

EARLY PSYCHIATRY IN NATAL*

M. MINDE, B.A., M.B., CH.B.

Physician Superintendent, Umgeni Waterfall Institution, Howick

Through the courtesy of Dr. E. Cheze-Brown, then Physician Superintendent of Town Hill Hospital, Pietermaritzburg, I was recently given access to two 'case books' containing the histories of the earliest recorded mental cases treated in an asylum in Natal. These books are bound volumes in hard covers in an excellent state of preservation, evidently specially designed for their purpose, and were manufactured by Shaw and Sons, Printers and Publishers, Fetter Lane, London (Publishers of the Books of the Commissioners in Lunacy). The two books contain the records of 253 cases numbered consecutively in order of admission, the first being dated 23 July 1864 and the last 27 December 1884. Of these 245 are sufficiently complete to serve as a basis for this study. The records used are not all entirely complete, some having been carried over to a 3rd and 4th case book, which are not available. The notes however extend to the year 1889, and all the cases here recorded, except those which died or recovered, extend over a period of at least 2 years.

Historical

Before going into details concerning the contents of these books it is desirable to say something about the historical development of mental institutions in South Africa during the 19th century.

Before accommodation for lunatics became available in Natal the only facilities for housing them were located in Cape Town. The 'Old' Somerset Hospital, which had been founded by Dr. Samuel Bailey in 1818, had some accommodation for mental patients, although the conditions under which they were housed were often unsatisfactory. In 1836 a special ward for lunatics was erected, and in 1837 this held 38 patients.

Robben Island had been used as a convict station by the Dutch East India Company ever since the days of

Van Riebeeck, and at times lunatics were also detained there. This practice was continued by the British when they occupied the Cape in 1806. In 1846 it ceased to be a convict station and became 'a station for lunatics, lepers, and the chronic sick'.¹

Such then was the situation in South Africa when in the early 1860s the increasing population of Natal made accommodation for mental patients there desirable. At first such patients were housed in Grey's Hospital, Pietermaritzburg and in the Pietermaritzburg Gaol.² In 1868 the first asylum was opened as an annexe to the Pietermaritzburg Gaol and housed 24 inmates. By 1875 the 'Temporary Asylum'³ was open on erf 53 in lower Longmarket Street, and this was replaced in February 1880 by the permanent building (Town Hill Hospital) still in use.

The medical man most closely associated with the old asylum was the District Surgeon, Charles Gordon, M.D. In his absence Dr. Charles Ward acted as District Surgeon and also looked after the lunatics. The first full-time Superintendent at Town Hill was Dr. James Hyslop, who assumed duty on 4 July 1882 and was still in charge at the time of Union in 1910.

THE CASE BOOKS

The notes in the two case books are mainly written in two sets of handwritings, with a few notes written in a third hand, and it has not been difficult to identify them. Fortunately all are clear and legible and have not faded with the years—a tribute to the quality of the ink used in Government institutions in those days.

One set of notes, which begin in August 1882, could be readily identified as those of Dr. James Hyslop, because I was familiar with his handwriting from earlier researches in the Natal Archives. It was confirmed by a specimen of a patient's handwriting glued into the case book and initialled 'J.H.' in the identical writing of the other notes, and dated 13.2.83. Incidentally the notes

* A paper presented at the South African Medical Congress, Pretoria, October 1955.

describe a classical case of general paralysis of the insane, and the patient's handwriting is typical of this disease.

The greater part of the first case book is in a different handwriting, which from previous knowledge I suspected to be that of Dr. Charles Gordon, the district surgeon of Pietermaritzburg. This was fortunately confirmed when I came across a few lines which had been crossed out and on the the margin was written 'Entered by mistake for another inmate' and initialled 'C.G.' in a hand identical with that of the other notes.

Finally a few pages of brief notes were specifically described as having been written by Dr. Charles Ward.

It is now proposed to analyse the information in these case records.

