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PART 1.—ORIGINAL ARTICLES.

The Cairo Lunatic Asylum, 1888.

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Makrizy, an Arabic historian, who wrote in the year 1421, tells us of the first hospital and lunatic wards with which Egypt was endowed. It appears that in 1278, A.D., a mamaluke called Kalaoon was attacked by a violent colic at Damascus, and, being cured by medicines from the hospital there, he vowed in gratitude that he would build a similar hospital should he ever come to the throne of Egypt. The following year he commenced a reign of eleven years, during which he seized Tripoli, recaptured Damascus, and governed his subjects at home by alternate acts of cruelty and beneficence. In one of his fits of anger he is said to have delivered up Cairo to sword and plunder for three days. He bartered one of his buildings for an old palace, turned the latter into a hospital, and built close by a school, and a mosque for his own burial place. His architect worked with such energy that the whole was completed in less than twelve months; but his excessive zeal made him unpopular with the ecclesiastics of the day. This is not to be wondered at, for he compelled all the artisans to work exclusively for him; he looted the citadel of Roda of granite and marble columns, and he used to stand on the scaffolds himself, and, by the aid of mamalukes in the streets, compelled passers by of every rank to carry stones for the building, so that no one would come that way if he could help it! Kalaoon endowed the hospital with money for wards and out-patients, and desired that all should make use of it—rich and poor, great and small, bond and free. His arrangements included doctors

* For descriptions of the former Cairo Asylum see "Journal of Mental Science," April, 1879, being reports of visits by A. R. Urquhart, M.D. (with plan), and W. S. Tuke, M.R.C.S.

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with fixed salaries, male and female nurses, beds and bed-clothes, special wards for fevers, ophthalmia, wounds, diarrhœa, obstetrics, and phthisis, kitchen, wine, dispensary and medicines, and even a medical lecture-room. Fifty readers of the Koran were provided for the mosque-tomb, to lecture to thirty students of theology belonging to all the four sects, also a library with six eunuch attendants, and a school for orphan children.

The Sultan Kalaoon evidently intended his gift to be a general hospital, but its traditional reputation is chiefly that of a madhouse.

Other Arab historians, quoted in the "Description de l'Egypte" (Vol. xviii., y. p. 321), report that the physicians gathered from different parts of the East were treated with magnificence; that each patient cost daily a piece of gold (dinar), and had two attendants; that those unable to sleep were carried into a separate room, where harmonious music was played to them, or, if they preferred it, skilled story-tellers were at their service.

Convalescent lunatics were separated from the others, were encouraged with the sight of dancing and light comedy, and, upon being discharged cured, were each presented with five gold pieces. A curious old map, with the date of 1593, describes the madhouse as possessed of "very great revenue." In 1798 it had (on paper) an income sufficient for its wants, including a revenue from the sale of barley, and a vested interest in the concoction of treacle. But successive generations of careless and rapacious Turks and mamalukes had robbed it of all its glory. In that year M. Jomard visited it, and found 60 sick people and 10 insane. The former were crouching on the ground floor, without beds, furniture, or protection from the weather; the latter were in barred cages, each chained by the neck, the women being naked, or nearly so.

In 1800 Napoleon sent Dr. Desgenettes to visit it, and suggest improvements. He speaks* of accommodation for 100 patients, though there were only 25 wooden beds, with bad mattresses, and 50 stone couches, pierced with holes to allow drainage of the occupant's excreta.

There were 27 sick and 14 lunatics. The former were either blind, or had lost their noses (lupus?), with the exception of one woman, who suffered from some acute disease. They received no attention beyond an irregular

* "Mémoires sur l'Egypte," Paris, 1803, y. p. 49.

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supply of bread, rice, and lentil soup, and seemed quite resigned to their miserable surroundings. On the other side of a high wall were seven male and seven female lunatics. The men were old and melancholic, though one young man had acute mania, and "roared like a lion." Both men and women were chained to the wall, and most of the women were veiled, but one of them, a young and beautiful girl, manacled and almost naked, seemed to the visitor to be petitioning him for release; her case was investigated, and she was discharged as not being insane.

Of this historical old madhouse nothing now remains but an open court, surrounded by columns, where stood the old kitchen and the diminutive cells in which the lunatics were once confined.

