mental medicine, we incline to think it is open to the criticism of having attempted too much. The condensation of so wide a system into one volume of small size has in some instances led to scantiness of treatment, and a too captious critic might say that in place of being a *multum in parvo*, as intended, the terms of this phrase might be reversed. Such a criticism, however, would be too sweeping, for in the majority of subjects the condensation has not affected thoroughness, and has nowhere diminished the clearness of expression.

The work is, indeed, worthy of the commendation which has been given it by Professor Ball in his preface to the original edition, and is a useful addition to the literature of mental disease. We commend it to our readers.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. English Retrospect.

Asylum Reports for 1893.

(*Continued from July, 1894, p. 457.*)

We propose to glance at various reports, which reach us, in the same way as we treated them last year, viz., by divisions as far as possible, separating county and borough asylums from registered hospitals, England from Scotland, and so forth. Last year we endeavoured to make a complete review in alphabetical order, but we found then that much delay was caused by late arrivals.

Some English County and Borough Asylums.

Is it not possible that all reports should be for a "history" year, and not for a financial or county or borough year? At present there is absolute chaos. One Visiting Committee reports to the County Council in October, and its report deals with matter referred to in the Medical Superintendent's report of the same date. The figures in the latter deal with a collection of admissions, discharges, etc., totally distinct from those dealt with by the same authority in the tables of the Association, which run from January to December. We particularly note a case like this; for it proves that there is no necessary connection between the date of a report to a County Council and the end of the financial year on March 31. Then it may be that the report of the Visiting Committee and Medical Superintendent and the Association tables all march properly together—but we

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may also find included in the volume a Commissioners' report for an antecedent or even a subsequent year. Of course the report of any authority can be made as well and conveniently on one date as another, if it is intended to stand alone and be for local benefit only. But we must believe that the spirit of progress is so alert as to lead Visiting Committees to desire a comparison between their own charge and those of other authorities; this being so, we can assure them that each and every one can do a great service by insisting on its report containing the facts, the whole of the facts, and nothing but the facts which occur between January 1st and December 31st of each year. We have hope that this can be brought about by energetic representations on the part of the Medical Superintendent. There is another direction in which similarity is desirable, but perhaps hopeless; this is the size of the reports. At present a collection of reports is indeed a ragged regiment, impossible to marshal into binding order, difficult even to tie up with string. Instead of there being an inducement to keep the items together to form a valuable work of reference, there is every temptation to let them go their own way. The great majority appear to find demy 8vo. to be suitable.

Derby Borough Asylum.—Dr. Macphail notes that the character of the insanity in those admitted was more favourable to recovery than in previous years, but that cases took longer to get well. Mental depression succeeding an attack of influenza is noted six times as a cause.

No less than one-third of the total accommodation is filled with out-borough patients, yielding a profit of £1,200, and in consequence repeatedly applications for admission of private patients have been refused. These facts show that a local authority can do worse things than build far ahead of its immediate requirements.

We note that urinals on the male side are being superseded by pedestal w.c.'s.

The lectures given by the medical officers have been resumed this winter, and we have every reason to feel satisfied that this is time and trouble well spent. A more intelligent interest is now taken by the staff in their work; being educated to observe, they are more helpful to the medical officers in the treatment of individual cases; and above all, we are building up a recognized service of trained attendants and nurses, whose willing and cheerful co-operation in the care and treatment of the patients I heartily acknowledge

Dorset County.—We must commend Dr. Macdonald for taking what we consider to be a proper view of a Medical Superintendent's report. He takes pains to instruct his county in many matters that should be brought before the laity. When the laity has such matters referred to its judgment, their interest, enlightenment, and hearty co-operation will follow assuredly. He discusses the question of increased lunatics in the county, and comes to the conclusion that the undoubted increase cannot be

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accounted for by accumulation only. The Committee, by-the-bye, are inclined to attribute it to the increasing popularity of asylums. But we think that Dr. Macdonald's views are probably right, if we grasp them correctly:—in a purely rural county, without manufacturing centres, the set of the tide is partly *nil*, and what there is is ebb. This tells in two ways, firstly, but little fresh blood to obviate the destructive tendency of close marriage; secondly, the departure, in obedience to well-known demographic laws, of the hearty and sane to more active centres. Thus degeneracy is induced, and when induced is not diluted as it should be under ordinary circumstances. This latter consideration opens up serious reflection. How can we follow the effects of emigration and immigration? Does this interchange affect different parts of one kingdom or county, or is it an exchange between kingdom and kingdom? A solution of these questions, in their local application, is necessary to our arriving at a true verdict of increase or non-increase of insanity as an occurring disease.

