is notable that Ottywell would concede to being a criminal; there is no indication that he had committed any criminal act. Indeed, he later mentioned that he had been committed at the instigation not of the police, but Leslie Douglas’s family, ‘saying that they did so for my own good’. Perhaps to Ottywell’s mind criminality was preferable to insanity.

Percy Ottywell not only questioned why he should be singled out for attention when other young men he knew also took what might have been construed as a prurient interest in sex, he also keenly defended his feelings for Leslie Douglas: ‘You can’t understand a pure and ardent love for a boy such as I have, and I feel that what I am telling you will simply confirm you in the idea that I am mad. Yet you will admit that a man may love a woman — then why not one of the other sex? The Bible says “love one another” does it not?’

Ottywell proclaimed his ‘true and genuine affection’ for Douglas, asserting his ‘passionate regard for the boy, in a perfectly pure way you understand. There is nothing that I would not do for him, I would lay down my life for him’. This was the language of early nineteenth-century romantic friendship, emphasizing as it did a spiritual love and devotion between men. Ottywell underscored the spiritual nature of such a love with his reference to the Bible. King was sceptical, noting that Ottywell ‘seems subconscious of the fact that such ideas as the above are not normal’, and he continued probing: ‘Questioned further as to this affection for Douglas, patient volunteered that his love for him was now entirely a pure affection but that it has not been so all along. Impure ideas with regard to Douglas would come into his head in spite of himself but he never said or did anything rude to him.’

King appeared unwilling to accept Ottywell’s initial claim that his feelings for Douglas fell entirely into the ‘pure’ type of love. Ottywell was left to find a way of bridging the gap between a socially acceptable spiritual love between men on the one hand, and his outlawed, somewhat more carnal desires on the other. Anxious to avoid a diagnosis of madness, he asserted his moral self-control and the eventual triumph of his ‘pure’ love for Douglas. Indeed, Jonathan Katz has
suggested that the ‘unmapped space’ between sensual and spiritual forms of love created difficulties for men during the nineteenth century, and that their attempts to bridge the gap were liable to be co-opted by psychiatrists.  

Ottywell’s fear that King might interpret his ardent feelings for Douglas as an indication of madness suggests that he was aware of the pathologizing of love (if not sex) between men that psychiatry had started to promulgate. As it turned out, King showed little interest in formulating an explicitly medical diagnosis of anything other than Percy Ottywell’s general diffidence and his supposed difficulty in coping with the world at large. It seems likely that Ottywell’s threat to commit suicide, his agitated state and the lack of a family to look after him were the primary reasons for his committal to Seacliff. While King held strong views about ‘sodomy’, nowhere did he conceive of it as either a symptom or a cause of mental illness per se. Instead, it remained a ‘dirty’ intention that was ‘not normal’ and might be banished through a vigorous regime of exercise, fresh air and officially sanctioned companionship. Only once was it suggested that Ottywell’s passion was in some way ‘unnatural’, and then by the young man himself. In a letter written while still at Seacliff, he assured Sir John Hall that:

I do not intend to trouble you with details of the circumstances connected with my removal here, nor of the ridiculous conduct on my part which rendered such a thing apparently necessary, suffice it to say that I conceived a very violent and unnatural affection for a member of Mr Douglas’s family and amongst other ridiculous actions announced my intention of committing suicide, because my absurd infatuation was not approved of . . . At first I was in a state of great indignation but now that I have been here 10 weeks I do not look upon it quite in the same light as I did then. Of course I need not say that I had no intention whatever of taking my own life. It was merely said to frighten my friends. But having once said such a ridiculous thing it is not so easy to prove that it was only talk.

