

Beyond Jerusalem Syndrome: Religious Mania and Miracle Cures in British Mandate Palestine¹

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In 1937, Dr. Heinz Hermann, the medical director of Ezrath Nashim (“Women’s Help”), a private Jewish mental hospital in Jerusalem, published an article on “Jerusalem fever” (Jerusalem-Fieber) in *Folia clinica orientalia*.² Based in Tel Aviv and granted a publishing license in September 1937, the German- and English-language medical journal proved a short-lived affair, eclipsed by the success of the Hebrew-language medical journal *Harefuah* (“Medicine”) among European Jewish doctors in Palestine. But Hermann’s argument, that there was a distinct psychiatric condition linked to the uniquely holy city of Jerusalem, would go on to enjoy a long career, repackaged and popularized later in the century as “Jerusalem syndrome.”³ Grounded in his clinical experience of the numerous prophets and messiahs who could be found wandering the streets of Jerusalem in the 1930s, the idea that a particular place could be mentally dislocating chimed with some contemporary trends in the history of the psy-sciences, particularly psychoanalysis, when Hermann published his piece in 1937. No less a figure than Sigmund Freud had just penned an open letter to Romain Rolland, in which he reflected on his own moment of “derealization” on a trip to the Acropolis in 1904. At a remove of thirty years, Freud boiled down the essence of the experience to a sense of incredulity at reality. “By the evidence of my senses,” he wrote, “I am now standing on the Acropolis, but I cannot believe it.”⁴ Hermann the psychiatrist had good reason to be cautious about tapping into psychoanalytic thought. His predecessor as medical director of Ezrath Nashim, Dorian Feigenbaum, had been dismissed in 1924 after delivering a series of lectures on the unconscious, dream theory, and the Freudian theory of neurosis.⁵ In this case, however, Hermann’s clinical experience had led him into the same kind of field of inquiry as Freud.

Jerusalem fever represented the most medically sophisticated attempt to come to terms with mental illnesses of a seemingly religious nature in British Mandate Palestine. But it is hardly the only point of overlap between the histories of psychiatry and mental illness, on the one hand, and of religious belief and practices, on the other. Long before the establishment of either the British Mandate in the aftermath of World War I, or the Ezrath Nashim hospital in 1895, stories circulated about European and American travelers who appeared to be deranged by their encounter with the “Holy Land.” These cases continued into the Mandate period, and in spite of Hermann’s efforts, resisted medicalization. They were messy, defying easy categorization as medical cases and spilling out into other registers: Mandate authorities saw them as potential threats to public order; others observed and reported them, with no small degree of voyeuristic glee, as curiosities, further colorful exoticisms unique to Jerusalem. Meanwhile, folklore research – by Europeans and Palestinians – sought to record for posterity a rich set of beliefs and practices among Palestinians around mental illness, involving jinn, saints, and shrines.

These distinct ways of framing the connection between mental illness and religious beliefs and practices were largely kept apart at the time, and in scholarship since. Medicalized approaches to the question of mental illness have hitherto been studied largely in terms of the exploits of European Jewish psychiatrists in Palestine, with the role of the Mandate health department – which employed British and Palestinian Arab, as well as European Jewish, doctors – deemed marginal to this field of inquiry.⁶ On the other hand, studies of European and

American travelers to Palestine, including those who appeared to have been driven mad by the experience, have tended to take as their point of departure the question of Orientalism.⁷ Work on Palestinian folklore research, meanwhile, has foregrounded its complex position within a political history of Palestinian nationalist assertion.⁸ This article brings these different approaches to the relationship between mental illness and religious beliefs and practices into the same frame of analysis for the first time, taking the notion of pilgrimage – broadly conceived – as a kind of golden thread knitting together these different registers. While the term pilgrimage is likely to bring to mind first and foremost the hajj to Mecca and Medina, this article thinks through the question of mental illness in relation to other pilgrimages and pilgrims. The pilgrims considered here include, in the first place, Christians whose travel to Palestine was religious in motivation. While Christian pilgrimage stretched back to medieval times, over the course of the nineteenth century this stream of Christian pilgrims was joined by a flood of other European and American visitors to Palestine, propelled by the development of trade, tourism, and – in the case of Jewish travelers – Zionism.⁹ Some of the Europeans and Americans examined here came to Palestine driven by divine inspiration; others may not have come with explicitly spiritual motivations, but nevertheless experienced a profound spiritual or religious disturbance once in the Holy Land. As the example of “Jerusalem fever” suggests, pilgrimage, conceived at its broadest as denoting a journey towards the holy, could be figured – by medical professionals and lay people alike – as a causal factor in the appearance of mental illness. Yet pilgrimage figures here as more than a potential cause of mental illness. For Palestinians, pilgrimages held out the possibility of cure: Christians and Muslims alike sought supernatural relief within an extraordinarily rich landscape of sites associated with saints and spirits; Jews too journeyed to sites like Safed and Meron, centers of mysticism for centuries, hoping for relief.¹⁰ This article proceeds by first developing the idea of pilgrimage as a kind of cause of mental illness, before turning to pilgrimage as a form of cure for mental illness.

Before Jerusalem Fever

By the time Hermann turned a clinical eye on the prophets and messiahs of Jerusalem in the 1930s, stories about European and American “cranks” in the city had been circulating for decades. One of the most influential vehicles for these stories was the work of the American Ada Goodrich-Freer. Goodrich-Freer had made a name for herself in Britain for her work in the 1890s on precognition and hauntings, but after being disowned as a fraud by the Society of Psychical Research, she moved to Jerusalem in December 1901. Over the decade she spent in the city, she turned her attention to folklore research – an interest shared with the German Orientalist Hans Spoer, whom she married in 1905 – and in particular to documenting “the practical outcome, psychological and religious, of a history so unique... as that of the Holy City.”¹¹ Writing in 1904, Goodrich-Freer noted the number of individuals suffering some form of religious mania in Jerusalem. Given the city’s religious significance, she reasoned, “it is hardly surprising that all the more striking eccentricities of Christianity seem to have been, at some time or other, represented within her walls, from the self-tortured ascetics of the earliest Christian centuries, down to the latest extravagances fresh from America.”¹² The eccentricities she encountered while in Jerusalem ranged from an Englishwoman who was reported to be in constant readiness to welcome Christ’s return with a cup of tea, to those who believed themselves to be prophets. An “Elijah” presided over a colony of English and American followers, for instance, but he was only the tip of a rather large iceberg. “Scarcely a year goes by without the arrival of someone

who dares,” she wrote, “to assume a personality still more sacred.”¹³ Listing the range of eccentrics the city appeared to encourage, and who were drawn particularly to the Mount of Olives, Goodrich-Freer repeated a joke she claimed to have heard circulating: “at a time when there was a talk of erecting an asylum for imbeciles, we should not be altogether in the wrong if we took down the walls of Jerusalem, and built them up again, so as to include the suburbs.”¹⁴

As her recounting of this joke suggests, Goodrich-Freer treated many of these stories as amusing anecdotes, not cases of mental illness which needed to be taken seriously or shown compassion. Her inexact language reinforces this impression of carelessness: although her chapter on these cases took as its point of departure the language of “religious mania” and “insanity,” she quickly slipped into writing about “cranks,” “eccentricities,” and even “imbeciles” – a term with a very different valence indeed.¹⁵ Indeed, the capaciousness of her understanding of the term “cranks” can be seen in the fact that she included within the remit of this chapter the American Colony of Overcomers, or simply the American Colony, a community founded in Jerusalem in the 1880s by American Evangelicals whose pursuit of poverty, chastity, and obedience had resulted in “certain extravagances,” in Goodrich-Freer’s view.¹⁶ Decades later, the leader of this same community of “cranks” offered her own reflections on the question of religious mania in Jerusalem. Bertha Spafford Vester had been brought to Jerusalem by her parents as a child in the 1880s, and became the administrative head of the American Colony after her mother’s death in 1923. In her memoirs, she adopted a different approach to the question of religious mania. “Religious fanatics and cranks of different degrees of mental derangement seemed drawn as by a magnet to the Holy City,”¹⁷ she wrote, echoing Goodrich-Freer’s representation of the city as fertile soil for religious eccentricities. Yet Vester, rather than treat them merely as amusing anecdotes, attempted to understand the causes of these manifestations of religious mania and showed greater awareness of the sometimes-serious consequences of these cases:

During our lives in Jerusalem we witnessed many tragedies caused by religious frenzies and fanaticisms, and followed the courses of numerous unbalanced cranks. There is a thread of similarity in all their stories of the same sad, exaggerated egotism. Something in the brain suggests the idea that they are unique and chosen by God, or reincarnated to fulfil some tremendous purpose. I could continue indefinitely, for the simples in Allah’s Garden were many, seeming to gravitate to the Holy Land to enter our lives for long or short periods of time, sometimes with direful consequences.¹⁸

Again, the imprecision of language – “frenzies,” “cranks,” “exaggerated egotism,” and “simples” – indicated the difficulty of finding a vocabulary with which to talk about these cases, which seemed to defy straightforward medicalization. But Vester’s account is nonetheless more compassionate in tone. In part, this may have been a result of her own experiences as part of a community maligned as “cranks.” In part, the difference in attitude between Goodrich-Freer and Vester may also have reflected the attempt of the latter’s family at the American Colony to look after some of these individuals. Vester’s mother, for instance, had once tried to care for an American Jewish man who had come to Palestine late in the nineteenth century convinced that he was the prophet Elijah. “By this time we knew several like him, who thought they were John the Baptist or Elijah, or another of the prophets,” she noted, adding: “There were several Messiahs, too, wandering about Jerusalem.”¹⁹ In this instance, Elijah – as he insisted on being

called – made a pilgrimage to the Mount of Olives, expecting it to cleave in two before him; when it did not, he blamed Vester’s family and attacked them while drunk on arak. Restrained, and given food and strong coffee, he calmed down enough for a return journey to the United States to be arranged with the help of Vester’s family.²⁰ Elijah was not the only American in the late nineteenth century to mix strong conviction with strong drink in Jerusalem. Another – this time a Texan who insisted on being called Titus²¹ – had come to Jerusalem “like so many others . . . in answer to what he considered a special call from God.” Convinced that he had to be in Jerusalem to fulfil his destiny, as time passed and this destiny remained seemingly unfulfilled, he started drinking and making inappropriate advances on the women of the American Colony. “Titus was drinking heavily now of the powerful local arak and looking crazier than ever,” Vester recalled. Though Titus spent most of the day shouting loudly, he could not bear other people making noises, and during Ramadan emptied his chamber pot over a man announcing the end of the day’s fast. A serious incident was only avoided once it was realized by the justifiably angry crowd that Titus was “simple” or rather, “touched”. “Allah has touched him,” Vester recorded the crowd as saying, adding her own explanatory gloss: “as they do in such cases, only they simply say, “Touched,” and pat their heads.” She concluded: “Many of the dervishes were ‘touched’.”²² Vester’s explanatory gloss confuses rather than clarifies matters, not least because she does not record the original Arabic used. While there is clearly a sense in which Titus appears to have been understood as a “holy fool” (*majdhub*), rather than a “secular fool” (*mahbul*), nothing in her account suggests that he was seen as possessing blessing power (*baraka*), one of the usual attributes of the *majdhub*.²³ Vester’s blurring of distinct categories in Arabic mirrors her earlier blurring of categories in English, and points once more to the wider problem of pinning down exactly what was at work in these cases.

Although writing about their experiences before the establishment of the British Mandate, Goodrich-Freer and Vester highlight the variety of approaches to the question of religiously-inspired mental illnesses. Vester’s attempt to understand the causation of these kinds of mental illness at a more theoretical level – as a result of an “exaggerated egotism” or, more immediately, too much arak – was echoed in more clinical terms by Hermann in the 1930s. A second approach, clear in both accounts – though more pronounced in Goodrich-Freer’s and coexisting somewhat uneasily with Vester’s efforts to understand and help these cases – was a kind of voyeuristic interest in such eccentricities, which also persisted into the interwar years. Vester’s account also highlights how these religious eccentricities could slide into threatening or violent behavior, necessitating a response – which increasingly came not from the community but, after World War I, from the Mandate government. A final approach to religiously-inspired mental illness, only hinted at in Vester’s account of the labelling of Titus as “touched,” was ethnographic in inclination, seeking to capture Palestinian understandings of mental illness. Goodrich-Freer had also written about attitudes among Palestinians toward “the congenital idiot, whom they treat as God’s fool, on the supposition that his soul is in heaven.”²⁴ But, revealingly, her comments on beliefs and practices among Palestinians around mental illness came in a separate chapter to her recollections about European and American cranks in the Holy Land. In that respect, Vester’s account of Titus, who both conformed to wider patterns of “Jerusalem fever” as an American overcome by the sanctity of Palestine and yet was also recorded as being treated by Palestinians as falling under an alternative category of understanding as “touched”, represents a rare instance in which these two distinct registers – normally kept apart – came into contact with one another.

Prophets and Public Order

For the most part, religiously-inspired mental illness came to the attention of British Mandate authorities only when it was accompanied by violence or the threat of violence. This was entirely typical of the Mandate's wider approach to the question of mental illness, though of course this prioritization of the violent was not unique to the Mandate: the 1876 Ottoman law relating to asylum for lunatics required that the government be informed "if any member of a family becomes a lunatic and is in such a condition to necessitate his being bound," a requirement which placed emphasis on cases in which physical restraint was deemed necessary.²⁵ The British had established the first government mental institution in Palestine, a mental hospital at Bethlehem, as early as 1922 and continued to expand their provision for the mentally ill across the Mandate period, opening a second government mental hospital at Bethlehem in 1932 and a third in Jaffa in 1944, along with criminal lunatic sections for male and female prisoners. But supply never kept up with rising demand for treatment from Palestinian Arabs and Jews alike. This was in spite of the fact that, in addition to the government mental institutions which accommodated Muslim, Christian, and Jewish cases, Palestinians looked north to 'Asfuriyya, a privately-run mental hospital founded by Christian missionaries outside Beirut, while Jews (and a small number of Christians and Muslims) sought treatment at Ezrath Nashim – both of which predated government institutions by more than two decades.²⁶ As a result of ever-increasing pressure on accommodation, the government health department prioritized only the most urgent cases, which in practice meant those deemed violent. In 1936, the senior medical officer at Jerusalem explained that, accommodation being limited, "the policy of this department has been to admit violent cases only, who are considered dangerous to themselves and others."²⁷

It is unsurprising, then, that some of the most vivid accounts of cases of religious mania during the Mandate period came not from medical officers, but police. Members of the Palestine Police force recall the kind of madness which could seize pilgrims as they visited the holy sites at Jerusalem, and in particular the Church of the Holy Sepulchre. One former Palestine Police officer recounted how, at the church, "everyone goes mad sort-of-thing"; their job, while stationed there, had been "to make order out of chaos."²⁸ Another, Douglas Duff – who joined the Palestine Police in 1922 – wrote at length about his experiences of policing the Holy Sepulchre in his memoirs. He had "dealt with cranks and lunatics and people temporarily crazed by their emotions in such a place," including one "almost unbelievable stigmatic, who suddenly and ecstatically displayed the marks of the Nails, the Crown of Thorns, and the lance-thrust in his side, which he said had spontaneously appeared on his body." Duff had only "retained [his] sanity by realizing there must be something natural, and not spiritual, about them," but the appearance of stigmata nevertheless "almost caused a massacre among the awestruck multitude." "We had to be severe, and very quick, in dealing with him," Duff recalls, "but we fought off the shrieking people before they could go mad themselves," and brought the stigmatic to hospital. Although the priority had been to maintain order and prevent the contagion of madness from spreading, reflecting on the incident years later, Duff came to a conclusion about the nature of the stigmatic's condition. In his opinion, the "poor, deluded fanatic . . . was no rogue, like so many were; it was some intense mental paroxysm which had brought the stigmata into existence."²⁹ The visible, physical symptoms manifested by the man in this instance became a proof of the depth and authenticity of his emotional response to being at such a holy site.