Glamorgan County.—Dr. Pringle adverts to the difficulties of dealing with idiots, and asks whether, if one county cannot build a special and separate institution for itself, two or three could not combine. Dr. Worthington, of Hants, as mentioned in our retrospect last year, took the same line, but has had to fall back on the resources of his own county. Anyhow, we can see from various signs in various parts of the country that the question is becoming a pressing one. Some day, perhaps, Parliament will put a little compulsion into the provisions of 49 and 50 Vict., the Act for "giving facilities" for care, education, and training of idiots and imbeciles.

General paralysis again is a large element in the admissions, and in reference to this Dr. Pringle states that such cases "are products, as a rule, of vicious and intemperate living," and that the high ratio "indicates an alarming amount of degrading vice." We cannot agree with him in this. It is a terrible thing to say of a general paralytic (as a man once said), "there goes So-and-so but for the grace of God." We do not for a moment suppose that Dr. Pringle looks at it in this way, but we think that on medical grounds it is well to avoid a too precise opinion on a still debatable matter. Further on he draws attention to the fact that with him 15·4 per cent. of Celtic admissions and 18·5 per cent. of Saxon admissions were paralytics. We have been led to believe that Celts in Inverness never become paralytics. But we have never heard that Celts there or elsewhere are more free from vice than their neighbours. Is it not, then, likely that an additional condition is to be sought to account for this high ratio?

Gloucester County.—Mr. Craddock, in a lengthy and instructive report, gives figures from which it appears that the ratio of lunacy (both intra- and extra-asylum) to sanity in the county closely corresponds to that for the whole of England, with the

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result of an increase of eight per cent. beyond the increase in the population. He expresses no opinion as to the increase in "occurring" insanity. The large amount of £2,500 was earned in respect of the excess created by the greater weekly sum paid for out-county and private patients. Referring to the latter class we find the following opinion :—

> It would, I am convinced, be desirable if some scheme could be devised for keeping them in wards of their own, apart from the ordinary pauper patients. They do not mix well; the private patients are many of them dissatisfied themselves, and a cause of discontent among the paupers with whom they associate. The fact that they are allowed to wear their own clothing (the only distinction that is made between the two classes) is a badge regarded by the wearers as of superiority, and disliked correspondingly by the wearers of county clothing. The small extra payment made on their behalf is in no way representative of the extra trouble they entail, and their friends as often as not appear to imagine that for the sum of 15s. per week a patient ought to be entitled to enjoy in a county asylum as much luxury and as good surroundings as the payment of four or five guineas per week in a chartered hospital or licensed house would command.

Lancashire County. Prestwich.—This asylum is, we believe, still the only one that has taken advantage of sect. 26—to board 80 of its patients in the Rochdale Workhouse. We learn from the Committee that the arrangement has been found to work without friction.

Pressure on the accommodation, vast as the latter is, has led to remarks both on the part of the Visiting Commissioners and of the Medical Superintendent, which are worthy of careful study. The following is an extract from the report of the former :—

> It looks as if the annexe would ultimately become, equally with the main building, a receptacle for the insane of every description, for which purpose, we need hardly say, it was not built. The pressure, however, for years brought to bear by local authorities upon the Home Secretary and our Board to sanction huge asylums for mixed classes of the insane, exhibits no abatement, and there seems to be now no limit to their size. Opinions may, we think, differ; indeed, we know very well that they do differ widely on the wisdom of bringing together large masses of troublesome lunatics on one spot, where more must be decided by deputy than appears to be safe, and where the eye of the Medical Superintendent—even an exceptionally able man (not always to be got)—cannot possibly check abuses in treatment of the patients or detect waste in the administration of the institution.

Mr. Ley, believing that the type of insanity of the present day is becoming less and less amenable to medical treatment, shortly reviews various proposals to decrease pressure or to tend that way. He says that it is clearly impossible to limit the asylum to curable cases, for in the nature of things a large proportion of applications must be incurable. He does not believe that the difficulty will be solved by the retention of chronic cases in the workhouse (this being, of course, under ordinary circumstances, and not under sect. 26), nor with boarding-out in families, nor in farm colonies, all for the same reason, that only ten to twelve per cent. are fit for treatment under these conditions or any

