Short Notes and Clinical Cases.

NEUROSES IN THE TROPICS.

By H. LAING GORDON, KENYA COLONY.

THESE notes are based upon observation in Kenya within one degree N. and S. of the equator, at an elevation of between 4,000 and 7,000 feet. The colony is little more than twenty years old. The total white population is 12,500, of whom about 5,000 are in the two townships, Nairobi and Mombasa; the remainder is scattered widely. The rate of increase is about 500 a year. The crude birth-rate, so far as can be ascertained, is about 18, the death-rate not more than 7 to 8 per thousand.

The neuroses of the whites in Kenya present no peculiarity but their prevalence is high and is attributed locally to tropical heat and light, to altitude, erroneous diet, isolated life, and to irritation from incompetent native labour. If these are genuine factors, too much importance may be given to them without a preliminary estimation of the psychic quality of the population. This estimate I have attempted from a limited standpoint in the *Kenya Medical Journal* for January, 1928. Briefly, experience has led to the conclusion that although the colony contains much of the very best mental and physical material for colonisation, it is receiving unchecked a high proportion (1) of immigrants in whom neuroses, psychoneuroses and psychoses already exist, either alone or along with nervous or other organic disease; (2) of others seeking the climate and open-air life to benefit their so-called neurotic constitutions or mental instabilities, as well as the usual flow to a young colony of chronic alcoholics; (3) of those termed 'public school failures,' and of unstable males and females seeking fashionable 'self-expression' in sport and pleasure. I believe these facts indicate the main source of supply of the neuroses in Kenya and account for the suspicion thrown upon the environment. From the point of view of the social psychologist they present a problem affecting colonial development and progress—one likely with the advance of psychological knowledge to involve the tropical specialist in new and important responsibilities for which preparation seems to be necessary.

This view of the main source of neuroses in colonies such as Kenya may receive support from the following observations.

(1) The part of the population wherein a preponderance of stable minds might be expected seems to suffer little from psychogenic disorders. This is noticeable amongst the higher grades of the Civil Service and is observable also amongst agricultural settlers from other colonies.

(2) Experience suggests that pure neuroses and psychoneuroses are not common amongst Kenya-born and reared youth.

(3) In the psychological treatment of settlers I have not yet failed to find that the neurotic disorder was imported.

(4) The physical health amongst the rural population after a variable period of residence is astonishingly good; the rural children are 'pictures of health.'

(5) A considerable proportion of imported psychogenic disorders obtains benefit and 'cure' without any treatment. It is permissible to ask, without discussing possible causes of this benefit, whether if light, heat, altitude and so forth were indeed the etiological villains of the piece, we should not expect deterioration rather than improvement to be the rule.

Undoubtedly some cases deteriorate; but in the tropics as elsewhere the neurologist who sees no clear dividing line between the organic and the functional, and recognises as yet no convincing separation of neurosis, psychoneurosis and psychosis from each other, allows himself the liberty of suspecting every case of neurosis. "Nerves from loneliness": "a touch of the sun now and then": "fear of driving a car and of talking to strangers": "bad memory and giddiness from the altitude": these were the complaints with which four recent settlers urged neurosis upon me. Under the first there was epilepsy from childhood; the second overlay alcoholic insanity with delusions; the third concealed early taboparesis; the last was that of a moral imbecile of wealthy family (pederastic with natives).

Without endowing them with causative value we may admit that the petty worries of pioneering and of isolated life may aggravate imported cases which do not benefit spontaneously from the climatic conditions and from the many new opportunities for sublimation of impulses, or which resist all available treatment. We may see some aggravation also from lamentably unsuitable housing and daily habits, including those arising from the popular belief that whisky and cocktails are an urgent tropical necessity. But in the absence of stronger evidence than has come to my notice it may be reasonable to remain sceptical about the causative influence of light, heat, and altitude. In face of our knowledge of conflict, repression and complex, of dissociation and regression, we may think that this, small as it is, already enables us to ask for more restraint in the use of terms coined in former days to conceal ignorance, such as *tropical* memory and *tropical* temper. There lingers amongst practitioners in the tropics a tendency to discredit the fact that neuroses, psychoneuroses and some psychoses are psychogenetic in origin: not a few bristle with indignation at the suggestion that organic disorder may result from mental disorder, that each may aggravate the other. The white man in the tropics has an acquired fear of light and sunshine, bringing with it sometimes an unnecessary avoidance of the open air. There seems a little inconsistency somewhere when throughout a foggy November physicians in Harley Street recommend patients to that same light, sun and air. While we in Kenya may rejoice

at such sagacious advice, we are apt to wonder whether the modern specialist in heliotherapy will not contribute more of value than we can to a discussion of neuroses in the tropics.