Since Fanon's diagnosis of colonialism as "a fertile purveyor for psychiatric hospitals,"³⁰ the link between contexts of political oppression and mental illness has been an important line of

investigation for many.³¹ Yet Duff did not place this incident at a particular point in the political history of the Mandate, frustrating attempts at a similar reading here. Instead, he located it within a sacramental calendar, as occurring and comprehensible within the context of the heightened religious fervor of Holy Week. Outside the very particular context of Holy Week in the Holy Sepulchre, however, messiahs and prophets on the streets of Jerusalem could draw crowds – and the attention of the police – with messages which touched more directly on politics. In July 1930, the *Palestine Bulletin* related the following story:

A new John the Baptist has been preaching the coming of the Messiah in the streets of Jerusalem. Crowds gathered in Jaffa Road and at Damascus Gate to hear him harangue and prophesy. These are strange times, he said, all things are reversed, and the world is suffering the pangs of the pre-Messianic era. The police dispersed the crowds and asked the new John to go on his way before he had an opportunity to make many converts.³²

This new John the Baptist – one Mr Kilpin – had harangued the crowd in English, but subsequently told a reporter that “it was his intention to learn Hebrew in order to announce the coming of the Lord to the Jews.”³³ Regardless of his intention, his message of reversal and upheaval would have resonated in a place which had experienced much of both in the previous decade or so: the collapse of the Ottoman empire, the beginning of British colonial rule, the development of an increasingly muscular Zionist movement, and – most recently – the demonstrations and riots of August 1929. If Kilpin’s message of reversal and upheaval is likely to have aroused suspicion among the police, the location of his gatherings would have certainly sparked alarm and dredged up dark memories: on 23 August 1929, crowds emerging from Friday prayers had gathered at the Jaffa and Damascus Gates, and along Jaffa Road, and had been violently dispersed by the police and other British forces.³⁴

If the political context helps explain the speedy response of the police to the appearance of this new John the Baptist, a third case – that of the “Modern Messiah”, as the *Palestine Bulletin* dubbed him – suggests the importance of environmental history and gender too. This was the case of an old Jewish man who had spent six months living in the caves of the Sanhedrin tombs outside Jerusalem and claimed to be the Messiah. Hundreds of Jews were reported to be visiting him, particularly on Saturdays, Shabbat, suggesting that they may have viewed him as a kind of guide or even rabbinical figure. Part of his appeal seems to have been his ability to offer an account of one of the most traumatizing events in recent memory: the devastating earthquake which rocked Palestine in July 1927. He folded the earthquake into an eschatological frame, declaring to his followers that “the redemption, of which the earthquake was the forerunner, will come shortly.”³⁵ In January 1928, things escalated. A young, married Bukharan Jewish woman had been visiting the Modern Messiah, bringing him food, and her concerned parents had gone to the cave to try and get him to leave. A quarrel had broken out, and the police had intervened and brought the Modern Messiah to the police station in Mea She’arim to protect him from the wrath of the young woman’s family.³⁶ In the end, the Modern Messiah was rescued by a Dutch Jewish man, who took him into his own home for a few days before lodging him in a pension. No such kindness was forthcoming for the young woman, who was taken to an unnamed asylum. The *Bulletin* reported that she believed “she is God’s daughter and that her lover, the Messiah, is God’s son,” and “insists on her being taken to him.”³⁷ In this instance, the police’s concern about

the perceived threat to public order posed by the Modern Messiah was accompanied by the newspaper's rather prurient interest in the content of the young woman's delusions.

The very different fates of the Modern Messiah and the Bukharan Jewish woman suggest the importance of gender in marking out the boundaries between permissible (albeit sometimes disruptive) religious eccentricity, on the one hand, and mental illness requiring medical intervention and institutionalization, on the other. Women who – whether sincerely or not³⁸ – cast their transgressive behavior in a religious idiom were not accorded the same latitude as male messiahs and prophets. As the example of the Bukharan Jewish woman also highlights, some of those who came to the attention of the police could subsequently find themselves scrutinized by medical authorities, too, as the police handed over these cases to the department of health. Gordon A. had come to the attention of the government after failing to pay the rent for the house in which he had been living in Jerusalem between 1928 and 1929.³⁹ He was “admitted” to the central prison in Jerusalem in April 1929, awaiting deportation from Palestine to Canada. Questioned about his failure to pay rent, he told the medical officers sent to examine him that:

I signed a contract for the House of God, House of Israel, House of Zion. These are responsible for payment. I am only a servant of the House of God. God has power to overrule in all cases. His judgement is superior. Money is the root of all evil; can righteousness be indebted to wickedness? Let the landlord ask from the House of God. It is God's Spirit that is responsible for payment, I am only a servant. I don't care if I am in a house or at the wilderness or in a prison, it is God's will.⁴⁰

Unsurprisingly, his medical report concluded he was “suffering from a religious form of paranoia,” alongside chronic rheumatism which made movement difficult. Although “quite cheerful usually,” he was “very easily irritated if discussions of a religious nature are argued with him.” In light of this, the report declared him “fit to be deported,” with a special attendant provided to look after him on board the ship.⁴¹ The government agreed to his deportation on the condition that he be supervised,⁴² and his attendant was given detailed advice on managing his ward by the prison's medical officer: Gordon A. was not to be allowed to mingle with other passengers, was to eat separately, and was not to be irritated in any way – above all by discussions of “any religious points, as this infuriates him and renders him very excitable.”⁴³

Folklore and the Devil

Gordon A.'s explanation that God would pay his rent had resulted in a medical verdict that he was suffering a religious form of paranoia and a fit case for deportation. A few years later, early in 1934, Fatima S. appeared before the Mandate's court of appeal in Jerusalem charged with a much more serious crime: murder. Described in a press account of the case as “a middle-aged peasant woman of the village of [Kafr] 'Ana, in the Jaffa district,” she had been sentenced to death by the court of criminal assize for the premeditated murder of her blind husband with an axe. In a statement given to the police, Fatima S. confessed to the murder, a confession she repeated before the court:

I was deceived by the devil. The accursed Satan deceived me. That demon struck me to kill my husband. Therefore did I take an axe and gave him two blows upon the head. Then I took his body and flung it in the well.⁴⁴

She had appeared at the court of criminal assize without legal representation, and had initially pleaded guilty to the charge, a plea the court itself had advised her to withdraw. At the court of appeal, however, she was represented by Henry Cattán,⁴⁵ who argued that the defendant could not have been in her right mind at the time of the murder. He asked for a medical examination of the defendant, which the court granted, ordering that she be examined by Dr. Mikhail Malouf, the medical superintendent of the government mental hospitals at Bethlehem. Fatima S. was kept under observation for a month at the women's prison in Bethlehem and brought back before the court in April. Malouf "certified that during this period no indication of mental deficiency or of lunacy could be observed and that her mentality was the normal average mentality of a woman of her class in Palestine." She was not, in other words, a case that could be found "guilty but insane," in his view.⁴⁶ In the end, the court overturned the death sentence imposed on Fatima S. by the lower court, but on technical grounds: the sole witness who could provide evidence for premeditation was her daughter, whose testimony was inadmissible. Even as they handed down this reprieve, however, the court made clear that they, like Malouf, believed the woman *was* responsible for her actions; the judgement declared that the court had taken no account of the counsel's plea in mitigation. On the contrary, they expressed their feeling that the crime had been "committed in circumstances of great brutality." In line with this, they sentenced her to fifteen years in penal servitude.⁴⁷