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of them. The plan which commends itself to him is the building of institutions specially designed for the chronic class, thereby relieving the asylum of a lot of material which hampers its legitimate work. This plan, which is in general idea like that obtaining in London, is yet unlike it in that Mr. Ley would have the acute and chronic blocks under one head, or, at least, in close relation to each other, while in London the two classes of institutions are under different management. Again, too, the leading idea of separating curable from chronic is the one that has largely given shape to the recent additions at the neighbouring Whittingham Asylum, but there is a curious contrast in the working out of the plan. As stated above, Mr. Ley looks for benefit in subtracting the chronic from the curable, while at Whittingham the idea is to keep the curable from mixing with the chronic. This is an important difference. Either plan is proper to be conscientiously tried, but we think that the Whittingham plan has this special advantage, that there will be less danger of the curable being swamped eventually by the chronic.

Mr. Ley, referring to the large proportion of general paralysis, attributes its causation chiefly to the struggle for existence in teeming populations under unfavourable conditions, social and hygienic.

City of London.—Stone.—Last year we remarked on the many zymotic troubles which had beset Dr. White. This year, though these were continued in the early months in a modified form, yet since the new drainage was completed there has been complete freedom.

Dr. White again reproduces the facts relating to admissions, recoveries, deaths, and residence in his very convenient chart form. We would venture to suggest that it would be possible and desirable to work the particulars on to one chart even as meteorological facts are often rendered. We feel sure that the result would be so useful that other asylums would follow his lead.

The training of attendants and nurses on the lines of the Association scheme is carried on with energy.

Monmouth, Brecon, and Radnor Joint Asylum.—It is noted that the new Act, in that it permits a relieving officer to depute his duty of conveying patients to the asylum, has tended to limit the amount of "history" received with the patient.

The question of dissolution of the present Union has been mooted, and is now awaiting the decision of the Home Secretary.

The weekly charge here is 7s. 7d., so that the ultimate cost to the unions is 3s. 7d.

Somerset County.—The works for the new asylum are progressing fast, but it is noted that something will have to be done to meet the urgent condition of affairs that has arisen from overcrowding and will continue to increase before the new buildings are ready for occupation. A condition more favourable to

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recovery in the mental state of those admitted was a good deal discounted by a low death-rate.

. Dr. Wade having found that many inaccuracies had crept into Tables III. and IV. has had them carefully revised and amended. The trouble that he has been put to will assuredly earn him the thanks of all who have statistical accuracy at heart.

Stafford County.—Burntwood.—Dr. Spence, in referring to a notable increase in the admissions, deals with the question whether the increase in lunatics is due to cumulative insanity on the one hand or to occurring insanity on the other hand. He seems to adopt the view that, when all has been said and done by way of argument, yet it is impossible to avoid the conviction that at least some part of the increase cannot be accounted for in the manner suggested by those who take a hopeful view of the situation. He considers that high pressure and hereditary taint are the chief causes, and he fears that an increase of the latter is to be looked for if men and women who are in other respects harmless are discharged having still power to injure humanity by handing on the taint.

We note that on a certain day there were among the 643 residents only 12 general paralytics, but there was also the enormous proportion of 121 epileptics. The latter figures would appear to give point to his remarks about hereditary transmission. Hitherto we have had only two aspects of the "beer in asylum" question—beer or no beer? The adherents on either side promise to be as earnest in the advancing of their views concerning this matter as some are on other important questions, such as open doors, etc. But there appears to be a third course midway, which Dr. Spence has taken. This is to give beer to those who will be the better for it, for dietetic or other reasons, and to withhold it from those who will be the worse for it. Someone seems to have disapproved even of this cautious procedure, but we feel sure that when it is compared with either of the extremes there is just as much common sense and a deal more independence about it.

In adverting to the training system, in fostering which Dr. Spence has rendered such signal service as Registrar, he makes the following remarks:—

> The systematic training of asylum nurses is still in its infancy, but the idea has been received with marked approval, and without doubt will make as rapid progress and confer as much benefit upon those suffering from mental disorders as the training of hospital nurses has done and is doing to patients suffering from other bodily ailments. A small grant from the funds at the disposal of the Technical Instruction Committee of the County Council, in order to defray the expenses in connection with these most useful and valuable classes, would be very welcome indeed, and such an expenditure would be quite in accordance with the spirit of the Act of 1889, as not only will the insane in asylums benefit by the care of specially trained nurses, but the general public will likewise derive the advantage of having at their call when required a number of men and women thoroughly capable of taking charge of cases of mental disorder occurring in private houses.