The mosque-tomb is still in good preservation, and is frequented on Saturdays by dyspeptic peasants, who rub half a lemon upon two of the columns, and then apply it to the tongue. A block of red stone is also kept in the mosque, and a potent remedy for women's diseases consists in drinking water which has been discoloured by rubbing the stone. After 1800 I can hear nothing more of the Cairo lunatics until about 1856, when they would seem to have been removed to a warehouse on the Nile, in the Boulak quarter of the town. Here they were visited in 1877-8 by Dr. A. R. Urquhart and Mr. W. S. Tuke, who, in the pages of this Journal, described some of the horrors they saw. Before reading their papers I had more than once visited the now empty warehouse, and imagine that their accounts are almost less terrible than the reality at that time was. They tell of 200 hopeless lunatics almost naked, of fierce sun and unbearable stench, of conjoined latrine and drinking water, of lumber-rooms filled with decaying bedding, of excited cases barred in cages, which were kept in order by the keeper's courbash, of ward floor and walls smeared with filth and urine, of a noisy lunatic loaded with heavy chains on waist and ankles, and of an entire absence of statistics or even knowledge as to how many inmates were then under treatment. Dr. Urquhart concludes thus:—"The whole place is so utterly beyond the ken of civilization that it remains as hideous a blot on the earth's surface as is to be found even in the Dark Continent." Mr. Tuke's visit was in December, 1878. He saw squalor, but not dirt, and heard of strait waistcoats, but was told that no chains were ever used.

In 1880 the lunatics were removed from the warehouse in

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Boulak to the remains of a palace on the edge of the desert, in the Abbassiyeh suburb of Cairo. This red palace was inhabited by some of the present Royal Family until 1878, when it was destroyed by fire, the chief part of it having been built of wood. The original palace cost a quarter of a million, held 250 retainers, and had beautifully-furnished rooms. The part which has been the lunatic asylum since 1880 used to be the quarters of the black slave girls. In 1883, during the cholera epidemic, some unexpected visits were made by myself and other Englishmen to the asylum, in consequence of erroneous reports that cholera cases were being concealed among the inmates. All possible difficulties were put in the way of our entrance, and we were shocked, but hardly surprised, at the state in which the lunatics were found. Filth, hunger, chains, nudity, and courbash met us at every point. But during that autumn the Government was battling with cholera, and could hardly be expected to reform its asylum.

In 1884 the chiefs of the Sanitary Department, which controls all State hospitals and the one asylum, retired, and a native Pasha and myself were appointed in their stead. So soon as other work permitted I directed my attention to the lunatics.

I found about 240 men and 60 women, clothed in rags, sitting all day long upon their beds, without exercise and without occupation. Any men who had the reputation of having been dangerous were made to wear chains similar to those used in Egypt for hard labour convicts. These chains are six feet long, are fastened by a key round both ankles, and weigh 5¾lbs. On the ground floor, with stone pavement, were the dormitories—some excellent rooms on the first floor being unused; and in a secluded corner of the ground floor, on the male side, were four dark, barred dungeons, each provided with a central hole leading direct into a cesspool beneath. In the walls and floors of these dungeons were fixed iron rings for fastening the ankles, and either the waist or the wrists of the unfortunate patient; while under him was placed a wooden plank, with a red leather cushion for his head fastened to it. The kitchen and laundry were black with smoke and dirt; there was no bath or other washing arrangement for the women, and there was no adequate register of the names, much less the diseases of the inmates. But perhaps the worst thing noted was the latrines. These were triangular holes in the flooring, communicating directly, by means of a shaft inside the wall,

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with the numerous rectangular cesspool passages which honeycombed the old palace and its grounds. The smell from these latrines, even when kept externally clean, could be traced for several yards, and in two instances liquid sewage had escaped from a shaft on the first floor, and had permeated the ceiling and wall of the ward below in which lunatics lived both day and night. There were no official visitors to the asylum, strangers were refused admission, and patients' friends could rarely obtain entrance. The attendants were effete and useless men and women drafted from the general native hospital, and the only energetic one I saw was a woman far advanced in pregnancy. The only resident officials were the dispenser and the steward, and even they were occasionally absent in the afternoons. The two doctors lived three miles away in the town, where they had their practice and their families, only spending one hour in the morning at the asylum. The chief doctor, who was assisted by a stout native, was an Italian Jew, who proved on investigation to have no medical diploma, and it was even doubtful whether he had any veterinary certificate, when this became his second line of defence. He had the most unpractical mind, and was quite as useless in the work of reform as his own brother, who was an idiot patient in the asylum. There were diplomatic reasons for not dismissing him until the more fortunate days of my successor. Unable to spend more than my Friday holiday at the asylum, and having at that time no available European assistance, I obtained leave with some difficulty to try and get an English resident physician, with an acquaintance with lunacy, but the pay offered and the prospects were so small that no first-class man could be obtained.