Faced with a Palestinian peasant woman, the judges found themselves grappling with the question of what some transcultural psychiatrists today call "normative uncertainty."⁴⁸ This is a concept with which historians of colonial psychiatry have long been familiar. Megan Vaughan puts it best: in order for colonial officials to reach a conclusion about the insanity of a given individual, they first had to work out whether it was "normal" for Africans, for instance, to have visions, or for Malays to suffer group hysteria.⁴⁹ Only once the "normal average mentality" had been identified, could a decision on the sanity and therefore legal responsibility of an individual be reached. In this instance, it was Malouf who took up the role of a kind of cultural interpreter at the order of the court, helping the Mandate's judges determine what was normal amongst the rural population of Palestine. This was not an altogether easy position to fill. Concern about British overdependence on a variety of Palestinian intermediaries had been expressed by a number of officials: Joseph Broadhurst, of the Palestine police, had worried that the prosecution of crime was left almost entirely in the hands of the Palestinian officer, "who knows both the language and the mentality of the people";⁵⁰ Edward Keith-Roach, district commissioner, similarly lamented that British officers were "in the hands of translators, mostly Arab Christians"⁵¹ – like Malouf. Malouf was performing interpretive work of a slightly different order here: not the translation of Arabic into English, but the identification of the "normal average mentality" of a woman of Fatima S.'s background. For all these anxieties around interpreters, however, in this instance at least, his representation of Fatima S. as belonging to a different mental and moral universe was seized upon by the court as chiming with their own horror at the brutality and insensibility of the crime committed – and, critically for the defendant's chances of a full reprieve, the world from which it was thought to have sprung. Deemed normal for a woman of her background, Fatima S.'s explanation – in spite of its invocation of Satan – did not seem to the court to be sufficiently unusual to call into question her

sanity and therefore her legal responsibility. As in the case of the Bukharan Jewish woman who sought to cast her transgressive behavior in religious terms, Fatima S.'s attempt at explanation and absolution through a turn to the supernatural was unsuccessful, though here the consequences were different: she was not sent to a mental hospital, or even a criminal lunatic ward, but to a prison.⁵³

Although it was Malouf, a medical doctor, who had been called upon to interpret Fatima S. to the court in this instance, uncovering the “normal” among the Palestinian peasantry was a task more properly the domain of folklore researchers, both European and Palestinian. While religious mania among Europeans and Americans in Palestine was viewed through the lenses of medicine, voyeurism, and security, it was primarily through folklore research that mental illness and religious beliefs and practices amongst Palestinians were linked together. The clearest examples of this come from the work of the Palestine Oriental Society, which met for the first time in March 1920. While the society published on a range of intellectual concerns, and included European biblical scholars as well as Palestinian Arabs and Jews, as far as folklore research was concerned, it was a group of Palestinian Arab – largely Jerusalemite – ethnographers who predominated. Loosely headed by the well-known medical doctor Tawfiq Canaan, this group contributed an eclectic array of essays on Palestinian folklore.⁵⁴ Writing to record for posterity the customs of a peasantry whose way of life they perceived as rapidly disappearing, their work has been read for its proto-nationalist assertion of the depth and authenticity of Palestinian roots in the land.⁵⁵ Written in English and aimed at a European audience – including those affiliated with the British Mandate administration – this aspect of their folklore research as a strategic riposte to Zionist narratives is undeniably important. Yet their work – which contains, among many other things, a rich set of writings on folk beliefs and practices around mental illness – can be read through the lens not just of political history, but the history of medicine too.

In 1924, Stephan Hanna Stephan – himself a civil servant in the Mandate government, as well as archaeologist and curator – published an article entitled “Lunacy in Palestinian Folklore” in the society’s journal.⁵⁶ This was one of the most substantial investigations of the subject published in the journal, or anywhere, and had much to say about beliefs around the causes of mental illness. The article began by listing the thirty-one terms used in the Arabic of the day to describe states of lunacy, the most common of these being *majnun*.⁵⁷ The significance of this term, Stephan explained, lay in the fact that, even in its etymology, it conveyed the extent to which folk understandings of mental illness were closely tied to belief in the action of jinn. There were exceptions to this belief: amulets, plants like the so-called lunatics’ apple,⁵⁸ sudden nervous shock, and even love, when mixed with other strong emotions, were also thought to have the potential to derange an individual. But in the majority of cases, responsibility for madness was laid at the feet of jinn.⁵⁹ They were credited with inflicting insanity as a punishment for a range of actions, from transgressing universal moral laws to more specific offences, like shouting into a cave or well and thereby disturbing its resident spirit. Epilepsy too was inflicted by evil spirits, in this instance the jinn *tayyar*, as were other, more specific conditions – hysteria, melancholia, neurasthenia, even nervous impotence on the part of a husband.⁶⁰ Stephan’s article was certainly the most comprehensive exploration of the subject, but the connection between the term *majnun* and belief in possession by spirits had been made clear to English-speaking audiences as early as 1910, in a discussion published in the *British Medical Journal*.⁶¹ And in 1934, the same year Fatima S. was put on trial for murder, Tawfiq Canaan – who had been extensively cited in Stephan’s article – published his own piece on modern beliefs and practices among Palestinians

in which he reaffirmed that, as a result of ignorance about modern medicine, there was a “deeply-rooted belief that sickness is attributable to the action of evil spirits.”⁶² A central goal for the ethnographers of the Palestine Oriental Society may have been to make the case for a Palestinian connection to the land. But their work had other effects, too. By emphasizing the centrality of belief in the action of jinn as a cause of mental illness in Palestinian folklore, their work helped inform Mandate-era understandings of what ought to be considered normal among the Palestinian peasantry – with sometimes profound consequences for individuals like Fatima S.

Miraculous Treatments

For Europeans and Americans, the belief that they had been overwhelmed by their encounter with the Holy Land meant that pilgrimage was figured as a cause of their madness; among Palestinians, the connection between mental illness and religious belief was made in a different, ethnographic register. Pilgrimage did not figure as a causal factor; rather, pilgrimage was one of a number of methods of cure pursued by Palestinians. Not pilgrimage but a different kind of movement solved the problem of the European and American mentally ill, at least as far as the Mandate was concerned: deportation. Vester’s “Elijah,” deported to the United States, and Gordon A., deported to Canada, are two cases in point. Among government employees, it appears to have been standard practice to repatriate the mentally ill to England for treatment.⁶³ The foundational problem in all these cases was the perception that suitable treatment was unavailable within Palestine itself. The senior medical officer at Jaffa articulated this in the late 1930s, in relation to one case in which the relative of a young English lady “who showed signs of mental disease when she was on a visit to Jaffa” expressed horror at the notion of placing her in a government mental hospital, and took her to ‘Asfuriyya outside Beirut instead, where she could receive treatment in a private institution instead. The medical officer agreed with their decision, opining with regard to Palestine: “I know of no place in which patients of a high standard of life can be accommodated.”⁶⁴

If religiously-inspired madness among European and American visitors to the Holy Land was not met primarily with religiously-inspired treatments, the story was different for Palestinians. From the late nineteenth century, gruesome accounts of the fate of the insane in the region in the absence of any modern psychiatric institution had circulated throughout Europe and America, not least a result of the efforts of the Swiss Quaker missionary, Theophilus Waldmeier. Waldmeier, fundraising for the Lebanon hospital for the insane at ‘Asfuriyya near Beirut, sought to leverage potential sponsors into action by describing in detail “the cruelty with which the poor lunatics are treated and tortured to death.”⁶⁵ In one Maronite convent at Mount Lebanon, he informed readers in 1897, lunatics were chained in a cave and beaten. In the same appeal, he recounted the story of an insane woman from Brummana, who had been taken to a priest; he beat her almost to death with a large silver cross, and when the ordeal was over, she went and drowned herself in the sea.⁶⁶ Once the hospital opened its doors in 1900, Waldmeier kept up the pressure on subscribers by including, in annual reports and other promotional material, photographs of lunatics who had been branded on the head with the sign of the cross.⁶⁷

