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The Early Lunatic Asylums

The economic exploitation, racial oppression, and endemic violence that characterised the formation of the British West Indies from the seventeenth century onwards created inherently pathological societies. The consequential effects on the physical health of individuals received a good deal of attention during the eighteenth and early nineteenth centuries, from local medical men and abolitionists, as well as from plantation owners concerned to maximise the productivity of enslaved people working on their estates.\textsuperscript{1} Physical ailments, whether emanating from disease or from bodily injury, were often plain to see and might be amenable to diagnosis and treatment. Mental or psychological disorders, however, were another matter. Their likely prevalence among the enslaved population did not constitute a priority for the planter classes, who had more directly pressing matters to contend with. In any case, actual insanity must have been difficult to detect among the various manifestations of distress or unpredictable behaviour, especially when there was reassurance from presumed experts like Sir Andrew Halliday that insanity ‘very rarely occurs’ among ‘the slaves in the West Indies’.\textsuperscript{2}

Emancipation and the ensuing upheavals brought a heightened awareness of the massive social problems confronting colonial governments with minimal resources to address them. Mental disorder was merely one of a range of pressing health-related issues. It was, however, accorded a degree of priority because of the capacity of sufferers to pose risk to others and create disorder or nuisance. Essentially, the management of insanity was considered a public order issue. As a consequence, measures to provide remedies focused on containment and protection of other people rather than serious attempts to offer curative treatment. In the absence of a viable alternative, the means to deal with mental disorder were initially located mainly within the penal system.
Insanity and criminality inevitably became associated within public consciousness, reinforcing a custodial approach. This orientation would persist when designated asylums for the insane came to be established in the West Indies.

As elsewhere in the empire, subsequent developments of facilities to deal with victims of insanity were influenced by what had earlier happened in Britain. A lunatic asylum became the accepted institutional solution, and its provision one of the recognised early calls on public expenditure. However, the philosophical journey toward viewing the asylum as potentially an enlightened, curative institution had not yet been undertaken in the West Indian colonies. Consequently, the asylums opened throughout the region during the 1840s and 1850s were hardly comparable to those recently established in England. Colonial governments, short of funds as they claimed to be, were not able or prepared to contemplate an expensive modern facility to address one particular social problem, however awkward. The sense of duty toward formerly enslaved people, advocated by liberal elements in Britain, was of only marginal influence. The authorities would only consider the creation of small asylums at minimal cost, to meet basic requirements for custody of the inmates and protection for people outside.

**Antecedents**

The earliest written references to mental disorder and its treatment derive from the Spanish occupation of Jamaica in the sixteenth century. A settler in 1531 described the use of herbs and incantations by the indigenous Arawak people to treat the ‘mind-riven’ and those who wandered. A facility for European clergy and laypeople experiencing mental disorders was opened in the 1570s, under the guidance of the Jewish *converso* physician Beniamo de Caceres, consisting of a four-room building adjoining the monastery in Santiago de la Vega (later Spanish Town). This early lunatic hospital may well have continued to operate at least until Jamaica changed hands in 1655. The British-sponsored epoch of sugar and slavery that followed, with all its associated conflicts, pressures and dilemmas, provided fertile breeding grounds for manifestations of psychological distress and imbalance, among both enslaved people and their ‘masters’.

The genesis of insanity among enslaved people could be firmly located in the deeply painful processes of forcible removal from home, family and Africa itself, followed by the equally traumatic long voyage to an unknown destination in squalidly inhuman, crowded, insanitary