Ottywell appeared to back down from his original insistence that there was nothing out of the ordinary about his feelings for Leslie Douglas. It is not entirely clear, however, exactly what he had come to regard as ‘unnatural’: was it the fact that Douglas was another young man, or that his pursuit was rather obsessive and involved ill-advised threats to commit suicide? (It is worth noting, too, that during the nineteenth century a ‘violent passion’ was ardent rather than physically threatening as we might assume now.) Despite his initial indignation, there are signs that Ottywell had come to submit to Seacliff’s norms and institutional discipline to some degree. This may have been unconditional, or he may have felt it a means of getting his mail past King and out of the asylum gates. (We would do well to consider also that Ottywell was writing to a very particular reader, one of establishment status.) It is intriguing that both superintendent and patient described the latter’s erstwhile desire as an ‘absurd infatuation’, something lying outside the realms of reasonable emotion and thus predisposing its subject to melancholia. Perhaps this assessment came to underpin the therapeutic relationship between Ottywell and King during the young man’s time at Seacliff, as a way both could make sense of what had taken place.
Thus, Percy Ottywell’s desire for Leslie Douglas was represented as something transitory, developing at a time of loneliness and hardship and disappearing when circumstances changed. In a wider sense, the relationships between intimacy, sexual desire and subjectivity appeared to be relatively unfixed and open to change, although given the difficulty of addressing individuals’ self-consciousness historically it is hard to know whether or not Ottywell actually experienced his own life in this way.\textsuperscript{88} We cannot tell whether he ever took up the idea that the man who desired other men might assume a particular sexual identity, or indeed whether he ever showed any interest in women.

While many historians argue that distinct and pathological individual sexualities replaced same-sex desire as a universal temptation during the late nineteenth century, the new sexual identities were not adopted everywhere and by everybody. Percy Ottywell’s case hints that the situation in New Zealand near the end of the nineteenth century was not clear-cut. Without a doubt, the available literature on sex, medicine and madness was a significant source of information for Ottywell, and he seemed aware that love and sex between men were pathologized within psychiatry in general and the space of the asylum in particular. His adoption of other, less medical ideas also surfaced: the possibility of a pure, spiritual love between men, and the failure of the will to withstand the compelling but disreputable desires that threatened to overwhelm a man. Ottywell had to negotiate these ideas as best he could in the presence of Truby King, who called the young man to account in their meetings.

King showed no interest in classifying Ottywell on account of his sexual interests, and little inclination to diagnose an interest in ‘sodomy’ as a mental problem \textit{per se}. His view of illicit desires was moral rather than medical, and without a doubt he took sexual morality seriously. However, his primary psychiatric concern was Percy Ottywell’s general ‘mental balance’ and fitness to deal with the rigours of everyday life. Given King’s separation of ‘sodomy’ from mental illness as such, it is possible that he considered any otherwise ordinary person susceptible to disreputable sexual obsessions. The superintendent did

![Figure 7: King provisioned this gallery with seating along the walls, and decorated it in an exuberant Victorian style. Quite a contrast, no doubt, to a ‘miserable hut’ on the Taieri Plain (Hocken Library, Dunedin, \textit{Otago Witness}, 24 October 1900, p.48).](image)
not adopt the latest European notions of individual sexualities, but like his patient he negotiated his way rather haphazardly among a broader and more long-lived set of ideas about sex and morality. Clearly there was no instant and uninterrupted transmission of the new psychiatric ideas from Europe to (and within) the sexual spaces of the colonies. As far as Dunedin’s most influential psychiatrist was concerned, Percy Ottywell embodied not a new form of sexual subjectivity, but a temporarily misdirected desire.

Six months after he arrived at Seacliff, having been built up through King’s work and recreation therapy, Percy Ottywell was ready to be discharged into the wider world fit to resume an ordinary life. King deemed him ‘in perfect bodily health and seemingly in a normal state mentally’.89 Ironically, by this stage Ottywell was reluctant to leave. He reported that King treated him with ‘the greatest of kindness, in every way’,90 and doubtless the asylum guaranteed a level of routine, sustenance and companionship not provided by his colonial life to date.91

What happened to Ottywell in the ensuing months and years? His father had expressed the view that it would be best for him to remain in New Zealand ‘among strangers’ rather than return to ‘near friends’ in Scotland. The following year King received several letters in which Percy Ottywell reported that he had found work on a farm near Outram and was managing reasonably well. Accordingly, Albert Ottywell was advised that his son seemed ‘much more self-reliant than he was formerly’.92 Although Percy was no longer directly under his care, the superintendent continued to dispense fatherly advice by mail: ‘if you work away quietly and steadily all will come right in the end. There is an old true saying that “every thing comes to him who waits” and you will find that your case will be no exception.’93