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Sussex, Haywards Heath.—West Sussex has left East Sussex and Brighton, the former partnership being dissolved as far as it was concerned. Nevertheless the removal of most of its patients has not freed the asylum from over-crowding and fear of over-crowding. It is one of those asylums that has put its patients out, five here, ten there, and so on. It is to be hoped that strenuous endeavours will be made to remedy such a condition of affairs, which entails hardship on all concerned, especially the relatives of patients.

Dr. Saunders states that in consequence of this crowding the guardians of a neighbouring union were approached and lent willing ears to a proposal to rent some of the workhouse wards; but the requirements of the Lunacy Commissioners entailed alterations too costly to make it worth while to go further.

Worcester County.—This report is always pleasant reading as it breathes goodwill between all connected with the management of the asylum.

The training of nurses, which had been instituted by Dr. Cooke, has met with substantial proof of support on the part of the committee, who have contributed £25 for the purchase of books, diagrams, etc., and contemplate the award of prizes.

Dr. Cooke has had to fight one of the silly little battles that is forced on Medical Superintendents by Lunacy Law. A patient was due to be dealt with under section 38 at the end of his second year of residence. As he was on trial during the last month, with every prospect of being discharged, the usual renewal certificate was not signed. But five days before the expiration of the year, that is less than "seven clear days" before the date for the order to lapse, he was brought back, having gone wrong again. It was, of course, necessary to discharge and also to re-certify him, but then the question arose as to whose business it was to procure the fresh order. Dr. Cooke reports:—

> I communicated with the Commissioners again and obtained from them the following expression of their opinion on the three points I placed before them:—
>
> "The statement of particulars which accompanies the reception order does not appear to form part of the order. The particulars should, however, be substantially supplied.
>
> "In the event of a reception order lapsing, and the patient still requiring asylum treatment, the course to be pursued, and which the Commissioners understand to be generally adopted, is to inform the Relieving Officer of the union in which the asylum is situate that the reception order has lapsed, or is about to lapse, and that the patient is still of unsound mind, and request such Relieving Officer to take steps under the Act to procure a fresh reception order. The statement of particulars can be filled in by the Relieving Officer from information supplied by the Asylum Clerk. The union to which the patient may be returned as chargeable should be the union from which the patient was originally sent to the asylum, or the union (if any) in which, since reception, the patient may have been adjudged to be settled."

Yorkshire, East Riding.—The Committee report that the accommodation afforded by the asylum is probably sufficient for some

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time to come. Under such satisfactory conditions Dr. Macleod can give a placid and contemplative opinion on the vexed question of the increase in insanity. He allows, of course, that there are more lunatics in asylums, but does not consider that it is proved that lunacy is on the increase. The figures relating to the East Riding certainly do not show this to be so, and it is to be remembered that this is almost a purely rural county to which would apply the remarks made in connection with the Dorset Asylum.

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2. *German Retrospect.*

By William W. Ireland, M.D.

On the Dreams of the Blind.

There is a paper with this title in the "Zeitschrift für Psychologie und Physiologie der Sinnesorgane," 25th October, 1894, by Friedrich Hitschmann. He became blind in the third year of his life, but is still able to distinguish between light and darkness. He never dreams of seeing, and does not share the fancy of the poets that the spirit, freed during sleep from bodily restraint, can realize the gift of sight. He tells us that the blind in general have weaned themselves from their deficiency, and feel themselves in an accustomed and natural condition. They have not that painful longing for light which those who have all their senses sometimes poetically ascribe to them. Naturally their dreams are compounded of the other sensations, especially the impressions of hearing. The blind dream much of voices, by which the persons of their acquaintance are recognized, whereas the seeing often dream of faces and figures; sometimes animals, especially dogs and birds, seem to the sightless to have human voices, and to be gifted with speech. A blind man who travelled home once a year used to dream of the journey by rail. In this case the dreams were made up of the lumbering of the wheels, the whistle of the locomotive, the feeling of fresh air through the open windows, and the smell of the food sold at the station.

Mr. Hitschmann tells us that while the dream world of the blind is poor in sensory images, it is rich in abstract phenomena. It is characteristic of their dreams that the sleeper often feels himself a spectator as if he witnessed a play in a theatre. He seems to witness novels, dramas, or philosophical lectures. I suppose these appear to come through the ear, for he tells us that he never dreams of handling a book for the blind, or of using his writing apparatus. Seeing people, however, seldom dream of reading and scarcely ever of writing.

In the "Vierteljahrschrift für Wissenschaftliche Philosophie," Band. xvii., 3, Mr. Hitschmann considers the influence of art upon

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