I replaced the stout assistant by a young Egyptian just returned with a Paris diploma, and promised him promotion if he would help in my reforms. He proved a very intelligent aid, helped to organize a tiny *fête* for the patients, and superintended the beginning of the gardens. I grieve to say he has since been dismissed the service for misconduct. He had strict orders to reside on the spot, and as a relief guard we gave him a young house surgeon. To complete the *personnel*, they were supplied with a clerk, a storekeeper, a gardener, a carpenter, a matting-maker, attendants of a younger and more intelligent type, at the rate of one for every ten insane, and a native midwife to superintend the female wards.

I had already had the pleasure of striking the chains off

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all prisoners treated in the twenty-three hospitals under the control of the Sanitary Department, and I now removed all chains from the asylum, buying, however, one specimen from the Government to keep as a memento. It is needless to say that we also destroyed the rings and staples of the four dungeons, partially preserving one, which is still shown to visitors. As a substitute, we provided camisoles made in Cairo, after the pattern of some kindly sent to me by Dr. Savage. I may mention here that these were very seldom required, but when used for acute mania answered the purpose admirably. One of my first acts was to invite visits at unexpected hours by any English officer in uniform, and also to enable the friends of patients to visit them upon two days in the week. The lunatics were speedily removed from dark rooms near the ground to better ventilated wards on the first floor, where they had the advantage of breathing the purest desert air, while their former rooms were used for the storage of various supplies which were gradually obtained for the furniture of the asylum. These new wards, after much difficulty, were partly oil-painted by the Ministry of Public Works, and skylights were amply provided in wards and galleries for top ventilation. The patients of both sexes were turned into two large courtyards during two hours in the morning and two hours in the afternoon, and they were encouraged to assist in the kitchen, laundry, garden, and mat-maker's and carpenter's shops. In six months the male airing yard had become a flourishing garden; tables and benches had been made, and matting covered some of the stone floors. Bath-rooms were repaired and a new one constructed for women, dining-rooms set apart, clothing liberally provided, attendants put in uniform white dress, diets improved, and a periodical inspection was made of cases who might possibly be discharged, either cured or harmless imbeciles.

Perhaps the greatest reform in native eyes was the unearthing and blocking-up of all cesspools and underground drains, and so extensive was this work that it occupied a contractor for more than two months. The latrines and shafts in the walls were disinfected and closed, and pails were provided in their stead, as in English barracks; the pails were emptied every day into tightly-closed tubs, and these latter were emptied far away in the desert. One conduit only remained for the drainage of such water from kitchen and baths as was not required for the garden.

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It should be remembered that the state of Egyptian finances prevented any liberal outlay for the asylum, and the 300 patients, with all their staff, food, and medicine, had to be treated upon an annual budget which must not exceed £7,800. My own endeavours were rendered more difficult by the opposition of my native colleague and the complete indifference of my Oriental chiefs; but on the other hand I have to thank many English friends for valuable help and sympathy. The interesting work of reformation thus inadequately begun has been ably carried on by my successor, Brigade Surgeon Greene, who, besides loyally recognizing former efforts, has introduced valuable measures of his own. These will be best acknowledged by describing briefly the present condition of the asylum. A three mile drive takes us from the heart of Cairo to the further extremity of the Abbassiyeh suburb, where we find barracks occupied by English and Egyptian troops, the Egyptian Army Hospital, and the only Lunatic Asylum in the country. A local railway line passes the asylum door, and is very useful for transporting patients, their friends, and their supplies. There are massive wooden gates, but these are wide open during the day, and two porters sit within them to see that no too venturesome patient crosses the threshold without leave. While the doctor is being summoned from the wards, we stroll round a pretty garden, bright with pointzettias, roses, geraniums, marguerites, chrysanthemums, and bougainvilleas, and shaded by the acacia, tamarisk, and sunt trees of the original palace garden. This enclosure, bounded on three sides by a two-storied building, is, save for a high wall, open to the garden of the Military Hospital and to the priceless fresh air of the desert; it is 78×52 yards, and serves as the male airing ground for two hours during the morning and two hours again in the afternoon. The doctor is a Mussulman who has never been out of Egypt, and has, therefore, never seen any other asylum. He was specially promoted to this post after giving proof of his honesty and painstaking zeal during an epidemic of typhus and relapsing fevers in 1886. He speaks no European tongue and pretends to no knowledge of lunacy, but his presence is a complete safeguard against the ill-usage of any of his flock. He is assisted by another native, who returned a year ago from Paris, where he obtained his M.D. degree, and had the advantage of working with Dr. Charcot at Salpêtrière, and at Ste. Anne with