Although Waldmeier’s focus was Mount Lebanon, he had written about the treatment of the mentally ill further south in Palestine in his initial appeal for funds. At Bethlehem, he noted, there was a monastery dedicated to St. George, often conflated with al-Khadr, and revered by Christians and Muslims alike.⁶⁸ “The legend tells us that St. George killed the dragon, and that the dragon was a demon, and in consequence,” Waldmeier continued, “the people believe that St

George is also able to subdue and cast out demons” – including those believed responsible for insanity. The Orthodox monks of the shrine had built cells for the treatment of the insane, in which “the insane are half or quite naked, with heavy iron chains round their necks, running through a hole of the wall of the cells into the church of St George, where they are fastened round a stone pillar.”⁶⁹ This kind of treatment was seen as a natural corollary of the belief that madness was the work of evil spirits, something Ada Goodrich-Freer, writing around the same time, also noted. The Muslims of Palestine, she wrote, “assume (who knows with what justice?) that insanity is due to the presence of an evil spirit,” and that as a result “their treatment is based on the theory of exorcism, of making his tenement unpleasant.” She too described how the insane were “sometimes shut up under the Haram area, or chained to a pillar in the church at al-Khadr, or sent to the cave of Elijah,” where she believed the “awful sacredness of the place” might shock them out of their insanity.⁷⁰ While we might expect Goodrich-Freer – spiritual medium and psychical researcher – to be less skeptical of a form of treatment which relied on supernatural agency, Thomas Chaplin, trained as a medical doctor, was also generous in his evaluation of the value of this treatment. He suggested this treatment worked in the same way any sudden fright might, “producing a kind of shock to the nervous system which proves beneficial.”⁷¹ Written at the end of the nineteenth century, Chaplin’s recognition of the potential value of a shock for the treatment of mental cases anticipated a turn to somatic treatments within psychiatry in the interwar period. These treatments – cardiazol-, insulin-, and electro-shock treatments – similarly relied on administering a shock to the body to cure the mind; all were introduced into mental institutions in Palestine across the late 1930s and 1940s.⁷²

The practice of bringing the mentally ill to the church of St. George at Bayt Jala, just outside Bethlehem, was still being reported after the establishment of the Mandate. Both Stephan Hanna Stephan and Tawfiq Canaan wrote about this practice in the *Journal of the Palestine Oriental Society* in the mid-1920s. Echoing earlier accounts, Canaan described how the insane were restrained with chains in the belief that, once cured, St. George himself would release them. Unlike Goodrich-Freer, Canaan’s focus was less on the “awful sacredness” of this method, more on the role played by the monks in assisting the process of “cure”:

The patients received no medical treatment at all, but had to be cured by the miraculous intervention of St George. The head of the church found it very often necessary to hasten the cure by driving out the devil. This was done by thorough beating and prayers. No wonder that these poor creatures were furious when the priest fell into their clutches. Whenever a patient’s condition got somewhat normal the priest secretly unfastened the chain from the church, and told the patient that the saint declared him cured. Only a simple straw mattress was given them. The two who were bound in front of the church had not the least protection from the frightful summer heat or the cold of the winter. Their food consisted of bread – sometimes very hard – and water. Both were given to a very limited extent. The odor of their evacuations used to make the place unsupportable.⁷³

But the church, Canaan noted, had been renovated shortly before the outbreak of World War I, and the treatment of the insane improved accordingly. A sanatorium had been built a short distance from the church, comprised of “good rooms,” with hygiene “in every respect better.” The method of treatment, however, had obviously not changed completely; each room came equipped with a chain which ultimately connected, either physically or symbolically, the lunatic

back to the saint's sanctuary in the church, so that miracles could continue to be worked. In spite of these changes, Canaan noted "the present government has forbidden the acceptance of insane in this place."⁷⁴ Stephan added a few additional details, reporting that under usual conditions an individual would be "healed" in two or three weeks. But now, he concluded, echoing Canaan, "this practice has ceased and the government has a lunatic asylum near Bethlehem which employs modern methods" – a reference to the government mental hospital which had opened its doors late in 1922.⁷⁵

The termination of this practice was noted almost in passing in both Canaan's and Stephan's articles – indeed, reduced to a footnote in the former – and it seems to have slipped under the radar in the colonial archives, too. Douglas Duff, in Palestine from 1922, wrote in his memoirs that he had seen "some extraordinary cases where cures were effected" at the monastery of St. George near Bethlehem, so it may be that the ban on receiving the insane at Bayt Jala was not put in place until the middle of the 1920s, rather than immediately – or that it only gradually became effective.⁷⁶ While the case of al-Khadr seems to follow the contours of the story sketched by Eugene Rogan of a European attempt from the late nineteenth century to wrest control of the mentally ill in the Levant from "men of religion" to "men of science,"⁷⁷ the lacunae in the colonial archive around this story suggest a lack of real or sustained interest in this endeavor on the part of the Mandate government. The health department appears to have been markedly less evangelical about educating the population of Palestine on mental illness than on hygiene, for example.⁷⁸ But it is important not to overstate British tolerance for therapeutic pluralism in Palestine. When a Lebanese man, Salim 'Abduh Harb, appeared in Jerusalem promising to cure the insane by branding a cross on their foreheads, he was arrested for practicing as a doctor without a license.⁷⁹

There is another – albeit speculative – way of framing the story of the Mandate and the monastery of St. George, however, when it is set alongside the decision by the department of health to establish the first government mental hospital at Bethlehem. The site made sense in practical terms; a building thought suitable was available, and the town was centrally located. But this was certainly not the path of least resistance. Ronald Storrs, then-governor of Jerusalem, wrote to the chief secretary of the new civil government protesting "the placing of a lunatic asylum anywhere in Bethlehem," a move he considered "unsuitable and prejudicial to the interests of one of the most important towns in my district and indeed of Palestine."⁸⁰ The proposal also came under criticism from the American Committee for Relief in the Near East, who wanted to take the possession of the building for their own purposes.⁸¹ It is intriguing, then, that in the face of opposition the British chose to locate their first mental hospital quite so close – only a mile or so – to a shrine to which the insane had long been brought for treatment. Was this an effort to feed off and redirect more established strategies for managing the mentally ill in Palestine? While there is no explicit reflection on this in the colonial archive, such proximity would have been difficult to overlook by those who physically made the journey to and from the hospital in the Mandate period, as they retraced many of the same routes that had been used for generations by pilgrims seeking cure from al-Khadr.⁸²

Pilgrimage and Cure

Other religious forms of treatment persisted across the Mandate period, and not only for Christian and Muslim Palestinians. In May 1935, W. P. H. Lightbody, the acting director of

medical services, wrote to Reuben Katznelson, head of the Jewish National Council's health section, with a complaint. A month earlier, Katznelson had drawn up a list of seven "severe mental cases" in Jerusalem and approached Lightbody to request admission of the two most serious to the government mental hospital at Bethlehem. Although the hospital was almost permanently overcrowded, Lightbody managed to create two vacancies. But when the district medical officer was sent to the homes of the two individuals, he found that one had already been admitted to a private Jewish institution, and the other – the nineteen-year-old Amram K. – was not at home but had gone north, to Tiberias.⁸³ Katznelson wrote back to express his regret that "circumstances of an accidental nature, which I could not have foreseen, interfered with the settlement of these two deplorable cases." He explained that a wealthy private individual had paid out of his own pocket for the first case to be temporarily accommodated in a private institute, but that since this was only temporary, she still required admission to the government mental hospital. As for Amram K., the explanation was a little more complicated:

As you may have heard, there is a belief common in certain circles of very orthodox Jews that a visit to the Holy City of Meron during the Lag B'Omer holiday has a curative effect on sick persons. Accordingly, Amram K.'s family took him to Meron during the recent holiday in the hope that the visit would bring about a cure. As I need not tell you, the hoped-for cure was not effected, and the man is back in Jerusalem.⁸⁴

