

The following extract from *The Connaught Sentinel* forms piquant reading :

"Mr. Finnerty: We seem to attach very great importance to the M.P. certificate here. At the same time we must not forget that there are men here with long service whose terms of appointment here as attendants did not include the passing of this certificate test, and whose hours of duty thirty years ago precluded them from attending the lectures. These men should not be passed over in case of promotion, and preference given to juniors with a few years' service who have passed the test. These men have given the best years of their lives here, and they are still at the bottom of the ladder.

"Dr. Mills: There are only three men who are affected. One has had thirty years' service, another came here in 1902, the last in 1904.—Chairman: These men have given us considerable service and they have also considerable experience.—Dr. Mills: To work an institution like this on the principle of seniority would be hopeless. I won't do it, and if the Committee wishes to take the matter out of my hands they are quite at liberty to do so. I selected the most competent men for the job. I have been giving lectures here since 1898, and these men never sat, listened or attempted to attend any of the lectures. I won't budge an inch in the matter of the importance I attach to these certificates and lectures, and I leave the matter in your hands.

"Mr. Nolan: Juniors got the jobs over the heads of seniors.—Mr. Corbett: These older attendants are recognized by the Nursing Council as being qualified and are registered as such. Are we going to recognize that?—Mr. Lynch: It should not go out from us that we depreciate the importance of this certificate. Attendants themselves recognize that, but some of those elderly attendants came into our service when there was no certificate, and they are the victims of the system here, not of their own actions.

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"Chairman: To put the thing plainly, Are these three men any good, Doctor? (Laughter.)—Dr. Mills: One is no good, the second is mediocre, and the third is lazy. (Renewed laughter.)—Chairman: Now, you have it all, and that ends that."  
J. R. LORD.

#### SIR MARRIOTT COOKE.

Sir Marriott Cooke, K.B.E., M.B., whose office as Commissioner of the Board of Control terminated on the coming into operation of the Mental Treatment Act on December 31 last, was entertained at dinner by his former colleagues on January 26 at the Café Royal (London). It may be recalled that Sir Marriott, joining the Lunacy Commission in 1898, became, in 1913, a Commissioner of the Board of Control, of which he was Chairman during the years 1916-18, and continued as an unpaid Commissioner after his retirement in 1921. The object of the dinner was to mark the affectionate esteem in which his late colleagues hold him, and their sense of his devotion to the cause of those suffering from mental disorders during his many years of public service—a period which, including the years spent as Medical Superintendent of the Mental Hospitals at Devizes and Powick, extended to fifty-six years.

#### CORRESPONDENCE.

*To the Editors of the 'Journal of Mental Science.'*

SIRS,—I have read with great interest the article on "Some Observations on the Ætiology of Dementia Præcox," with special reference to the Parsees of India, by Lt.-Col. Jagoe Shaw, M.D., I.M.S. (retd.), published in your Journal of July, 1930.

A certain amount of time has elapsed between the publication of the article and

my present contribution, but this has been unavoidable owing to the distance at which I am situated and the difficulty in obtaining the requisite statistics.

I entirely disagree with the opinion expressed by Lt.-Col. Shaw that "in-breeding" is a very definite cause of the high incidence of D.P. amongst the Parsees of India.

D.P., the mystery of psychiatry, constitutes a challenge to investigators in every field of medical research. Its ætiology is unsettled, its pathology unknown, and its clinical limits still under dispute. Numerous theories which have been advanced to explain D.P. are hopeful confessions of our ignorance. Many writers of great repute, representing different nations of the world, have, from time to time, contributed their share to the probable cause of D.P. Mott, in England, stated that there was a primary testicular or ovarian atrophy, with attendant endocrine disfunction.

Kitabayashi, in Japan, thinks that the pathology of D.P. is to be found in the choroid plexus.

Nissl and others, in Germany, are convinced that there is actually a degeneration of the cortex.

Funfgeld describes lipid sclerosis in the third cortical cell layer, and lipid deposits and progressive glia changes in the thalamus.

H. Josephy found changes in the brain-cells specially marked in the third and fifth cortical layers and in the frontal and temporal lobes. His work is said to have been confirmed by Naito.

Marcus claims to have identified double nuclei in some ganglion cells of the thalamus, and also lipid degeneration.

