mately for that deadlock which at present only leads to the building of one huge asylum after another, with elaborate machinery and arrangements, well adapted for recent, curable cases, or for those with strongly marked insanity; but quite unnecessary for the majority of cases of chronic insanity. But before this can be done, public opinion needs a great deal of education. Many old prejudices must be done away with; a state of things must be brought about in which an insane person should not be, in a special sense, merely an object for idle curiosity and remark, but treated as one possessed of any other infirmity, such as blindness or deafness, would be, with pity and consideration; and, above all, with a manner showing no fear or aversion; treating them, in fact, as much as possible on an equal footing, as far as their faculties go. This may seem very utopian, and perhaps it is so; but I believe that a visit to Gheel would convince any unprejudiced mind that it is, at any rate, possible; as I think it would also show them how utterly mistaken and cruel is the mental attitude which the majority of people adopt in reference to the insane, not intentionally, but from habit and prejudice. Until, however, this attitude is very much altered, progress in the direction which I have indicated is quite impossible, and any attempt would probably end in failure. I have faith, however, myself, that a time will come when our present ordinary ideas as to the insane will become as obsolete and seem as strange as their treatment by chains and fetters, or the attempt to cure them by the exorcising of a priest and the intervention of St. Dymphne.

Notes on Lunacy in British Guiana. By JAMES S. DONALD, M.B., Edin. Resident Surgeon, Lunatic Asylum, Berbice.

Few countries, if any, afford better opportunities for the study of insanity, as exhibited among different races, than British Guiana. Here, gathered together in one asylum, are West Indians, Coolies* from India, Chinese, Portuguese, and Africans; and, although the types of insanity are very similar in all, yet there are some distinctive features, worthy, I think, of being noted. Many difficulties arise in investigating

* "Coolie" in this country is a term exclusively applied to labourers imported from the East Indies, and their descendants. Labourers from China are always spoken of as Chinese.

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the subject, owing, principally, to an inability to converse personally with some of the patients, more especially with Chinese. Consequently, a refinement in classification is unattainable; the strongly-marked features of the case alone giving an index to the form of mental disorder.

To institute any comparison between this country and England in the proportion of insane relatively to the population is difficult, owing, mainly, to the fact that in many cases national peculiarity is mistaken for mental derangement, and also because of our ignorance of the condition of the inhabitants in districts not under mental observation. Taking, however, the population of England and Wales in 1871 as 22,704,108, and of British Guiana in the same year at 193,491, and comparing the number of patients in asylums of both countries, we find that, whereas in England and Wales there was one insane person in every 388 of population, in British Guiana there is only one in every 1200, or thereabouts. In the year mentioned the ratio of lunatics to population (1000) was 2·49, while in this colony it was only ·91. Among Creoles of the West Indies the ratio was ·41, Coolies ·82, Portuguese, principally from Madeira, 1·00, and Chinese 1·59. I am unable to give the ratio per 1000 of Africans, as I have no statistics of their population. These figures, although giving some idea of the comparative extent of insanity in England and this country, cannot be relied upon as strictly correct, owing to the difficulties I have mentioned.

About 25 per cent. of the inmates in this asylum are Creoles of the Colony and of Barbados, and are principally of black parentage. Among these mania prevails more than any other form of insanity, and in a large proportion of cases is complicated with delusions of a religious character. This may be accounted for from the fact that times of religious excitement are of frequent occurrence among the black population, and an increase in our inmates is no uncommon sequence to a so-called "revival" of religion. A strong religious sentiment (to use the expression in its widest significance) exists in the mind of the negro, and it is not, therefore, a matter of surprise that when reason is unseated the previous prominent feelings should sway the wanderings of the "mind diseased." In some cases religious melancholia follows the attacks of mania, the mind of the patient becoming depressed from gloomy ideas, as, *e.g.*, that his soul is eternally lost, thus rendering him one of the most miserable

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of men. Very much akin to this religious melancholia in the black Creole is that of the African when the mind is haunted, and the imagination excited, by the terrors of the mysterious Obeah. The extreme depths of despondency into which the victim of the dread power of this malignant superstition is thrown, entirely subverts the normal condition of the mind, and drives, in some cases, the unhappy sufferer to attempt suicide. Some years back Obeahism or witchcraft was no uncommon practice, especially in Berbice, but of recent years it has happily decreased, and it is to be hoped that as education among the black population advances, it will become gradually extinct. There is a statute in the laws of British Guiana, by which it is enacted that "every person practising, or pretending to practice, Obeah or Witchcraft, shall be held guilty of a misdemeanour," and shall be punished accordingly. The law is now, however, practically a dead letter, owing to the difficulty in defining the meaning of the term "Obeah." A great barrier to the diagnosis of insanity among Africans exists in the fact that we have frequently to deal with a mind uneducated; and thus in many cases natural stupidity borders so closely on imbecility, dementia, and amentia, that it is difficult to say where a normal state ends and an abnormal one begins. The majority of Africans admitted suffer from senile dementia and general paralysis, and, consequently, anything but a hopeful prognosis can be recorded in these cases.