1. NO. OF ADMISSIONS

These fluctuated between 1 and 8 per annum from 1864 to 1873, and first reached double figures in 1874. Thereafter they varied considerably, the lowest being 11 in 1881 and the highest 34 in 1883. The total of admissions for the period 1864-1884 was 253.

2. SEX

Males preponderated in each year and for the whole period the ratio of male to female admissions was 193 to 57 or 3.4 to 1. This compares with a ratio of 1.4 to 1 in 1952 for the Union as a whole and 1.2 to 1 for Town Hill Hospital.⁴ No conclusions can be drawn from these figures, for the population distribution for the period under consideration is unknown.

3. AGE

The age of each admission was nearly always given, though the accuracy of the figures, particularly for non-Europeans is questionable. The two youngest patients were aged 13 and 15, the two oldest 75 and 80. The majority fell within the 20-30 age-group.

4. NATIONALITY

The country of origin of each patient is given in the earlier records; e.g. England, Scotland, Ireland, Prussia etc. The non-Europeans are listed as 'Kafir' or 'Hottentot'. The first Indian was admitted in 1874 and in later notes these were frequently referred to as 'Coolies'. After 1875 the non-Europeans were often classified as 'Natives'. In view of the absence of mental hospitals in the Transvaal and Orange Free State it is not surprising that a number of patients from these territories were admitted. They were labelled as 'Dutchmen' when from the Transvaal. One curious entry describes 'a liberated Zanzibar slave aged 13' admitted in 1883.

5. DIAGNOSIS

During the period when the inmates were in Dr. Charles Gordon's care the vast majority of the cases received one of two diagnoses, viz. mania or dementia, and it is not easy to infer by what criteria these were made. On the whole it appears that he tended to label the restless, hyperactive, talkative cases as mania and the quiet ones as dementia. Occasionally both were combined

and a diagnosis of maniacal dementia was made. Mania was at times qualified as puerperal mania, violent mania and religious mania, while dementia was described as of the melancholic, phthisical or senile type. Melancholia was a rare diagnosis. An occasional case was labelled general paralysis of the insane. One case was described as 'that form of insanity known as partial paralysis'. Out of a total of 180 cases described by Dr. Gordon he diagnosed 64 as mania and 88 as dementia, while the remaining 28 were distributed among the other diagnoses already mentioned.

It is obvious from the symptoms described that both among the manias and the dementias were many schizophrenics:

*36. T.G. aged 26 was admitted on 27th January, 1875. For three years his relations have observed that he has been restless and unsettled; not attending to his business although he did not appear to suffer from any bodily malady. He was constantly under the impression that the events described in the newspapers referred especially to himself; which circumstances greatly troubled him and caused an appearance of great melancholy. At the time of admission he laboured under many delusions. He believed that he had the offer of being the Emperor of the whole of Africa, or the King of India, and was greatly troubled in making his selection as to which he would accept.
Diagnosis: Dementia.

*53. Majonda, a tall powerful male native aged about 25 years was admitted on 20th October, 1875 suffering from Dementia. This inmate was a prisoner in the Central Gaol, Pietermaritzburg, where he began, a short time ago to show certain peculiarities indicating insanity. When told to do anything he would laugh in a silly and vacant manner, and when spoken to would answer by entering on a rambling and purposeless conversation. At the same time he began to be dirty in his habits, besmearing the walls of his cell with porridge etc. He has become quarrelsome in his manner without cause and is under the delusion that his head is filled with water.

*70. C.S.A., aged 27 years. He suffers from Mania. He has a sullen, suspicious appearance, and believes that people conspire against him. He will not undress himself at night but prefers to sleep with his clothes, boots and spurs on. He is a misanthrope and hates the sound of human voices and the whole human race. His sister stated that he had an idea that Kafirs and others conspired against him, and he believed that they affected him by means of electricity.