Furnished with this explanation, Lightbody again dispatched the medical officer to visit Amram's home, where he found the young man alone, lying quietly in bed. Amram had worked for a time at some printing press in Jerusalem, he told the medical officer, but then – as he put it – "was not feeling well." His neighbors were able to add some detail: though mostly quiet, Amram at times would get excited, shouting and trying to get out of the house. But he had never attacked anyone – "at present," the medical officer editorialized. With the government mental hospital already overcrowded, the medical officer concluded that he was not an urgent case for admission. He added a final detail, having obviously asked about the recent trip: "His mother took him to Safed and Tiberias for a change of air."⁸⁵

Judged a non-urgent case, Amram fades out of sight of the colonial archive. Yet the story of his journey north, and the competing narratives about its nature – for miraculous cure or change of air – ties together some of the themes which have emerged from thinking about the connection between mental illness and the holy in the context of British Mandate Palestine. In the first place, this case underlines that the families of the mentally ill pursued multiple forms of treatment simultaneously. Even as Amram's family brought him to the attention of the Jewish National Council's health service, they were shopping around for other options. Given the overcrowding at the government's mental hospitals, we might conclude this was an eminently rational strategy. If this story reveals something of how families sought to manage mental illness, it also has something to say about the way in which the Mandatory state's knowledge of "alternative" treatments was contingent, if not deliberately partial – an attitude already clear from the relatively unremarked upon closure of the shrine of al-Khadr. The pilgrimage for Lag B'Omer was a popular one, drawing thousands of Jews – particularly Mizrahim – to the grave of Rabbi Shimon Bar Yochai outside Safed across the 1930s.⁸⁶ Given its popularity, it is unsurprising the Mandate kept a close eye on it, deploying police to keep order, especially in the second half of the decade. In 1935, the year Amram travelled north with his family, the district

commissioner Edward Keith-Roach was also in attendance at the observances at Meron.⁸⁷ Mandate authorities were clearly aware of the significance of this pilgrimage. And yet in the explanation offered to the medical officer on his visit to Amram's house, reference to any religious dimension to his journey north was elided. Only Katznelson's alternative explanation, prompted by the need to account for the inconvenience caused to the department of health, explicitly alerted Mandate authorities to another possible reading of Amram's journey as a pilgrimage aimed at securing miraculous cure for mental malady.

Without the unforeseeable coincidence of medical and miraculous treatment for Amram's condition, the story of his pilgrimage would never have made it into the colonial archive; "change of air" is all that would have been recorded, contingent on the medical officer bothering to inquire in the first place. This reflects a wider and partially willful myopia on the part of the British Mandate, which conserved its energies for what it viewed as the most serious cases of mental illness and so enabled a kind of fracturing whereby medical, security, voyeuristic, and ethnographic approaches to the connection between religion and mental illness could remain distinct. As this article has shown, points of overlap were relatively rare: the Texan Titus being excused for his behavior as "touched," or the suggestive proximity between the monastery at Bayt Jala and the first government mental hospital at Bethlehem, are as exceptional as the coincidence in Amram K.'s case in that respect. Yet these points of intersection complicate attempts, made at the time as well as in the scholarship since, to silo off different modes of thinking about and dealing with mental illness into discrete registers – from Hermann's clinical approach to the Jerusalem-Fieber of European and American visitors to the folklore research of Canaan and Stephan on beliefs and practices among Palestinians.

If this marked out European and Palestinian approaches to mental illness – even religiously-framed mental illness, specifically – as being fundamentally different objects of study, stratifying them as modern and premodern respectively, there were attempts to invert this way of thinking and the kind of stratification it produced at the time. In the foreword to the first issue of the new *Journal of the Palestine Arab Medical Association* in 1945, Dr. I. B. George turned this hierarchy of modern and premodern, medical and superstitious, European and Arab, on its head, reminding readers:

The Arabs were the first to introduce their hospital system into Europe, where specialists took charge of different hospital departments. Hospitals for the mentally deficient and insane were an Arab innovation of the same period when opium was used as a sedative. This at a time when in Europe the insane were imprisoned and chained as a means of ridding them of witches and devils.⁸⁸

George's inversion of these hierarchies is a reminder of the urgent political context in which these histories of health and medicine played out, as Palestinians faced up to both British colonialism and Zionism. But his act of inversion left undisturbed the foundation of these hierarchies, a narrative of disenchantment and medical progress. Thinking with pilgrimage, generously conceived, allows for the operation of these hierarchies and discrete registers of discourse to come more clearly into the light, and at the same time for a more complicated story of the multiple entanglements of unorthodox religiosity, medical modernity, and mental illness to unfold.

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Endnotes

¹ I am very grateful to Andrew Arsan, Jacob Norris, Alexander Winder, and the two anonymous reviewers, in particular, for their encouragement and thoughtful engagement with this paper.

² Heinz Hermann, "Psychiatrisches aus Palästina," *Folia Clinica Orientalia* 1 (1937): 232–37.

³ For a starting point in a now vast literature, see Eliezer Witztum and Moshe Kalian, "Overwhelmed by Divinity in Jerusalem," in *Emotion in Motion: Tourism, Affect, and Transformation*, ed. Mike Robinson and David Picard (Burlington, VT: Ashgate, 2012), 99–116.

⁴ Sigmund Freud, "A Disturbance of Memory on the Acropolis" (1936), *International Journal of Psycho-Analysis*, 22, no. 2 (1941): 93–101.

⁵ See Eran Rolnik, "Between Ideology and Identity: Psychoanalysis in Jewish Palestine (1918–1948)," *Psychoanalysis and History* 4 (2002): 211.

⁶ See, for example, Rakefet Zalashik, *Das unselige Erbe: die Geschichte der Psychiatrie in Palästina und Israel* (Frankfurt: Campus, 2012); or, with slightly more attention paid to the Mandate's health department, Marcella Simoni, "At the Roots of Division: A New Perspective on Arabs and Jews, 1930–39," *Middle Eastern Studies* 36, no. 3 (2000): 52–92. For a contrasting approach to the history of mental illness and colonial psychiatry in this period, see Chris Wilson, "Petitions and pathways to the asylum in British mandate Palestine, 1930–1948," *The Historical Journal* 62 (2019): 451–71; and Chris Wilson, "Incarcerating the insane: debating responsibility for criminal lunatics between prisons, hospitals, and families in British mandate Palestine," *Contemporary Levant* 4 (2019): 39–51.

⁷ For examples, see Issam Nassar, "In Their Image: Jerusalem in Nineteenth-Century English Travel Narratives," *Jerusalem Quarterly* 19 (2003): 6–22; Eitan Bar-Yosef, *The Holy Land in English Culture, 1799–1917: Palestine and the Question of Orientalism* (Oxford: Oxford University Press, 2005).

⁸ See Salim Tamari, "Lepers, Lunatics, and Saints: The Nativist Ethnography of Tawfiq Canaan and His Jerusalem Circle," *Journal of Palestine Studies* 20 (2004): 24–43. For a lucid overview of Palestinian folklore research's engagement with the question of Orientalism, see Khaled Furani and Dan Rabinowitz, "The Ethnographic Arriving of Palestine," *Annual Review of Anthropology* 40 (2011): 475–91.

⁹ For the changing nature of European travel to Palestine and the Middle East over the nineteenth century, see Mark Mazower, "Travellers and the Oriental City, c. 1840–1920," *Transactions of the Royal Historical Society* 12 (2002): 50–111; Doron Bar and Kobi Cohen-Hattab, "A New Kind of Pilgrimage: The Modern Tourist Pilgrim of Nineteenth-Century and Early Twentieth-Century Palestine," *Middle Eastern Studies* 39 (2003): 131–48; and Issam Nassar, "In Their Image: Jerusalem in Nineteenth-Century English Travel Narratives," *Jerusalem Quarterly* 19 (2003): 6–22.

¹⁰ For one of the most evocative accounts of this landscape of everyday religiosity, see James Grehan, *Twilight of the Saints: Everyday Religion in Ottoman Syria and Palestine* (Oxford, 2014).