By 1898 Percy Ottywell had moved to Cape Town and started a job as a clerk for the Union Steamship Company. Money troubles struck again, and by citing his family connections he managed to procure a £4 loan from Will Schreiner, then Prime Minister of the Cape Colony.94 Ten years later he found himself in Melbourne, and after living ‘hand to mouth’ for a time he received another loan, this time from Australian Prime Minister Alfred Deakin. Offered a clerkship at the Melbourne Pier, Ottywell sent assurances that he would soon repay the debt and enquired whether Deakin might donate any ‘cast off portion of a suit of clothes’ because his year-old suit ‘had to do daily wear, and I shall cut but a poor figure as I am’.95 His marginal existence as a wandering colonial, it seems, was far from over.

Unfortunately we know no more about Ottywell’s romantic attachments. It is possible that he renounced the possibility of romantic and sexual relationships with other men, or that he eventually fashioned a sexual identity around same-sex desires. This is particularly tantalizing for us to consider, because the turn of the twentieth century saw the new sexual identities move into sharper focus, as more literature evoking them became publicly available. While the surviving traces of Percy Ottywell’s life reveal a reasonable amount about male sexuality in his time, they do not by any means unlock all its secrets.
NOTES

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1 This case was brought to my attention by Barbara Brookes in her ‘Women and Madness: A Case-study of the Seacliff Asylum, 1890–1920’, in Barbara Brookes, Charlotte Macdonald and Margaret Tennant, eds, Women in History 2, Wellington, 1992, p.141. There is further mention in Barbara Brookes, ‘Men and Madness in New Zealand, 1890–1916’, in Linda Bryder and Derek Dow, eds, New Countries and Old Medicine, Auckland, 1995, p.207. I have decided to use original names rather than pseudonyms as none of the records, including those from the Seacliff Asylum, are under any restriction or required the granting of permissions. Thus, all the sources used here are freely available in the public domain.

2 An important account of one wandering colonial labourer’s life is offered by Miles Fairburn, in Nearly Out of Heart and Hope: The Puzzle of a Colonial Labourer’s Diary, Auckland, 1995.


5 See the statistics on admissions into asylums in the Appendices to the Journals of the House of Representatives (AJHR), 1891, H-12, p.13. On men and committal into asylums in New Zealand, see Brookes, ‘Men and Madness’; Bronwyn Labrum, ‘Looking Beyond the Asylum: Gender and the Process of Committal in Auckland, 1870–1910’, NZJH, 26, 2 (1992), pp.125–44. Since 1840 New Zealand had been subject to English laws proscribing ‘buggery’ (anal sex between men or sex between men and animals). These prohibitions were replicated in the local Offences Against the Person Act of 1867. Other types of sexual activity between men were not prohibited until the Criminal Code Act of 1893.


10 On allowing the conceptual categories of sexuality in train in a particular era to surface, unmolested by current preoccupations, see Steven Maynard, ‘Respect Your Elders, Know Your Past’: History and the Queer Theorists, Radical History Review, 75 (1999), pp.56–78.

11 Morison first prepared his argument on this in 1825: see Mendelson, pp.678–83; Beyer, ch.1.


13 Bristow, ch.1; Hubert Kennedy, Ulrichs, Boston, 1988; Richard von Krafft-Ebing, Psychopathia Sexualis, New York, 1932 [1886], pp.285, 339; Graham Robb, Strangers: Homosexual Love in the Nineteenth Century, New York, 2003, ch.3. Key works by Havelock Ellis and Sigmund Freud were not published until 1896 and 1905 respectively.


16 For example, see James Foster Scott, The Sexual Instinct: Its Use and Dangers as Affecting Heredity and Morals, New York, 1908 [1898], ch.1.

17 See Brickell, ‘Sex Instruction’, for an illustration of the dissemination and evolution of sexological ideas in New Zealand during the mid-twentieth century.