*87. H.F., aged about 30 years, was admitted into the Asylum on 16th April 1877 suffering from religious mania. He is quiet and has not had any marked fit of excitement during this day since his entry into the Asylum. He considers that he has direct communication with the spirit of God and that he may be called to join the Wesleyan Ministry. In his excitement and hurry to do so he took a horse from the stables of the Royal Hotel, Durban without leave, believing that he was justified in doing so. He is under the delusion that his wife has committed adultery and that he has to get a divorce from her on entering the Ministry.
April 25th 1877. Although quiet he seems to have more delusions. Today he announces that he had a vision that he has been proclaimed King of the Transvaal.

Mental defectives were at times admitted:

*94. T. H. aged 19 years was admitted into the Asylum on 30th Aug. 1877. He is an imbecile of filthy and indecent habits and his relations are unable to devote the necessary care for his proper management. The relations state that his imbecility was the result of a fall on his head when 5 years of age. (sic) He is dumb but is not entirely devoid of understanding nor of hearing.

*180. E.W., a white man about 30 years of age, was admitted into the Asylum on 30th July, 1882. This inmate is a born idiot and has been very much neglected by his parents. He is speechless and repulsive in appearance, and filthy in his habits.

Epilepsy does not appear to have been considered as a

cause of mental disease but as a condition superadded to an underlying mental condition. Thus we have diagnoses like mania and epilepsy, dementia and epilepsy, and epileptic mania.

After Dr. James Hyslop became full-time Superintendent of the Asylum there was a considerable change noticeable in the diagnoses. He apparently did not hold with the term 'dementia' and this disappeared entirely. The majority of his cases were diagnosed as either mania or melancholia, while in a considerable number he did not venture on a diagnosis but used such descriptive terms as 'great mental depression', 'much enfeebled in mind', 'mental exaltation, excitement and enfeeblement of the mind'. On the whole he favoured the diagnosis of mania which he gave on 25 occasions as compared with 14 of melancholia and 2 of general paralysis. Many of these were quite clearly schizophrenia e.g.:

'221. Sidoi (Native Male) aged about 25 years, admitted to the Asylum on the 16th Sep. '83, suffering from Melancholia. This patient when admitted was in a depressed condition, said that there was no good in replying to my enquiries and kept his eyes fixed on the ground refusing to have anything to say.

1st. Nov. 83 this boy has had attacks of excitement when he tears his clothes, smears himself with his excreta etc.'

'223. M.G. aet 27, unmarried, admitted to the Asylum on the 23rd Nov. 83 suffering from Melancholia. This patient has been weak minded for some time, but latterly became so troublesome and took such a dislike to her parents that they were compelled to take steps to have her removed to an Asylum. When admitted she was suffering from great mental depression, she imagined that people were plotting against her and wished to kill her. She imagines that she is the wife of a preacher who was formerly in Maritzburg, and that she has messages from him.

24th Nov. 83. She was restless last night, has a poor appetite and is very miserable looking. She thinks she can hear her people calling out to her from town and wishes to go off to them.'

'215. P.B. aet. about 20 years, single, admitted to the Asylum on the 20 June 1883 suffering from Mania. He is at present labouring under mental excitement, he imagines that people generally are trying to annoy him, he is silly in his conversation, and gives stupid answers to the questions put to him.'

'236. Undabuka (Kafir Male) also called 'Bafuti', apparently about 20 years of age, admitted into the Asylum on the 28th May 1884. This man is suffering from mental enfeeblement, is unable to converse rationally, is listless and inattentive to what is said to him and is most filthy in his person and has a vacant expressionless appearance. He talks in a rambling incoherent way when he does speak and his answers to questions often have no connection with them.

7th June 84. This patient is most filthy in his habits, smears himself with his faeces and has a morose or silly appearance, has been put to work but is very stupid.'