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- ¹¹ Ada Goodrich-Freer, *Inner Jerusalem* (New York: E. P. Dutton, 1904), v. For another of her publications from her time in Jerusalem, more in the vein of folklore research, see Mrs Hans H. Spoer (A. Goodrich-Freer), “The Powers of Evil in Jerusalem,” *Folklore* 18 (1907): 54-76.
- ¹² Goodrich-Freer, *Inner Jerusalem*, 35.
- ¹³ Goodrich-Freer, *Inner Jerusalem*, 36–37.
- ¹⁴ Goodrich-Freer, *Inner Jerusalem*, 37–38.
- ¹⁵ While Goodrich-Freer deployed terms like “crank” to connote those whose religious practices or beliefs she portrayed as “extravagant” or “eccentric,” “imbecile” – here, surprisingly, used in a similar manner – was generally used to denote what we might today discuss in terms of cognitive or intellectual disability.
- ¹⁶ Goodrich-Freer, *Inner Jerusalem*, 41-44.
- ¹⁷ Bertha Spafford Vester, *Our Jerusalem: An American Family in the Holy City, 1881-1949* (London, 1951), 119.
- ¹⁸ Vester, *Our Jerusalem*, 132.
- ¹⁹ Vester, *Our Jerusalem*, 122.
- ²⁰ Vester, *Our Jerusalem*, 127.
- ²¹ The “Titus” being evoked here is likely Saint Titus, one of the disciples of Paul the Apostle.
- ²² Vester, *Our Jerusalem*, 127-28.
- ²³ For a detailed discussion of the question of *majdhub* or “holy fool” in the Ottoman Arab world, including the association with *baraka*, see Sara Scalenghe, *Disability in the Ottoman Arab World, 1500–1800* (New York: Cambridge University Press, 2014), 102–23. For the distinction between a “holy fool” and “secular fool”, see Michael Dols, *Majnun: The Madman in Medieval Islamic Society* (Oxford: Clarendon Press, 1992), 388-89.
- ²⁴ Goodrich-Freer, *Inner Jerusalem*, 243.
- ²⁵ “Law Relating to Asylum for Lunatics”, Decree of 19 Safar 1293 [1876], amended 3 March 1892, translated and reproduced for the Mandate government in Israel State Archives (ISA) M(andate) 6555/8. This prioritisation is evident elsewhere in the history of psychiatry too.
- ²⁶ For more on the strategies pursued by families in Mandate Palestine to secure the treatment of mentally ill relatives, see Chris Wilson, “Petitions and pathways to the asylum in British mandate Palestine, 1930-1948,” *The Historical Journal* 62 (2019): 451-71. In the 1930s, the Ezrath Nashim mental hospital would be joined by a number of other private mental hospitals founded by European Jewish psychiatrists.
- ²⁷ Senior Medical Officer, Jerusalem, to District Commissioner, Jerusalem, 16 June 1936, ISA M 6627/28.
- ²⁸ Middle East Centre Archives, St Anthony’s College, Oxford, Wells GB165-0393.
- ²⁹ Douglas V. Duff, *Bailing with a Teaspoon* (London, 1953), 118–19. Duff, the author of many adventure and detective stories for boys in the years between his service in Palestine and the publication of his memoirs, may be suspected here of retrospectively ramping up the tension for dramatic effect. I am grateful to Alexander Winder for this point.
- ³⁰ Frantz Fanon, *The Wretched of the Earth* (London: Penguin, 2001 [1961]), 200.
- ³¹ For an example of this line of work in the context of Palestine, relating specifically to prisons, see Celia E. Rothenberg, *Spirits of Palestine: Gender, Society, and Stories of the Jinn* (Lanham: Lexington, 2004), 99-122. For an interesting and comparable case study from Lebanon on the relationship between war and psychogenic illness, see Elie G. Karam and Lina H. Khattar, “Mass

Psychogenic Illness (Epidemic Sociogenic Attacks) in a Village in Lebanon,” *Lebanese Medical Journal* 55 (2007): 112-15.

³² *Palestine Bulletin*, 2 July 1930, 1.

³³ *Palestine Bulletin*, 2 July 1930, 1.

³⁴ See *Report of the Commission on the Palestine Disturbances of August, 1929* (London: HMSO, 1930), 61-64.

³⁵ *Palestine Bulletin*, 2 January 1928, 3.

³⁶ *Palestine Bulletin*, 6 January 1928, 3.

³⁷ *Palestine Bulletin*, 9 January 1928, 1.

³⁸ Although the sincerity of these representations would be difficult to determine in any case, the extant primary sources simply do not allow more than speculation on this point. Thinking in terms of how those deemed to be mentally ill conceived of their own behaviour and condition beyond the clinical and medical labels attached to them is nonetheless a valuable line of inquiry within social histories of psychiatry and disability studies. For more on the latter, see a recent excellent roundtable in *IJMES*, especially Sara Scalenghe, “Disability Studies in the Middle East and North Africa: A Field Emerges,” *International Journal of Middle East Studies* 51 (2019): 109-12; and Beverly Tsacoyianis, “From Patient to Survivor: Mental Health and Disability Studies,” *International Journal of Middle East Studies* 51 (2019): 124-26.

³⁹ To preserve anonymity, I give the names of all individuals deemed mentally ill and whose names appear only in the archive, by full first name and an initial. On the complex issues surrounding the anonymizing of psychiatric patients, see David Wright and Renée Saucier, “Madness in the Archives: Anonymity, Ethics, and Mental History Research,” *Journal of the Canadian Historical Association* 23 (2012): 65–90.

⁴⁰ Medical Report on Gordon A., Central Prison, Jerusalem, n.d. [1929], ISA M 6555/7.

⁴¹ Medical Report on Gordon A., Central Prison, Jerusalem, n.d. [1929], ISA M 6555/7.

⁴² George Heron, Director of Health, to Senior Medical Officer, Jerusalem, 17 June 1929, ISA M 6634/8.

⁴³ Instructions to Mr. Schneider re: Gordon A., from Dr. A. T. Sternberg, n.d. [1929], ISA M 6555/7.

⁴⁴ *Palestine Post*, 25 January 1934, 1. See also Michael McDonnell, ed., *The Law Reports of Palestine: Being Cases Decided in the Years 1920–1933 Inclusive by the Supreme Court of Palestine Stitting as a Court of Appeal in Civil and Land Cases, a Court of Criminal Appeal, a High Court of Justice and a Special Tribunal, and by the Court of Criminal Assize of Palestine; and Cases Decided in the Years 1920–1933 by the Lords of the Judicial Committee of the Privy Council on Appeal from the Supreme Court of Palestine* (London: Waterlow, 1934–35), 77. The translation given here (‘struck’) might appear to suggest that Fatima S. was presenting herself as having been ‘struck’ by a jinn (*madrub*), as opposed to inhabited or possessed. But being ‘struck’ by a jinn was linked to paralysis or physical injury, rather than action outside the control of the individual, which appears to better fit the particulars of this case. For this distinction, see Dols, *Majnun*, 294-95. Unfortunately the original Arabic is not recorded in either account of the trial, so it is not clear what term Fatima S. used to describe her condition.

⁴⁵ Henry Cattán would go on testify before the Anglo-American Committee of Inquiry on Palestine in 1946, and to publish extensively on the Palestine question in international law; at the time of Fatima S.’s case, however, he was a recently-qualified barrister.

⁴⁶ *Palestine Post*, 22 May 1934, 2.

⁴⁷ Judgement in Court of Appeals, 19 April 1934, ISA P 187/7.

⁴⁸ Andrew Bassett and Charley Baker, “Normal or Abnormal? ‘Normative Uncertainty’ in Psychiatric Practice,” *Journal of Medical Humanities* 36 (2015): 89–111.

⁴⁹ Megan Vaughan, “Introduction,” in *Psychiatry and Empire*, ed. Sloan Mahone and Megan Vaughan (Basingstoke: Palgrave Macmillan, 2007), 2.

⁵⁰ Joseph F. Broadhurst, *From Vine Street to Jerusalem* (London: Stanley Paul, 1936), 203.