Kraepelin explained the disease on the basis of auto-intoxication in consequence of a disordered metabolism.

Focal infection in the teeth, tonsils and colon, etc., is the belief of Cotton.

Dunlop does not believe in D.P. as a structural disease.

Many theories practically ignore the somatic aspect, and psychological hypotheses are advanced to unravel the schizophrenic splitting and withdrawal from reality.

To all the above ætiological and pathological summary we are now asked by Col. Shaw to add "inbreeding" as a very definite cause of D.P. But it is not understood why Col. Shaw has assumed that the alleged increase of D.P. is particularly high amongst the Parsees.

The high incidence of D.P. is now noticed in almost all the civilised nations of the world. It is high in England, Germany, France, Italy, and highest in America. During my last two visits to America in 1930 I found that approximately 75,000 new patients are admitted annually to the State mental hospitals in America, and the following table shows the relative frequency of the chief forms of mental disorder :

	Per cent.
Dementia præcox . . . . .	27.0
Manic-depressive psychosis . . . . .	16.0
Senile psychoses . . . . .	12.1
General paralysis . . . . .	10.6
Psychoses with cerebral arterio-sclerosis . . . . .	6.4
Involution melancholia . . . . .	3.2
Psychoses with mental deficiency . . . . .	3.3
Paranoia or paranoid conditions . . . . .	2.8
Epileptic psychoses . . . . .	2.7
Alcoholic psychoses . . . . .	2.2
Psychoses with psychopathic personality . . . . .	2.3
Psychoneuroses and neuroses . . . . .	2.1
All other psychoses . . . . .	9.2

None of the above-mentioned nations are known to practise "in-breeding" like the Parsees.

Parsees are the most advanced Europeanized community of India, and they follow western civilization especially on its educative side. I am in charge of the largest and one of the most modern mental hospitals in India, the Ranchi Indian Mental Hospital, with 1,400 beds, which caters for the two provinces of Bengal and Bihar and Orissa. In my experience of lunacy work among the Indians, I

have found that the incidence of D.P. is always high in the educated classes of all communities of India. It is very high amongst the educated class of Bengalis, who, like the Parsees, follow western methods of civilization and education. Similarly, D.P. is high amongst the domiciled Anglo-Indian classes of India. This fact is also inadvertently mentioned by Col. Shaw in his article, in which he states that D.P. is high amongst the educated classes of Hindus and Mohammedans, and yet the educated communities in India, with the exception of the Parsees, practice no "in-breeding" in the same sense of the word as used by Col. Shaw. I am entirely with that school of thought which holds that the stress and strain of present-day civilization and education, though not the sole cause of D.P., has at least something to do with it, and in support of my view I quote the high incidence of D.P. amongst the highly educated and ultra-civilized nations and communities of the world.

In 1928 an article on the subject was published in the *British Medical Journal*, and with many others, I also joined in the controversy and maintained that the alleged high incidence of D.P. amongst the Parsees was due to "western education," but it appears that this view has not been accepted by Col. Shaw, on the ground that the holders of this view have no knowledge of the facts. I am a Parsee by birth and a psychiatrist by profession. It will presumably be permissible to mention here that I have a fair knowledge of psychiatric work in India as well as in Europe and America, where I have travelled extensively in pursuit of this knowledge. As a Parsee I beg to differ from the statement made in the article by Col. Shaw that "Parsees, whose main life-work is trading, rarely undergo intensive education, or rather memory training." I wonder if Col. Shaw is aware that amongst Parsees there are two sects—one, the priestly class, the Athornans, which constitutes the major portion of the community, and the other, the non-priestly class, or Bhadins. All Parsee children above the age of seven must undergo a short religious course involving intensive cramming and memory-training in order to qualify themselves to be admitted into the community by passing a severe test and religious ceremony called the *Navjot* or *Sudra Kasti* ceremony. Moreover the children of the priestly class have to undergo a higher course of intensive training in order to qualify themselves as priests, though in later life very few of them follow the priestly profession. Besides the religious training, the Parsee children also start their school career at the age of seven.

The following statements will convince Col. Shaw that the Parsees have widely adopted western education, and that, too, of a specially intensive kind. All their primary and secondary schools and colleges are modelled on western methods.