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Professor Ball. These two medical men receive respectively £190 and £110 a year. The rest of the staff is paid as follows :—

1	Dispenser	... ...	£86
1	Midwife	... ...	£49
1	Steward	... ...	£68
1	Clerk	... ...	£62
2	Chief Attendants	... ...	£25 each
32	Attendants	... ...	£18 „

There are, in addition, thirteen servants with various functions. The doctors spend the whole morning invariably in the asylum, but for the rest of the day they are allowed to be represented by the dispenser or the steward, the four thus taking it in turns to be on duty.

Before going upstairs to the wards, we are invited to inspect the offices on the ground floor, where with difficulty we escape the invariable coffee and cigarette. We are shown a spick and span dispensary, a kitchen and a laundry, which might be cleaner, where able-bodied patients are merrily treading on the clothes in the coppers and measuring out pannikins of savoury hash and vegetables for the mid-day meal. Near by a lunatic is chopping wood for the kitchen fire, and others are drying clothes on a roof. The former dungeons are now lighted and ventilated, and are shown us with just pride by the storekeeper, who has utilized them for patients' clothes, neatly pigeon-holed and ticketed, and for various stores of food, drugs, bedding, etc. On the opposite side better rooms are devoted to carpentering and mat-making, while rows of tables and benches and piles of matting are in the corridor. The theory of the asylum is that all capable of work should be thus employed; but the number of men actually engaged is small, and the existing work-rooms would certainly not hold more than thirty or forty workers.

Some few men work well, and not long ago an insane donkey-boy learnt the trade of mat-making in the asylum; and when he was discharged cured, discarded his former life and settled down satisfactorily as a matting-maker in Cairo.

Lastly, on the ground floor are a general out-patient room for the benefit of the neighbouring village, and the bath-rooms, in the Oriental style, four for men and two for women. Upstairs we find a rectangular gallery running round the three sides of the building, and in this patients are walking

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aimlessly about, while others prefer to crouch upon their beds in wards opening out of the gallery. Both ward and gallery walls are destitute of ornament, but are painted brown for the lower third and light blue above. A few of the wards have wooden floors, but they are mostly of white limestone, which is covered in winter with matting. Water filters of the country stand in the gallery corners instead of in the latrines, as formerly.

Both wards and galleries are well supplied with windows, lightly barred, and generally ventilation is perfected by open skylights. Such a ward is perfectly fresh, and measures 39 × 27 × 12 feet for sixteen inmates, or 790 cubic feet per head. A few other wards provide for more than 1,000 cubic feet per head, but on the other hand a few wards of a former *régime* still exist, where top ventilation has not been introduced, and ten men, in a measured area of 24 × 18 × 12 feet, cause the room to smell a little closely with an average cubic space of only 518 feet. Each patient is clothed in white cap, shirt, drawers, jacket, and slippers, with a blue overcoat. He has in his ward an iron bedstead, chain mattress, cotton mattress and pillow, two sheets and two or more blankets, pillow case and rug. The patients take their meals in four dining-rooms, seated on benches, at tables covered with American cloth. The diet is similar to that at all other hospitals of the Egyptian Government, and may be ordinary, milk, or fever. But nearly all lunatics are on ordinary diet, and this consists of breakfast, dinner, and supper, each meal being varied four times a week. Let us take as an average sample the diet for Mondays and Thursdays. Breakfast consists of bread, 5½ oz.; lentil soup, 17½ oz.; onions, 2 oz. Dinner includes bread again, 5½ oz.; broiled mutton or beef, 7 oz.; boiled rice, 4½ oz.; and stewed vegetables, 11 oz. Supper comprises bread, 11 oz.; and rice pudding and treacle, 17½ ozs. The composition of the various dishes is carefully thought out, so that the daily average diet for each patient is made up of albumen, 4 oz.; fat, 3½ oz.; starch, 17 oz.; and the cost in Cairo is five and a half pence a day. Bread, vermicelli, and flour are distributed from the stores at Kasr el Aini Hospital, but all other food is provided by a local contractor.