'211. W.R. aet 35, married, admitted on the 12 May 1883 labouring under Mania (Delusional). It appears that this man has been naturally of an irritable and excitable disposition. He is stated to have had, when a boy 'two apoplexy fits' and suffered from 'decline' till he was 14 years of age. In January last he lost his child who was drowned in the Umgeni and this seemed to have completely unhinged his mind. He talks about various people having to do with the loss of his child, more particularly he blames one of the Ministers at the Umgeni and says that he has been put in gaol to prevent his bringing this Minister to justice. He has hallucinations of hearing in a marked degree, e.g. imagines he hears his wife call on him and that she is in the building at present and follows him about from place to place, has also the idea that various attempts have been made to poison him. He has a suspicious excitable appearance, seems to think that even the most trivial actions of those around him have something to do with him and that they are plotting against him.'

It is interesting to note that Dr. Hyslop was evidently familiar with the use of the ophthalmoscope:

'247. His eyesight is very defective he having atrophy of the disc in both eyes most marked in the left.'

6. TREATMENT

No specific treatment for the mental condition as such was available and only symptomatic treatment was given.

(a) *Sedatives and Hypnotics.* The favourites were chloral hydrate and potassium bromide.

'31. When excitement is high he is allowed $\frac{1}{2}$ dr. doses of Chloral Hydrate at night to give him sleep.'

'142. 9th April (1880). On the second night of his admission in the Asylum he became maniacal and broke everything he could lay his hands on. He was placed in the padded room and there managed to tear open the padding and cover the floor with hay. Last night he took 30 grains Chloral in Porter and slept well.'

'143. He is very noisy and restless. He is ordered to take a Chloral Draught at night for a time.'

'170. 21st. Feb. 1882. She is wild and maniacal. Has been ordered a Draught at night of 30 grains of Bromide of Potassium and 20 minims of Hemlock Juice.

22nd. Slept from 6 p.m. last night to 5.30 a.m. and is somewhat calmer.'

'181. 17th Aug. 82. Was restless and sleepless last night, is apparently very suicidal. Ordered Cannabis Indica and Potassium Bromide.'

(b) *Diarrhoea and Dysentery.* These were the most serious complications of mental disease and as is shown later, caused much ill-health and many deaths. Various astringent mixtures were used, often combined with wine or brandy.

'2. Jan. 12th 1876. Yesterday he was attacked with Diarrhoea and on seeing him this morning he was ordered chalk mixture.

13th Jan. The Diarrhoea continues and the weakness of his system is more marked. He was ordered to have 4 oz. of wine, and 12 minims of laudanum to be added to each dose of chalk mixture.

14th Jan. 1876. Died this morning at 3 a.m. No post mortem made.'

'19. Owing to gradual wasting and a tendency to Diarrhoea she is to take an astringent mixture and two ounces of wine per diem.'

'24. 2nd October 1875. This inmate was attacked yesterday by Diarrhoea. A mixture containing chalk, opium and chlorodyne was prescribed.

5th October. This inmate seemed better on 3rd and 4th, but the Diarrhoea returned during last night and he died this morning.'

'25. 20th May 1882. This inmate has been suffering from Diarrhoea since the 15th and has taken an astringent mixture without much effect.

22nd. May. To have European diet and 1 oz. brandy per diem in addition to medicine.

23rd. May 1882. Died this day at 8.30 p.m.'

'87. 11th Oct. 1880. This inmate is now suffering from Diarrhoea—ordered opium and chlorodyne draughts during the day and Dover's powder (10 gr.) at night.

Oct. 14th. The diarrhoea has not abated and therefore was ordered as follows:

R. Mist Cretae oz. vi ss.

Tinct Catechu dr. vi.

Tinct Kino dr. iii.

Tinct Opii.

Chlorodyne aa dr. i ss.

$\frac{1}{2}$ oz. to be taken four times a day.

Diet—Soup, bread, rice, milk, sago or cornflour only. 3 oz. wine daily.

Nov. 26th. No improvement in the Diarrhoea—3 oz. brandy per diem substituted for the wine.

Dec. 6th. There is some improvement—the brandy omitted.