22 Raby, p.261.

23 For example, see Moll, p.93.


26 This will be directed, although not determined, by the relative prevalence of various discourses at the time. For an interesting account of dominant, emergent and resistant discourses and their role in social change, see Raymond Williams, Culture, Glasgow, 1981, pp.204–5.
27 Brickell, ‘Sex Instruction’; Brickell, ‘Emergence’.
28 Albert Ottywell to William Rolleston, 10 March 1881, Papers of William Rolleston, MS-Papers-82-355-06/1, Alexander Turnbull Library (ATL), Wellington.
29 Albert Ottywell to Rolleston, 21 September 1887, Papers of William Rolleston, MS-Papers-77-248-07/4, ATL.
30 Albert Ottywell to Rolleston, 21 September 1887.
31 Albert Ottywell to Rolleston, 14 January 1889, Papers of Sir John Hall, MS-Papers-1784-156, ATL.
32 Andrew Christie to Cuthbert Cowan, 6 July 1889, Papers of Sir John Hall, MS-Papers-1784-157, ATL.
33 Rolleston to Hall, 28 June 1889, Papers of Sir John Hall, MS-Papers-1784-156, ATL. For a discussion of the view that although some wandering colonial men were hard-working, others were but sponging slackers, see Jock Phillips, *A Man’s Country? The Image of the Pakeha Male. A History*, Auckland, 1987, p.16.
34 Percy Ottywell to Hall, 14 August 1889, Papers of Sir John Hall, MS-Papers-1784-156, ATL, emphasis in original.
35 Percy Ottywell to Hall, 22 July 1890, Papers of Sir John Hall, MS-Papers-1784-166, ATL.
36 Percy Ottywell to Hall, 20 September 1890, Papers of Sir John Hall, MS-Papers-1784-166; MS-Papers-1784-168, ATL.
37 Truby King, ‘Medical Remarks by Superintendent’, DAHI D264 86 2714, Archives New Zealand (ANZ), Dunedin, p.3.
38 Dr Isaiah de Zouche, Medical Certificate, 16 June 1891, DAHI D266 23 2714, ANZ.
39 Dr Thomas Hocken, Medical Certificate, 16 June 1891, DAHI D266 23 2714, ANZ.
40 Alfred Douglas to King, 12 July 1891, DAHI D264 86 2714, ANZ.
41 Douglas to King, 12 July 1891; Albert Ottywell to King, 14 August 1891, DAHI D264 2714, ANZ.
42 Zouche, Medical Certificate.
43 Hocken, Medical Certificate.
44 King, ‘Medical Remarks’, p.3.
45 ibid.
46 Examples can be found in George Savage’s *Insanity and Allied Neuroses: Practical and Clinical*, London, 1884, ch.7. For a discussion, see German Berrios, *The History of Mental Symptoms: Descriptive Psychopathology Since the Nineteenth Century*, Cambridge, 1996, ch.12, esp. p.314 for Henry Maudsley’s definition of mania.
48 Savage, pp.152–3.
49 The quote is taken from Vern Bullough and Bonnie Bullough, *Sin, Sickness and Sanity: A History of Sexual Attitudes*, New York, 1977, p.66. On the pathologization of sexual ‘excess’ more generally, see Laqueur, pp.47, 179, 240; for examples, see Savage, pp.59–60. Historians have speculated about why masturbation took on such profound significance during the eighteenth and nineteenth centuries: some argue it reflected new constructions of childhood and young people’s innocence, others that it epitomized an erosion of individual self-control at a time when a secular self-governance was replacing the rule of the church. For the former view, see Weeks, *Coming Out*, p.24; for the latter, Laqueur, especially p.273. Both authors agree that because masturbation is so private and difficult to control, its pathologization required hyperbolic modes of ideological enforcement.
50 King, ‘Medical Remarks’, p.2.
51 King, ‘Medical Remarks’, p.3.
55 Katz (p.37) suggests that sodomy was rarely medicalized in the US until the mid-1890s.
56 King, ‘Medical Remarks’, p.3.
57 King, ‘Medical Remarks’, p.2.
59 Savage, passim.
60 King, ‘Medical Remarks’, p.2.