One of the most frequent causes of lunacy in Egypt, as most people know, is the smoking of hasheesh (Cannabis Indica).

Thus at the former of the only two visits I have paid to

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the asylum during the past twelve months I found 226 men and 62 women patients. Of the men, 23 were under treatment for recent hasheesh poisoning, besides about 150 chronic demented cases, whose weak-mindedness was the direct result of dissipation with the drug. Early cases arrive very excited, with exalted ideas, but more rarely they are melancholic. They are treated with a preliminary purge, cold baths, and ordinary diet, and the exhibition of bromide of potassium, joined even by chloral and laudanum; and these are usually cured in a month. Small doses of tincture of cannabis have apparently no effect upon their state. But, unfortunately, though the Government does everything it can to prevent this abuse, the devotees return to the drug, and are constantly being readmitted to the asylum; their visits extend over several months, and at last, when no improvement takes place at the end of a year, they join the ranks of chronic dementia. Thus one patient has been an inmate for five years; another, who was a blind beggar, has been there for sixteen years, and is now a confirmed masturbator. He used to sing at the hasheesh coffee-houses in praise of the drug, and will sing now to visitors on a little encouragement, with cracking of the thumbs and many strange grimaces and twistings of his eyebrows and nose. He has a head circumference of only 18½ inches. I saw another patient who had been admitted seven times for treatment.

Makrizy says that hasheesh was introduced into Egypt about 1232 A.D., having spread from Khorasan (Armenia), where it was discovered a few years earlier by a certain fakeer, called Haider. This Haider was a very austere, silent man, who lived for ten years in solitude in a monastery, and the story goes that one day he returned from a country walk gay and chatty, so that his brother monks marvelled. He confessed to having eaten the leaves of the hemp plant; so then his friends ate too, and swore to keep it secret from all but holy fakeers. But in 1378 the drug was so abused by the general public of Cairo that the Emir made a raid upon the Boulak quarter, destroyed all the hasheesh he could find, and punished the consumers by extracting their teeth! At that time even it was known that one or two drachms of the extract were intoxicating, and that an immoderate use of it produced weak-mindedness, chronic insanity, and death.

Early hasheesh cases can to-day be recognized by dilated pupils, increased appetite, with irritability of digestion and

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diarrhœa, falling of eyelids, debility and anæmia, and ever increasing timidity. This symptom was well marked in the last case I saw, in which the man was terrified at the idea of leaving his ward, and when absolutely compelled to do so ran at the the top of his speed to execute his errand. In the same ward with him was a bey who in happier days used to produce a condition of ecstasy by drinking a mixture of hasheesh and brandy. I saw, also, a weak-minded old man who had smoked opium for twenty years before admission.

This paper pretends to no exhaustive analysis of the lunatics, for no clinical notes are yet taken at the asylum, and the writer is even more ignorant of psychology than of Arabic.

Religious excitement, though perhaps only a symptom and not the cause of the disorder, is not rare, and the asylum generally contains two or three fanatical Mussulmans who believe that they are specially-ordained prophets. At my visit in March I found one man who had been an inmate for five years, and believed he was a prophet, and though unable to read or write, carried in his head 24 articles for a reformed government, while in the same ward with him was a black soldier who sheepishly confessed that he had until lately been under the impression that he was a great mahdi from the Soudan. Next him was a chronic melancholic (*melanchoie perplexe*) who had been an officer in Arabi Pasha's army. Among the chronic cases one man had been in the asylum seven years, another eight years, one dangerous old man forty-eight years (him I remember as a wearer of chains), one dement five years and another two years, three alcoholics each five years, etc.

The idiots are not an interesting group clinically, chiefly because the Egyptians keep their harmless weak-minded folk at home, and only a few exceptions filter through to the asylum. There is now a boy, æt. 15, who was born in the establishment. When I first knew him, in 1884, he was tied (literally) to the skirts of his mother, who had chronic mania, and could only be soothed by the presence of her boy. He seemed then idiotic, but in order to give him a chance I transferred him to the general hospital, where he played about with a boy half his size, who exerted great influence over him and was called his keeper. He has now been back in the asylum two years, and his mental development seems permanently arrested. He walks, talks, and

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asks for what he wants, but is quite incapable of carrying a message. His head measures 20½ inches.