Dec. 23rd. Is very weak and low—the Diarrhoea has returned. Wine (4 oz. per diem) to be continued.

Dec. 27th. Is weaker and has become very much emaciated and has swelling in the lower extremities.

28th. Dec. 1880. Died at 9 a.m. this day.'

'110. 23rd. Nov. 1878. This inmate has been suffering for two or three days from Diarrhoea and now shows signs of passing into Dysentery. Has had medicine ordered.

25th. Ordered pills of Ipecacuana, opium and extract of gentian.

27th. Cont. pills, sago diet and 3 oz. wine per diem.

30th Nov. 1878. Has continued to become weaker until this morning when she died.'

'194. 31st. Jan. '83. Not improved, ordered Tr. Aconite has dysenteric stools.

2.2.83. No improvement in condition ordered Ipecacuana.

29th March 83. Died.'

'200. April 1st. 86. Has not been quite so well of late and is troubled with Dysentery. Has been ordered Tr. Catechu.'

'213. 16th July 1884. Again troubled with diarrhoea-catechu affords no relief, ordered Tr. Opii and Ol. Ricini.'

(c) *Debility.* Here the great stand-by was alcohol in various forms.

'11. 1st. July 1875. He is thin and delicate looking and does not eat his food well. He is allowed 4 oz. wine per diem.'

'14. 21st. Augt. 1876. Owing to an attack of influenza this inmate is suffering severely from bronchial symptoms and deficient aeration of the blood. Pulse weak and face bluish in appearance. Was ordered oz. iiii Sp. V. Gall. per diem and a stimulant expectorant mixture.

'15. This inmate has gradually become debilitated and weak. On 20th October 1876 he was ordered European diet and an allowance of 4 oz. wine daily.'

'38. 1st October 1875. During the last 3 months this inmate has continued to get weaker and weaker until he is now unable to walk without personal assistance. He has loss of appetite and difficulty in swallowing and looks more than usually haggard and weak. Anasarca has appeared in the legs and extends up to his knees. Takes 4 oz. wine and is ordered to have good soup twice a day in addition to his other diet.

6th Oct. To be allowed a pint of Porter in addition to his present diet.'

'45. 24th Sept. 1877. Her appetite is capricious and sometimes she refuses food altogether. She is ordered 1 pint Porter every day and 40 drops of Tincture of Perchloride of Iron.'

(d) *Various Conditions*

Coma. '60. May 8th. 1876. Suddenly at midday he was found to be getting into a comatose state. A little wine was given to him which he swallowed with difficulty. He died at 1 p.m.'

Piles. '61. 14th Dec. 1875. Also had Ung. Gallae as he complains of Piles.'

Anaemia. '68. May 26th 1878. During the last month signs of Anaemia and Anasarca appeared and she took a tonic mixture of Iron and Quinine but without any good result.'

*Tube Feeding.** '81. 26th Jan. 1877. He is suicidal and wishes to bring about his death by starvation. He persists in refusing food and has to be fed through an oesophagus tube three times a day. He is ordered to have beef tea, eggs and wine given to him by means of an oesophagus tube three times a day.'

'170. 21st. Febr. 1882. She seems very much emaciated and will not take her food. Ordered to be fed through the oesophagus tube with a pint of beef tea and an egg beaten in it, morning, noon and night.'

Bed Sores. '146. 24th August 1880. Bedsores are beginning to appear on his back. Resinous ointment dressing for the part affected.'

Epilepsy. '3. July 1st. 1875. This inmate is subject to frequent attacks of Epilepsy. He has undergone a course of Bromide of Potassium treatment with the effect of lessening the number of the attacks but is powerless to remove them.'

'4. 1st. July 1875. This inmate is an epileptic with complete loss of the mental faculties. The use of one half drachm doses of Bromide of Potassium has the effect, when given once every 24 hours, of lessening the number of the attacks of Epilepsy. In addition to his ordinary food he is allowed 2 oz. wine per diem.'

