most characteristic feature, and in which this wasting (atrophy) may or may not be associated with true or pseudo-hypertrophy of some muscles." He has been led to the following conclusions:—

1.—Progressive muscular atrophy, of the type Aran-Duchenne, is due to spinal cord disease.

2.—Duchenne's type of progressive muscular atrophy might be termed the hand type, while the peroneal form would represent the leg type.

3.—Pseudo-hypertrophy is not of spinal origin.

4.—There is a close relationship between pseudo-hypertrophy and Erb's juvenile form of progressive muscular atrophy, but not an absolute identity.

5.—Hereditary muscular atrophy does not deserve the rank of a separate clinical entity, all kinds of primary myopathies being occasionally hereditary.

6.—The type Landouzy and Déjérine is closely related to Erb's form, the additional involvement of the face muscles not being a sufficient basis for a marked clinical differentiation.

7.—Pseudo-hypertrophy and Erb's form should be regarded as the two representative forms of primary progressive dystrophies.

8.—Primary progressive dystrophies are distinguished from spinal progressive dystrophies by their cardinal symptoms—the onset at an early age, the occurrence of true or false hypertrophy, the absence of the reaction of degeneration, and the absence of fibrillar contractions.

He proposes to classify muscular atrophies as follows:—

1.—Amyotrophia spinalis progressiva.
   a. Hand type.
   b. Leg type—peroneal form.

2.—Primary progressive dystrophies.
   a. Pseudo-hypertrophy.
   b. Erb's form.

(To be continued.)

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4. *Colonial Retrospect.*

By D. Hack Tuke, F.R.C.P.

The second Session of the Inter-Colonial Medical Congress of Australasia was held at Melbourne, Victoria, in January, 1888, from the 7th to the 12th inclusive. According to general arrangements, the Congress meets once in three years, but as the Centennial Exhibition was to be held in Melbourne in 1888, it was decided at the close of the first Session, held in Adelaide, South Australia, to hold the second Session somewhat earlier than usual. The third Session will be held in Sydney, in September, 1892, and Dr. H. Norman MacLaurin, Medical Adviser to the Government of New South Wales, and Vice-Chancellor of the University of Sydney, has been elected President.

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A section devoted to psychological medicine was constituted for the first time, and the officers were: President, Dr. F. Norton Manning, of New South Wales; Vice-Presidents, Dr. E. Hacon, of Christchurch, New Zealand, Dr. Alex. Paterson, of Adelaide, South Australia, and Dr. Scholes, of Goodna, Queensland; Secretary, Dr. Beattie Smith, of Ararat, Victoria.

The Presidential Address was delivered before the members of the Congress by Dr. Manning, in the Nelson Hall, at the Melbourne University, on Friday, February 11th.

Dr. Manning's address constitutes a very valuable contribution to the statistics of insanity in Australia, and raises the question: Is insanity in Australia increasing in proportion to the general population? His answer, based on as perfect returns as he has been able to obtain, is in the affirmative. Whatever increase there has been during the last decennium has been slight, and is explained by the accumulation of chronic cases. There is no proof whatever of the actual increase of "occurring insanity." When we take the proportion of the insane to the population in the Australian Colonies on December 31st, 1877, and compare this with the corresponding numbers on December 31st, 1887, we find that at the former date, the ratio of the insane to the population was 2·80 per 1,000, or 1 in 356, while at the latter date it was 2·86 per 1,000, or 1 in 349. It is obvious that a very slight allowance need be made for the effect of accumulation, and with such allowance it may be safely held that there has been no increase in the number who become insane. It is interesting to note how nearly these figures correspond with those of Great Britain and Ireland, where the proportion in 1887 stood at 1 in 342, or 2·92 per 1,000. If we discriminate between the Colonies, we find the highest ratio in Victoria, and the lowest in South Australia. Then if we take the still more important returns of admissions to the population of the ten years, 1878-87 (inclusive), we observe that it has been as follows:—1878, 1 in 1,550; in 1879, 1 in 1,538; 1880, 1 in 1,560; 1881, 1 in 1,619; 1882, 1 in 1,677; 1883, 1 in 1,834; 1884, 1 in 1,772; 1885, 1 in 1,737; 1886, 1 in 1,751; 1887, 1 in 1,738. Average for the period, 1 in 1,690. It will be seen that so far as we can regard admissions as representing occurring insanity, there has been a decrease of mental disorders. We should like to know how many of the total admissions are transfers, or readmissions. If these, however, are included, they would strengthen instead of weaken the conclusion that insanity is not on the increase in Australia. Only 23·12 per cent. of the insane in asylums were born in Australia. More than 26 per cent. are from Ireland, 26 per cent. from England, 6 per cent. from Scotland, 2 per cent. from Germany, and 2 per cent. from China, there being about 14·5 per cent. "from other countries and unknown." The pleasant conclusion is reached that the Australians are less likely to become insane than the members of other races in Australia.