There are also three idiot youths with small heads (18½ inches), ugly, big ears, irregular old teeth, one of whom, æt. 24, is always drivelling with open mouth, and is quite incapable of learning how to feed himself, yet I have heard him accurately repeat several verses of the Koran. These cases contrast curiously with a hydrocephalic youth with a downy moustache whose head measures thirty inches.

It is not an uncommon thing for male patients to refuse to speak for periods such as eleven months at a time; they then begin to whisper, and are eventually cured. Possibly a strong galvanic battery might curtail their silence.

One inmate at present is absolutely deaf and dumb, and another has complete loss of memory, though he can repeat his name when he is told it. There are six epileptics; when fits occur they are placed on a mattress on the floor. Homicides are not separated from the other patients. I saw one man who had killed his son, and another who murdered his mother because he believed she was a cannibal, and then killed his brother with an axe because he feared that, otherwise, his brother would kill him.

Then there is the case of an anæmic Turkish bey, who used to take me for Marshal McMahon and load all his visitors with absurd petitions; he killed his man, and has been gradually getting more melancholic for the last nine years. He used to be violent at times, and once had to be fed by the mouth for forty days.

Among other patients with delusions, there is a chronic hypochondriac who believes he has a worm in his œsophagus; he was a medical student and contemporary with the present head doctor.

Also, we saw a weak-minded youth with hydrocephalic head, vanishing chin, and cunning stare, who had just undergone a term of imprisonment for aimlessly stealing some wood. He confesses to having practised masturbation four times a day for some years.

A typical case of nostalgia had just died in the asylum. He was originally a slave boy rescued from a caravan by the late General Gordon. He was jet black, and knew only that he came from somewhere south of Khartoum. From being a very active, sharp boy, he became gradually morose, fancied his English master objected to him on account of his smell, took to fighting irritably with his friends, and at last nearly

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set the house on fire. In the asylum he relapsed into profound melancholy, asked for nothing but to be sent to his own country, and occasionally got up in the middle of the night to beat his sleeping neighbours with his slipper. He died about a year after the appearance of the first symptoms.

I saw 70 new cases under observation; one of them was a negro eunuch suffering from renal dropsy. Like many of his calling, he was tall (6 feet 5 inches), and looked like a miserable bag of bones. He had no external genitals, and the undeveloped larynx of a child, so that the pomum Adami could be felt, but not seen. Another man had progressive muscular atrophy, with general debility and psoriasis and contracted fingers. Another, to my astonishment, was an alcoholic Irishman, with shaven head and striking brogue, and an evil habit of tearing his clothes. He could give no account of himself, but said he had been discharged from the Egyptian Police, and Dr. Greene had him removed to a hospital under English supervision. He alarmed his attendants by chewing tobacco, a vice which was quite new to them.

I ought to say that all patients suffering from any bodily disease are removed to special wards, and treated with extra care.

Among the excited cases was an acutely maniacal boy, æt. 14, who had been admitted sixteen days before. When I saw him he was bobbing up and down erect upon his bed, with constant snorting movements of nose and face. Cold compresses to the head, cold baths, bromide and chloral quieted him in two days after my visit. None of the excited cases were in camisoles on that day, though I found one very quiet man seated near a window with a camisole thrown over his shoulders; it was not fastened, and he told me he had asked for it to keep him warm. At my second visit in June there were six men (out of 218) in camisoles, all very excited, shouting and singing loudly. No other possibility of restraint exists in the asylum besides camisoles and five padded cells, which Dr. Greene had constructed in 1887, being the first of the kind in Egypt. They are seldom needed, and answer their purpose well, though the cushions are, unfortunately, not moveable; they are stuffed with vegetable horse hair, palmetto from Algiers, which is sold in Cairo at twopence a pound, and covered with railway cushion leather. Healthy-minded Egyptians are very like grown-up children, and when insane they are almost invariably quite

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easy to manage. They have but few toys, games, books, or other amusements, but they make pets for themselves of cats, kittens, and the birds which fearlessly fly in and out of the open windows.

One of the most satisfactory things in the asylum is to see the good-humoured chaff and quiet control of the attendants towards their charges; not a trace have I ever seen of anything which looked like unkind treatment. The native calls his afflicted brother *magzoob* (struck by the wrath), or *magnoon* (the victim of *ginua,* or madness), and he believes it a religious duty to succour him at home, instead of packing him off at once to the State Asylum. It is this habit which, of course, accounts for the small number (average 300) of lunatics shown out of a population of about six millions.