Syphilitic Psoriasis. '213. 30 Oct. 1883. She has been suffering

from Syphilitic Psoriasis over the whole of her body. Ordered Liq. Arsenicalis.'

Neuralgia. '215. 2 Aug. 1883. Has been troubled with neuralgia. Ordered Lin. Saponis ζ Opii.'

Constipation. '192. 8th Nov. 1882. Bowels cause considerable trouble.

16th. After several enemata passed an immense quantity of faeces which seemed to give her considerable relief.

18th. Not quite so well, tenderness over abdomen, ordered turpentine stupe to be applied.

19th. Died, having collapsed suddenly. From a post-mortem of the abdomen death was ascertained to have been due to peritonitis of considerable standing.'

7. OUTCOME

The results achieved have been tabulated below:

Year	No. Admitted	Discharged Recovered	Discharged Not Improved or Outcome Unknown	Still Detained at time of Last Note	Died
1864	2	—	—	—	2
1867	1	—	—	—	1
1868	1	—	—	—	1
1869	2	—	—	1	1
1870	4	—	1	3	—
1871	1	—	—	1	—
1872	6	1	1	2	2
1873	8	—	—	1	7
1874	10	—	—	5	5
1875	27	7	5	3	12
1876	17	6	2	3	6
1877	20	6	1	5	8
1878	16	2	4	4	6
1879	17	3	8	2	4
1880	16	7	4	2	3
1881	11	9	1	1	—
1882	29	7	3	12	7
1883	34	11	2	10	11
1884	23	7	5	8	3

Total 245 66 37 63 79

Percentage of admissions 100 27 15 25 32

These figures may be compared with those for the Union for 1952.⁴ The discharge rate then was 71.5% of admissions for Europeans and 60.2% for other races. In the table just given (col. 2+Col. 3.) which is for all races, the figure is 42%.

The recovery rate for Europeans in 1952 was 15.9% and for other races 24.20%. In the Natal asylum it was 27% for all races. The two sets of figures are not strictly comparable however, as the 1952 figure is for a single year while the Natal figure is the average for a 21-year period. It does however raise the question of how valuable modern methods of treatment really are. Of all admissions 57% never left the Natal asylum again while 32% died. While the records began in 1864 it was not until 1872 that a patient was admitted who was eventually discharged recovered.

The death-rate was considered very high at the time and Dr. Hyslop made frequent references to it in the annual reports. It was particularly high among the non-Europeans, and he attributed it to overcrowding. When a new non-European section was opened in 1905 there

* The stomach tube was called an 'oesophagus tube' for many years and also a 'stomach pump tube.'

was striking fall in the death rate within a short time. The total deaths during the period under consideration were 79 and they may be classified as follows in the terms used in the records.

Debility or General debility	23
Diarrhoea or Dysentery	7
Epilepsy and other seizures	6
General paralysis of the insane	6
Unnatural deaths (accidents and injuries etc.)	4
Brain softening	3
Diseases of the respiratory system	3
Pulmonary tuberculosis	2
Various other causes	25
Total	79

A post mortem was stated to have been made in 12 of these cases.

8. HOSPITAL LIFE ETC.

Occupation. There are constant references to work done by patients throughout the notes and great pains were taken to put patients to work. There was no 'occupational therapy' in the modern sense, all the work done being of a domestic nature or in the grounds etc. The patients worked singly or in working parties, and reference is made to ward work, work in the kitchen, grounds and gardens, and tree planting. Sewing was done both by men and women patients.

Dr. Hyslop was a particularly strong believer in the virtues of work in the treatment of mental disease and on one occasion he recorded:

'176. 29 Oct. 1884. This patient has commenced work in the garden after having been carried to it for several days and when he was carried he sat down and would not work. After about a week however he began to do a little and gradually improved.'

'245. 19 Sep. 1884. This patient is most filthy in his habits smears himself with his faeces and tears up his clothes. Has been taken out with the working party but refuses to do any work and when pressed gets obstinate and lies down and screams as if he were being murdered.'