⁵¹ Edward Keith-Roach, *Pasha of Jerusalem: Memoirs of a District Commissioner under the British Mandate* (New York: Radcliffe Press, 1994), 75.

⁵³ There is a well-developed literature on the difficulties women in criminal-legal contexts around the world faced in being recognised as both “mad” and “bad” by courts; rather than hand down verdicts like “guilty but insane”, courts tended to find women sane except in cases of spectacular violence. This meant that, by contrast to the feminization of psychiatric populations in almost every other institutional context, the number of criminal lunatic women tended to be much lower than that of men. For a summary of these arguments, see Robert Menzies and Dorothy Chunn, “The Gender Politics of Criminal Insanity: “Order-in-Council” Women in British Columbia, 1888-1950,” *Histoire sociale/Social History* 31 (1998): 241-79.

⁵⁴ For this circle, see Salim Tamari, “Lepers, Lunatics, and Saints: The Nativist Ethnography of Tawfiq Canaan and His Jerusalem Circle,” *Journal of Palestine Studies* 20 (2004), 24–43. Canaan has been the subject of a number of separate biographical essays. See: Khaled Nashef, ‘Tawfiq Canaan: His Life and Works,’ *Jerusalem Quarterly* 16 (2002): 12–26; Brigit Mershen and Ulrich Hübner, “Tawfiq Canaan and His Contribution to the Ethnography of Palestine,” in *Palaestina exploranda: Studien zur Erforschung Palästinas im 19. und 20. Jahrhundert anlässlich des 125jährigen Bestehens des Deutschen Vereins zur Erforschung Palästinas*, ed. Ulrich Hübner (Wiesbaden: Harrassowitz, 2006), 250–64; and Philippe Bourmaud, “‘A Son of the Country’: Dr. Tawfiq Canaan, Modernist Physician and Palestinian Ethnographer,” in *Struggle and Survival in Palestine/Israel*, ed. Mark LeVine and Gershon Shafir (Berkeley: University of California Press, 2012), 104–24. I am grateful to Sarah Irving for her guidance on Canaan and this wider circle of Palestinian ethnographers.

⁵⁵ Tamari, “Lepers, Lunatics, and Saints,” 38–40.

⁵⁶ For more on Stephan, see Sarah Irving, “‘A Young Man of Promise’: Finding a Place for Stephan Hanna Stephan in the History of Mandate Palestine,” *Jerusalem Quarterly* 73 (2018), 42–62.

⁵⁷ Stephan Hanna Stephan, “Lunacy in Palestinian Folklore,” *Journal of the Palestine Oriental Society* 5 (1924): 2–3.

⁵⁸ The roots of “lunatics’ apples” – *mandragora officinarum* or mandrakes – are hallucinogenic when ingested, which explains in part this association.

⁵⁹ For more on the jinn, see Rothenberg, *Spirits of Palestine*, and Amira el-Zein, *Islam, Arabs, and the Intelligent World of the Jinn* (Syracuse, 2009).

⁶⁰ Stephan, “Lunacy,” 4–7.

⁶¹ “Lebanon Hospital for the Insane, Asfuriyeh,” *British Medical Journal* 2, no. 2607 (1910): 1937.

⁶² Tawfiq Canaan, “Modern Palestinian Beliefs and Practices Relating to God,” *Journal of the Palestine Oriental Society* 14 (1934): 90.

⁶³ See Geoffrey Morton, *Just the Job: Some Experiences of a Colonial Policeman* (London: Hodder and Stoughton, 1957), 41–42.

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- ⁶⁴ Senior Medical Officer, Jaffa, to Director of Medical Services, 6 February 1939, ISA M 6628/15.
- ⁶⁵ Theophilus Waldmeier, *Appeal for the First Home for the Insane on Mount Lebanon* (London: Headley Brothers, 1897), available online at archive.org/details/b21294227/ (accessed 10 May 2019).
- ⁶⁶ Waldmeier, "Appeal".
- ⁶⁷ *Annual Report of the Lebanon Hospital for Mental Diseases* 7 (1905): 17. This and other annual reports from 'Asfuriyya are from the Saab Medical Library, American University of Beirut, and are available online at ddc.aub.edu.lb/projects/saab/asfouriyeh/annual-reports/index.html.
- ⁶⁸ For the shared appeal of St. George/al-Khadr to Christians and Muslims, see Grehan, *Twilight of the Saints*, especially 141–63.
- ⁶⁹ Waldmeier, "Appeal," 16.
- ⁷⁰ Goodrich-Freer, *Inner Jerusalem*, 243.
- ⁷¹ Thomas Chaplin, cited in P. J. Baldensperger, "Orders of Holy Men in Jerusalem (Answers to Questions)," *Quarterly Statement of the Palestine Exploration Fund* (1894), 36 fn1.
- ⁷² For an overview of this period in the history of psychiatry, see Andrew Scull, "Somatic treatments and the historiography of psychiatry," *History of Psychiatry* 5 (1994): 1-12.
- ⁷³ Tawfiq Canaan, "Mohammedan Saints and Sanctuaries in Palestine (Continued)," *Journal of the Palestine Oriental Society* 5 (1925): 201–2.
- ⁷⁴ Canaan, "Mohammedan Saints," 200–2.
- ⁷⁵ Stephan, "Lunacy in Palestinian Folklore," 9.
- ⁷⁶ Or both. Duff, *Bailing with a Teaspoon*, 144.
- ⁷⁷ Eugene Rogan, "Madness and Marginality: The Advent of the Psychiatric Asylum in Egypt and Lebanon," in *Outside In: On the Margins of the Modern Middle East*, ed. Eugene Rogan (London: I. B. Tauris, 2002), 104.
- ⁷⁸ For instance, medical officers were recorded as giving a total of 48 hygiene lectures to 321 teachers in town and village schools in 1930 alone; no similar effort was made for mental illness. See *Annual Report of the Department of Health* (1930), 62.
- ⁷⁹ See *Palestine Post*, 17 March 1935, 5; *Palestine Post*, 25 March 1935, 5.
- ⁸⁰ R. Storrs to Civil Secretary, Government House, Jerusalem, 20 April 1922, ISA M 6627/24.
- ⁸¹ R. Briercliffe, A/Director of Health, to Chief Secretary, 14 September 1922, ISA M 4087/6.
- ⁸² There are suggestive parallels here with the establishment of the Psychiatric Hospital of the Cross in Lebanon in the 1930s on a hill outside Beirut known to locals as the "the possessed mount", parallels which point to the need for further investigation of the blurring of saintly and secular modes of healing across the region. See Elias Aboujaoude, "The Psychiatric Hospital of the Cross: A Sane Asylum in the Middle East," *American Journal of Psychiatry* 159, 12 (December 2002), 1982. I am grateful to one of the anonymous reviewers for bringing this parallel to my attention.
- ⁸³ W. P. H. Lightbody, Acting Director of Medical Services, to Reuben Katznelson, Vaad Leumi, 23 May 1935, ISA M 6627/27.
- ⁸⁴ Katznelson to Lightbody, 6 June 1935, ISA M 6627/27.
- ⁸⁵ Medical Officer, Villages, to Senior Medical Officer, Jerusalem, 1 July 1935, ISA M 6627/27. From the sixteenth century onwards, Safed in particular had been strongly associated with Jewish

mysticism or Kabbala, an association which helps explain the decision of Amram K.'s family to bring him there for healing.

⁸⁶ By some accounts, it attracted Palestinian Arabs, too. See: *Palestine Bulletin*, 24 May 1932, 1; and *Palestine Post*, 15 May 1933, 5; 22 May 1935, 7; 30 April 1937, 9. Attendance dropped with the beginning of the general strike and Arab revolt in 1936.

⁸⁷ *Palestine Post*, 22 May 1935, 7.

⁸⁸ I. B. George, "Foreword," *Journal of the Palestine Arab Medical Association* 1, no. 1 (1945): 3.