Last year's statistics are as follows:—

Patients in Asylum December 31, 1886 ...	233
Admissions during 1887	457
Deaths „ „	67
Discharged cured „	310
„ uncured „	49
Patients in Asylum December 31, 1887 ...	264

I can obtain no accurate information about the 67 deaths, because autopsies are only exceptionally performed.

The 49 patients discharged uncured were harmless, weak-minded paupers, who were transferred to the Asylum for Incurables.

Before 1886 patients were admitted without regular certificates, being sent by the Mudir or police, but now a series of letters have to be written about each lunatic. The police or the patient's friends first communicate with the head Government doctor of the province, who examine the patient and sends him, if apparently insane, to be separately examined by two doctors, who on their certificates give detailed symptoms of the insanity.

Cases when cured are discharged from the asylum by the chief doctor.

I have not yet referred in detail to the female patients, whose number varies from 60 to 80. They are in a separate wing of the building and have a garden to themselves. They include Copts, Syrians, Fellaheen, Soudanese, Jews, Turks, Circassians, Abyssinians, and mostly have their hair cropped short like boys. They have not yet been made to settle down to any practical work, but arrangements are now

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being made for employing about forty of them in making clothes.

Most of them are in one dormitory recently converted from a stable into a splendid ward. It contains 61 beds, and measures 162 × 33 × 18 feet, or 1,577 cubic feet for each. Fortunately they are seldom excited, and are inclined to silence, so that the assemblage of such a large number of women is less inconvenient than might be imagined. Neighbouring rooms are used for special cases, baths, dining, and attendants.

Among frequent causes of women's insanity are alcohol, hasheesh, chagrin at loss of child, bad husband, etc. The greater number of cases that I saw were weak-minded middle-aged women waiting to go to the Asylum for Incurables.

Among the cases that caught my attention were an Italian who is always praying, two cases of chronic melancholia of four years each, an epileptic idiot, another idiot, æt. 28, with a dreadful squint, a blind woman with chronic dementia, a case of senile dementia with hemiplegia, a girl with erotomania, and an hysterical woman at her climacteric with an history of hereditary insanity.

A new patient with disordered hair was very merry, and told us she had been taught by her husband to become dependent on hasheesh and arrack. A quiet looking black girl was busy fanning the baby of one of the attendants, who seemed quite happy about her offspring.

There was a sad case of a Mussulman girl who had been seduced at the age of 17 by her Greek employer. She became pregnant and insane, and was confined in the asylum. She is now 19, and seldom speaks except to repeat the name of her seducer. At the other end of the ward is another Mohammedan girl who says she was seduced by a Copt two years ago when she was 18. But I am warned not to believe her implicitly, for she is now very excited, and this is her second admission to the asylum. So far as we know such cases of seduction are very rare in Egypt.

We were accompanied round the ward by one of the Government midwives, who is now cured, but had, until lately, delusions about being dishonoured by her own male relatives.

We saw a case of mental debility in a woman who was pointed out as a *rara avis*, for she had never been married. She thinks she is possessed by a holy saint called Mohammed, and adorns herself with earrings and bracelets made of twisted

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ends of string. Next to her was a chronic maniac, resident two years, who had had a child in the asylum. Children born in the asylum of incurable mothers, instead of being kept there as formerly, are now sent to the foundling department of the General Hospital, where they are farmed out by the Government under proper supervision, and eventually handed over to some deserving parents who have lost their own children.

I propose to conclude this paper with a reference to general paralysis, which seems to be unknown among the cereal-eating natives who fill the asylum, in spite of their great tendency to syphilis and to sexual excess. The disease is, however, occasionally met with among Orientals of better circumstances, who eat meat freely, use their brains more than their hands, and are not strict teetotalers.

Dr. Schiers, during 19 years in Alexandria, tells me he has seen five cases of the disease occurring in a Turkish pasha, a Syrian Christian, an Austrian, and two Levantines. All five were meat-eaters, in good circumstances, and two of them had had syphilis.