It appears that the patients were given considerable freedom of choice of occupation. One doubts if the whims of the following case would be tolerated nowadays.

'206. 1st. Jan. 1884. She cooks for herself all day and makes some repulsive-looking mixtures of her food with herbs etc.'

Recreation. Various forms of recreation are mentioned at times, but what is striking is the absence of any outdoor games or sports; in fact these were only organized a good many years after the period under consideration. There were however some facilities for indoor recreation—a recreation room where patients played cards, the chance to play music (?piano), a reading room and a chapel.

Discipline. Restraint was used fairly frequently. Handcuffs are mentioned as being used for violent or threatening patients, and also hand shackles. Seclusion in a single room was also used, and so was a padded room for violent patients. Occasionally a patient was deprived of his tobacco for misbehaving. On the other hand trusted patients were granted parole in the grounds.

Escapes occurred with considerable frequency, and the Natives appeared to find it particularly easy to get away. One of these who had already escaped twice previously 'last night managed to make his escape by burning part of the door with rags and so removing the bolt' (29th March 1882). He was later recaptured at Newcastle.

Malingering was an occasional cause of concern to the doctors. Thus one of Dr. Ward's notes states:

'No. 137 C. Transferred on Nov. 25th from Central Gaol. For the voluminous correspondence concerning this man and the evidence as to his shamming reference must be made to the Colonial Office.'

On another occasion Dr. Hyslop took a rather drastic step with a possible malingerer.

'189. W.J. a miner. Admitted on the 31st. Jan. 1883. As he had been before the magistrate under a charge of horse-stealing I suspected that possibly he might be malingering. I suddenly and without his being able to see what I was about to do, put a pin right through from the back to the palm of his hand without him showing any signs of pain or making the slightest attempt at withdrawing his hand.'

An embarrassing incident: '121. R.S. 26 March 1887. This patient was discovered to have become pregnant and the facts reported.

29 June. This patient was delivered of a male child, the child was dark for a European.

7 Jan. 1889. The male child became much darker after a time, the hair, before its death, indicating it to have been half-cast (*sic*).

9. OTHER DOCTORS OF THE PERIOD

There are a number of references to other doctors in practice at the time.

'69. Adm. 11.5.76.

When examined by Dr. Greene at Estcourt on 15th March he was said to have been incoherent and unable to fix his attention on any one point of conversation.'

'123. W.H. 88th. Regt. Certd. by F. W. Aphorp and S. H. Garland.' Evidently military doctors.

'127. Captain W. Admitted on 18th July 1879. (Allen & Scott).'

'144. S.L. a Native of St. Helena aged 34 years was admitted into the Asylum on 25 April 1880. Medical certificates supplied by Dr. Addison & Bonnar of Durban.'

'191. L.V. (Dutchman) from Pretoria aet 52, married, was admitted to the Asylum on the 26th Oct. 1882.

4th Nov. 1882. Dr. Crow of Pretoria with whom I communicated informed me that about 18 months ago he began to be very absent in manner and that he was at times unable to articulate properly. A few weeks before admission to the Asylum he began to write lots of 'Bank noten' and used to hand them about to his friends. These 'bank noten' were pieces of dirty paper with unintelligible writing on them in which large amounts of money figured pretty largely. Diagnosis: G.P.I.'

I am grateful to Dr. I. R. Vermooten, Commissioner for Mental Hygiene, for permission to publish this paper.

REFERENCES

1. Letter from Sir Peregrine Maitland to Colonial Office, 1846, in Cape Archives.
2. Natal Blue Book (1861) in Natal Archives, Pietermaritzburg.
3. Hattersley, A. F. (1955): *A Hospital Century*, p. 78. Cape Town: A. A. Balkema.
4. Annual Report of Commissioner of Mental Hygiene, 1952. Pretoria: Government Printer.