As the situation appears to me, without the advantage of professional friction to expose the errors of my reasoning, it would be all to the good, medically and socially, if the white man could, on scientific grounds, be relieved of the fear already referred to. Whether or not this would be justifiable on the ground that tropical light and heat are to be regarded mostly as aggravating factors of existing psychogenic disorders—possibly from a power to induce nervous (synaptic) fatigue—may be a subject worthy of discussion. He might learn to advantage perhaps by analogy that when treated with proper consideration tropical heat is no more harmful than Alpine cold, while sunstroke and frost-bite are still penalties of folly. In this way also he might be persuaded that light and heat, enjoyed as advised, are even more beneficial than the dose taken as prescribed from the patent medicine bottle alarmingly labelled *poison*. A further and to my mind most important step towards a reasonable standard of life in the tropics should follow efforts to destroy faith in the tropical value of whisky and gin, and substitute reliance on the more engaging if less grossly dissociative effects of the excellent colonial wines and beers. Such a change might be painful to many; nevertheless it would be worth while because of the improvement that would ensue amongst our race, in Africa at least, in the functional activity of the synapses. I trust that it will offend no one if I add that small as these points may appear, there is a need for scientific dicta and stable reasoning to dispel dismay in tropical Africa caused by those who lament our white skin, prophesy early extinction of all xanthochroids, and bid us hasten to pigment ourselves by artifice.

My conclusions, then, are these:

(1) Neuroses in the tropics do not differ in nature and origin from neuroses elsewhere, or in the susceptibility of their organic accompaniments and results to aggravation by environmental influences.

(2) There appears to be no ground for the statements still met in the literature of tropical medicine that tropical light and heat have an inevitable injurious effect upon the nervous systems of our race.

(3) While the process we vaguely call *acclimatisation* is interpreted by some authorities as an acquiring of immunity to effects of tropical sun upon the nervous system, I have seen nothing of these inevitable deleterious effects and have not been fortunate enough to meet any scientific explanation of them. Research appears to be desirable. Meanwhile we have the belief (which my experience by eight years' residence in Southern Europe confirms) that the southern European has a naturally higher nervous susceptibility than the northern European, and one gropes in vain for explanation of the paradoxical view advanced in responsible quarters that in the tropics the southern

European's nervous susceptibility presents itself in guise more suitable to 'acclimatisation' than the naturally lower nervous susceptibility of the northern European.

(4) While physical factors cannot be disregarded in efforts to define 'acclimatisation' it might be well to examine also possible psychological factors. I venture the view that the process seems to be quick and effective in the extrovert, but is slow and may fail in the introvert. If this were confirmed it would attach to temperament at least as much importance as some now attach to colour of hair.

(5) The frequency of psychogenic disorders amongst whites in tropical countries cannot be considered rationally apart from careful estimation of the psychical as well as of the physical elements in the country's immigrants; this at present renders invalid any arguments favouring special tropical causes for these disorders. If the conclusion be correct (and experience in several tropical climates leaves me no doubt) that some of our tropical colonies receive too high a proportion of those who suffer from or are predisposed to psychogenic disorders, the fact may be connected with the old national belief, in family, school and office, that what may not be good enough for England will certainly be good enough for her dependencies.

(6) The question of susceptibility to neuroses, psychoneuroses and psychoses and that of mental stability generally, have social as well as medical and psychological aspects in a young colony, guidance on which by expert advice is increasingly desirable. In East Africa the problems are such that it is a matter of grave importance that colonisation should be carried out by our most stable-minded individuals. We are entitled to ask whether general, social and experimental psychology is in a position to assist towards this high end. At present the colonial statesman limits his interest in science to problems of research directed towards increase of profitable production. But we are assured by the statesman, to the conviction of all who have given thought to the subject, that the development of East Africa this century will be a test of our character and civilisation, perhaps a pivot of our destiny. It is, therefore, desirable to look beyond the question of profitable production to the question of profitable colonisation, and to ask whether the sciences we represent, with other allied sciences, do not owe a duty to the Empire—that of combining to establish *a science of colonisation* to displace our national habit of 'muddling through,' and to benefit immediately and remotely, socially and economically, the aims of Empire, as surely as public health, industrial psychology and scientific management in production benefit national aims.