Among the Cairo lunatics I have found several with trembling of the lips and tongue, but no other symptoms, while others suffering from grandeur of ideas have proved to be hasheesh cases on the road to recovery. There is a negro now in the asylum who was shown to me as a case of general paralysis, but whom I believe to be suffering from disseminated sclerosis. He is aged 30, and was employed by a timber merchant in Cairo. His previous history is unfortunately unknown, but he has now been in the asylum for four-and-a-half months, and suffers from general tremors of lips, tongue, legs, and arms, exaggerated on any movement. He can raise but cannot protrude his tongue. His pupils are normal, and he has control over rectum and bladder. When given a cup of water to drink his tremors become painful in the extreme, and nearly every drop of the water is dashed over his head and chest. He can walk with the help of an attendant, with jerky shakings of the legs, arms, trunk, head, and neck. The knee jerk is exaggerated, and the legs are partly rigid. His speech is thick and blurred and difficult to understand. He has loss of memory and general weak-mindedness, and no exaltation so far as I could learn.

There is, however, another man in the asylum who may possibly belong to an early stage of general paralysis.

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Unlike his neighbours, who are nearly always silent, this man is very talkative and excitable, and is almost the only man in the building who obtrudes himself with a beaming face to shake hands with the visitors. He was once rich and a hard-working merchant, till he took to gambling and lost all. He thinks he is a great poet and *savant*, and believes he could be of great use to the world if he were removed to another sphere.

He has trembling of the hands, but not of the tongue or lips. His pupils are equal and normal. He has diminished patellar reflex and walks stiffly with a stick from sciatica.

The following case is worthy of being reported :—

A Turkish pasha, nearly three years before his death, alarmed his family by showing unaccustomed irritability and grandiose ideas, such as believing that he was Sultan or Grand Vizier. They found it best to humour him, and when one day he returned home saying that he had been nominated to a high position in Europe they never dreamed that he was telling the truth until the following day when the firman arrived. They then took steps to inform the Ministers of his apparently insane condition; but as the pasha had full powers of conversing well on intricate political subjects they were laughed to scorn. The patient then took up his new post, and shortly electrified his august master by telegraphic prophesies as to the fate of several crowned heads in Europe. Believing that his banking account was unlimited, he made many absurdly lavish purchases, delighted to make presents to ladies unknown to him, used to go to the theatre with 100 fans for distribution, and eventually scandalized his friends by appearing at an official reception in straw hat and flannels. His Government recalled him, but he replied that he was quite happy, full of work, and with no intention of leaving. It was only by a fictitious telegram hinting at considerable promotion at home that he could be induced to leave.

More and more weak-mindedness was developed, with attacks of aphasia recurring at intervals, loss of memory for recent matters, and failure in French conversation, though he had talked the language.

An early symptom in this case was the patient's own belief that he was going mad. Before being transferred to Europe he desired one day to resign the appointment which he held under the Government, and wrote, as he thought, his official

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resignation; but the paper was found scrawled all over with "Je suis fou." During the last year of his life the patient, who had always been a great card player, spent nearly all his time in dealing real or imaginary cards. Once he lay upon the floor for fourteen hours at a stretch playing with imaginary cards. Convulsions became more and more frequent, mental deterioration and paralysis increased, and after three months' confinement to bed death ensued, the patient persisting to the last that he was Sultan of Turkey. This case was preceded by much sexual excess, but not by syphilis.

On Post-Epileptic States: A Contribution to the Comparative Study of Insanities. By J. Hughlings Jackson, M.D., F.R.C.P., LL.D., F.R.S., Physician to the London Hospital and to the National Hospital for the Epileptic and Paralyzed.

(*Continued from p.* 365.)

Section VIII. Need of Wide Clinical Knowledge.—If anyone thinks that the study of Diseases of the Nervous System as they are Dissolutions will take his attention from their clinical or practical consideration he is mistaken. I urge two methods of study, one scientific and one clinical. Without a considerable clinical knowledge of cases no one is fitted to begin the scientific, comparative, study of nervous diseases. For the scientific study of insanities a very wide clinical knowledge is necessary. It would never do to confine attention to cases described in text-books by Alienist Physicians, to what I may call "orthodox" cases of insanity. Not being an Alienist Physician I say this, and what follows in the present Section, under correction by the Members of this Society, who of necessity know very much more of "Diseases of the Mind" than I do. I should not presume to address Alienist Physicians on their special subject had I not the hope that from a long study of simpler diseases of the Nervous System, I might contribute something of at least indirect value for the elucidation of the most complex problems they have to deal with. In a later section I shall urge a study of cases of abnormal mental affections, many of which are not, in a clinical regard, cases of insanity at all, and, so far as I know, are not dwelt upon in books on Insanity.

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