The Parsees number only 101,778 of India's 319 millions, of whom 52,364 are males and 49,414 females. Of these, 82,696 live in Bombay Province and the majority stay in British India.

It may be seen from the above figures that the bulk of the community is in Bombay. Of the 82,696, there are 17,721 boys and girls attending primary and secondary schools and colleges, *i.e.*, out of every 1,000 Parsees there are 214.3 receiving such education. Besides, it is a well-known fact that the system of education in India is nothing but a system of intensive cramming. The Parsees in point of education far exceed the figures of Great Britain, and approach the figure of America. In England and Wales, out of every 1,000 only 160 receive primary, secondary and higher education, and in Scotland 164. In India the educational figure of other communities is 42.5 per thousand, whereas that of the Parsees is 214.3—a figure very near to that of America, which is 230 per thousand.

Further, I beg to correct the misapprehension that seems to exist in Col. Shaw's mind as to the motive of the "in-breeding" amongst the Parsees, which is in fact their desire, not to "keep their money in the family," but to preserve their racial purity. Secondly, I have not experienced the alleged "jealous family secretiveness of the Parsees." This seems to me highly fantastical. I am in no sense a champion of "in-breeding," and fully realize its undesirability, but what I am urging is that its relationship to dementia præcox has never been definitely established. Many authorities believe that the marrying of cousins conveys no danger to the offspring if the common stock is sound. The Parsees have been "in-breeding" for more than 1,200 years, and the general health of the community is not at all impaired as compared with the other communities of India. On the contrary, the community has proved itself one of the most advanced, educated and civilized of India.

The general consensus of opinion is in favour of greater hereditary predisposition in M.D.P. than D.P. Hence "in-breeding" ought to produce more M.D.P. amongst Parsees than D.P. Similarly, other organic inherited diseases which "in-breeding" is bound to influence are not reported as being on the increase amongst the Parsees by the authorities handling such cases.

In his original articles the author gives a table showing his last 100 admissions of Parsees to hospital and 50 private cases, but, unfortunately, no mention has been made as to the period covered by these admissions and consultation. Moreover, the author states in his articles that "the incidence of D.P. amongst the Parsees is peculiarly noticeable in India, as it is a comparatively rare disease amongst the Hindus, and is rarer still amongst Mohammedans." The following figures, which are taken from the annual reports of the different provincial mental hospitals in India, will convince the Colonel that D.P. is not so rare as he thinks amongst other communities in India :

Provinces and names of mental hospitals.	Manic-depressive psychosis.	Dementia præcox.	Insanity due to cannabis indica (ganja).
Ranchi Indian Mental Hospital (1928)	447	419	98
Bombay Presidency (1928)	876	417	104
Madras Presidency (1928)	304	285	72
Punjab (1928)	406	372	73
Burma (1928)	714	183	15

The bulk of the population of these provincial mental hospitals in India consists of Hindus and Mohammedans, and the majority of them come from uneducated and agricultural classes, and they do not in-breed. The chief forms of mental disease which fill up these hospitals are, in order of occurrence, M.D.P., D.P., and toxic insanity due to cannabis indica (ganja). The above table shows that D.P. takes second place in these statistics. Hence it cannot be called a rare disease in India.

However, if Col. Shaw will satisfy me as to why the incidence of D.P. is high amongst other communities and nations who follow western education and culture but are free from "in-breeding," I am quite prepared to adopt his suggestion, and take up research work in order to determine the cause or causes of the alleged high incidence of D.P. amongst the Parsees.

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*N.B.*—D.P. = dementia præcox ; M.D.P. = manic-depressive psychosis.

#### NOTICES BY THE HONORARY LIBRARIAN.

The following journals are circulated from the Library :

*American Journal of Psychiatry.*  
*The Psychological Review.*  
*Journal of Neurology and Psychopathology.*  
*L'Encéphale.*  
*International Journal of Psycho-Analysis.*  
*Journal of Abnormal Psychology.*  
*Mental Hygiene.*  
*Journal of Nervous and Mental Diseases.*  
*Revue Neurologique.*  
*Archives of Neurology and Psychiatry.*  
*Journal of Comparative Psychology.*