64 King, ‘Medical Remarks’, p.3.
65 ibid.
66 King to Albert Ottywell, 9 December 1891, Seacliff Medical Superintendent’s Outward Letters 1891–1892, pp.408–409, DAHI D264 13, ANZ.
67 King to Albert Ottywell, 9 December 1891.
68 King, ‘Medical Remarks’, p.2.
69 King, ‘Medical Remarks’, p.3; Greenberg, p.381; Krafft-Ebing, p.63; Moll, p.71; although King himself did not drink: Chapman, p.209.
70 Greenberg offers a comprehensive discussion on this: see esp. ch.7, while two particularly lively accounts from the early nineteenth century can be found in Chris White, ed., Nineteenth-century Writings on Homosexuality, London, 1999, pp.12–15.
73 King to Albert Ottywell, 9 December 1891, pp.408–409.
75 Probably best interpreted as ‘agitated’ rather than ‘eager’.
76 King, ‘Medical Remarks’, p.1.
77 Percy Ottywell to Hall, 31 August 1891, Papers of Sir John Hall, MS-Papers-1784-179, ATL. Labrum (p.129) notes that committal proceedings were usually instigated by family, friends and neighbours. On the idea that in nineteenth-century psychiatry a ‘mentally disordered person’ was regarded as a ‘quasi-criminal to be held in safe custody’, see H. Jenner Wily and K. Stallworthy, Mental Abnormality and the Law, Christchurch, 1962, p.490.
79 ibid.
80 ibid.
81 Katz, pp.335–6, offers an interesting discussion of the ways US poet Walt Whitman, among others, attempted to work across this divide.
82 On the relationship between men’s lack of family ties or itinerancy and their increased susceptibility to committal, see Brookes, Men and Madness’, p.206; Labrum, p.143.
83 Percy Ottywell to Hall, 31 August 1891, emphasis in original.
84 See, for example, Moll, p.90.
85 On the importance of considering the recipients of letters and their role in the letter-writing process, see Ken Plummer, Documents of Life 2: An Invitation to a Critical Humanism, London, 2001, p.54.
86 King used the term ‘absurd infatuation’ in his letter to Albert Ottywell, 9 December 1891, Seacliff Medical Superintendent’s Outward Letters 1891–1892, pp.408–409, DAHI D264 13,
ANZ. On (ir)rationality and melancholia, see Berrios, p.293. A possible parallel, 54 years later, emerges in Michael King’s discussion of Janet Frame’s experience: ‘When there seemed to be no prospect that her feelings [for psychologist friend John Money] would be reciprocated, she had been gripped by a form of hysteria that generated apparently psychotic symptoms. In the enforced isolation of Seacliff, Frame could perceive much of this and accept it’: King, *Wrestling with the Angel: A Life of Janet Frame*, Washington, 2000, p.75.

87 For an interesting discussion of the complex conceptual and interpersonal work required in order to establish a person’s membership of a category such as ‘mentally ill’, see Dorothy Smith, ‘K is Mentally Ill’, reprinted in her *Texts, Facts, and Femininity: Exploring the Relations of Ruling*, London, 1990, pp.12–52, esp. pp.12–16.

88 On this issue generally, see Maynard, p.73.

89 King to Albert Ottywell, 9 December 1891.

90 Percy Ottywell to Hall, 31 August 1891; also Albert Ottywell to King, 14 August 1891.

91 In respect of the latter, King later passed on to Percy the ‘kind regards’ of several patients still resident at Seacliff who wished to be remembered to him: King to Percy Ottywell, 29 April 1892, Seacliff Medical Superintendent’s Outward Letters 1891–1892, p.635, DAHI D264 13, ANZ.

92 King to Albert Ottywell, 6 June 1892, Seacliff Medical Superintendent’s Outward Letters 1891–1892, p.703, DAHI D264 13, ANZ.

93 King to Percy Ottywell, 29 April 1892; 6 June 1892, Seacliff Medical Superintendent’s Outward Letters 1891–1892, pp.635, 701, DAHI D264 13, ANZ.

94 Percy Ottywell to W.P. Schreiner, 29 November 1898; Schreiner to J.D. Cormack, 30 November 1898, Papers of W.P. Schreiner, BC 112, C 180, University of Cape Town Library, Cape Town.

95 Percy Ottywell to Alfred Deakin, 26 August 1910, Papers of Alfred Deakin, MS 1540/1/2642, National Library of Australia, Canberra.