Over 50 per cent. of patients admitted into this asylum are Coolies, suffering principally from mania and dementia. The mania of the Coolie is generally characterised by great destructiveness and impulsiveness; consequently homicidal and suicidal propensities are of frequent occurrence among them. While, however, such cases are dangerous, they seldom last long in the acute stage, thus contrasting strongly with the form of acute mania met with in the black Creole. While the percentage of admissions of East Indian immigrants is greater than that of any other nationality represented, the number of recoveries is also relatively greater. I attribute this in a great measure to the improved dietary which they receive in asylums. On admission they are almost invariably very anæmic and half-starved, owing to the insufficient nourishment which they take prior to being admitted. Thus, when under a better diet the condition of the blood and nutrition of the brain improve and a corresponding mental amelioration frequently results. The disgusting practice of

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dirt-eating is by no means uncommon among Indian immigrants. It generally exists among those suffering from dementia, but cases are met with among individuals not confined to lunatic asylums. Lime, clay, and burnt earth are often substituted for their proper diet. If the morbid appetite be not controlled, the patient soon sinks from exhaustion, anæmia, diarrhœa, and dropsy. Referring to this subject, Dr. Thomas Murray, jun., of Tacarigua, in a letter contained in Dr. Gavin Milroy's report on leprosy and yaws in the West Indies, remarks:—"There are two classes, I think, who eat dirt: 1st, those whose religion forbids them to eat meat (viz., parsons), and yet who crave for something more than rice; and 2nd, lazy men who would rather starve than work. These latter generally acquire the habit in their own country."

It is difficult to break them of their filthy habit, and a strict watch is necessary to prevent them indulging in the practice.

Among the Chinese inmates I have been struck with the frequency of epilepsy and epileptic mania, and have been equally puzzled to account for it. It is more particularly noticeable in females, the attacks being in some cases periodic and generally very violent. It has been suggested that opium-eating might account for it, but were this the case it would be met with more commonly among Coolies, who are also addicted to the use of this drug. As a rule the characteristic stolidity and impassiveness of the Chinese is little altered during mental aberration. The cheerless, unhappy expression of countenance gives the patient the appearance of one suffering from profound melancholia, and totally indifferent to anything around him. The number of Chinese now in asylum is too small to warrant my giving any decided opinion as to what may be considered the more prominent features and nature of their mental disease. They are generally quiet docile patients, very amenable to treatment, and, except in the epileptic, violent symptoms are rare.

There is nothing particular to note in the insanity of the Portuguese. The majority of those admitted are old and feeble patients suffering from senile dementia and melancholia. Physically they are not robust, and very soon succumb to intercurrent diseases, especially diarrhœa and dysentery.

Of the bodily ailments which most frequently terminate fatally among the inmates of all classes may be mentioned phthisis, dysentery, and intermittent fever and its sequelæ.

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With regard to the etiology of insanity in this colony, I cannot say that I find it in any way depending on, or modified by, the nature of the climate. One of the most fertile causes is intemperance. I have noticed this more particularly among Creoles and Portuguese, and in many cases I have been able to trace alcohol as the direct agent.

Among the lower classes rum is mostly used, and frequently in the form of "high wines," *i.e.*, rum 40 over proof. It can easily be understood that this in time seriously interferes with the bodily health, and, acting as a poison, eventually produces cerebral lesions.

The practice of opium smoking and eating is frequently met with among Coolies and Chinese here, but it is by no means so common as in the East. It is laid down by all writers on the subject as inducing in time insanity; but as I find it difficult to gather from the patients any previous history of opium-eating, I cannot venture any opinion on the subject. The history of an insane person is difficult to obtain here, as it is a rare thing to see any friends who can furnish information on the subject, and the particulars sent with the patient are generally very meagre. In malarious and tropical countries three causes have been especially assigned as often inducing cerebral derangement resulting in insanity, these being sun-stroke, leprosy, and intermittent fever. The first-mentioned cause, insolation, is not of frequent occurrence; and although well-marked cases do occasionally come under notice, I have not seen any resulting in insanity. With regard to leprosy, my experience is too limited to speak positively of its effects on the mental functions, for as yet only one case of true leprosy associated with insanity has come under my observation; and in this case the form of the disorder is intermittent mania, the person being during the intermissions very intelligent.

From the time of Sydenham intermittent fever has been attributed as a cause of insanity, and several cases have been recorded by Baillarger and Hoffman. In Sydenham's opinion lunacy thus induced is a mania peculiar to itself, and incurable. No doubt intermittent fever is closely connected with nervous disorders and, by producing anæmia, interferes with the circulation and due nutrition of the brain; but that agues are pre-eminently productive of insanity, I do not admit. It has been argued that, were intermittent fever a frequent precursor of insanity, in malarious countries the proportion of insane would be greater than in countries

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free from marsh miasm. This, however, is scarcely a fair argument, as in non-malarious localities other fevers from which we do not suffer here, such as typhus, exist, and cause probably a larger number of admissions into lunatic asylums than intermittent fevers. It would be difficult to find a place better adapted for the production of intermittent fever than the situation of the General Hospital and Lunatic Asylum in Berbice; for, situated at the confluence of two rivers, about a mile to windward of the town of New Amsterdam, and unprotected by any forest or belt of trees (which, as Sir Thomas Watson states, preserves the inhabitants of the town in health), every facility is given for the free development and access to the patients of malaria, according to the generally recognised idea of chill of Drs. Oldham and Inman, and of the "certain electrical conditions of heat acting on moisture," which Surgeon-General Munro considers as the hostile element in the production of intermittent fevers, cholera, yellow-fever, and heat apoplexy. Yet although intermittent fever is of frequent occurrence among the patients, especially at spring and neap tides, and severe head symptoms frequently supervene, I have not been able to connect together the lunacy of any patient with this as a cause. Possibly it is because I have not had sufficient opportunity of observing quartan ague, which is uncommon here, and which, according to Sydenham, is peculiarly obnoxious in producing mania; but should I come across any cases, I will be particular in my observation of their subsequent history. One more remark on this subject I would make, namely, that by far the greater proportion of lunatics admitted into the asylum here are from the healthier localities; while it is a rare occurrence to receive one from the river districts, which, although in many cases having large populations, are, as a rule, the most unhealty, malarious, and fever-stricken of the colony.

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