As regards the recovery- and mortality- rates of the insane in

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Australian asylums, the former was 42·09 per cent., calculated upon the admissions. In English asylums the ratio for the corresponding period was 40·04 per cent. It is pointed out by Dr. Manning that in English statistics idiots are eliminated when the recovery rate is calculated. At the same time, although idiot asylums are not reckoned, the large number of idiots and imbeciles in our county asylums are included. The mortality rate is stated to be 7·09 per cent. of the mean number resident. In England the corresponding figure was 9·58 per cent; a favourable comparison, due, according to Dr. Manning, to the warmth and equability of the Australian climate.

In regard to the types of insanity, statistics show that general paralysis is much less common in Australia than in England, but that it is, without doubt, becoming more frequent. During 1887 the proportion of general paralytics to total admissions was 1·8 per cent. In the asylums of England it was for the same year 8·6 per cent.

Epilepsy in association with insanity is fortunately a disease much less common in Australia than in England.

It is agreeable to find that the lunacy laws in Australia are, on the whole, "satisfactory, sufficient, and well abreast of the times." These are in no way behind, and, in some respects, ahead of the legislation in Great Britain, the United States, Canada, and the principal European countries. In the provision of reception houses in New South Wales and Queensland, and in lunacy wards in public hospitals in Victoria for the treatment of insanity in its earliest stages, the statutes are decidedly in advance of those in Great Britain.

Dr. Manning takes the opportunity of protesting against the changes advocated at the present time in England, and which have found expression in the Lunacy Bill, now once again introduced in the British Legislature.

We regret our space does not allow of our quoting largely from Dr. Manning's highly interesting and carefully thought-out discourse.

We cannot, however, omit the following passage on the systematic training of attendants and nurses for their special duties:—

> This training should include a knowledge of general as well as special nursing, and to this end the general hospitals should render us assistance by receiving, for definite periods, our attendants and nurses for training on their staff. So far the system is in its infancy in these Colonies, but Dr. Sinclair and Dr. Ross, who have been working for two years at Gladesville, are more than gratified with the result, which, to my mind, is most satisfactory. The effort to improve the qualifications of those in immediate attendance and care of patients promises great benefit to the insane, and I am making no rash prediction in saying that within another decade no attendants or nurses will be employed in State hospitals for the insane in these Colonies, except as probationers, who have not gone through a systematic course of training and instruction in their duties, and received certificates of their fitness for their special work.

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The Sectional Meetings were held in one of the class rooms of the University, on the 8th, 9th, and 10th of January, when the following papers were read :—

1.—"Sporadic Cretinism," by Dr. F. N. MANNING, of Sydney.
2.—"Six Cases of Sporadic Cretinism," by Dr. E. C. STIRLING, of Adelaide.
3.—"Nationality and Insanity in New South Wales," by Dr. CHISHOLM ROSS, of Gladesville.
4.—"Insanity in Australian Aborigines," by Dr. F. N. MANNING, of Sydney.
5.—"Dipsomania and its Allies: their Etiology and Treatment," by Dr. PATRICK SMITH, of Brisbane.
6.—"The Curability of Insanity," by Dr. ERIC SINCLAIR, of Gladesville, New South Wales.
7.—"Australian Asylums: their Management in the near future," by Dr. W. L. CLELAND, of Parkside, South Australia.
8.—"Lunacy Legislation in the Australian Colonies," by Dr. ARMSTRONG, of Melbourne.
9.—"The Training of Asylum Attendants and Nurses," by Dr. W. C. WILLIAMSON, of Parramatta, New South Wales.
10.—"Treatment of Well-to-do Insane on the Cottage Principle," by Dr. W. H. MACFARLANE, of New Norfolk, Tasmania.
11.—"The Extension of Hospital Methods to Asylum Practice," by Dr. ERIC SINCLAIR, of Gladesville, New South Wales.
12.—"The House of the Insane, with special reference to the Boarding-out System," by Dr. BEATTIE SMITH, of Ararat, Victoria.

The officers of the lunacy department in Victoria entertained their visitors from the other Colonies in a most hospitable manner, and facilities were afforded for visiting the Victorian institutions for the insane.

The cottages recently erected at the Metropolitan Asylum, Kew, for the imbecile and idiot class were thoroughly inspected, and met with general approval. In these, under Dr. McCreery, a system of education, after English and American models, has been started, and a trained teacher from the Lancaster Asylum is at work.

The occasion was the first on which the officers of Australian asylums—some of whom travelled very long distances to the Congress—had an opportunity of making the personal acquaintance of their *confrères*, and discussing matters appertaining to their specialty.

The second Session of Congress is regarded as a most successful

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one, and the pyschological section contributed not a little to this. The arrangements made by the Secretary, Dr. Beattie Smith, who was indefatigable both before the Session and during its progress, were, in all respects, admirable, and a special vote of thanks was accorded to him at the conclusion of the last Sectional meeting.

The Victorian Government, with great liberality, has voted a sum of £500 to publish the transactions of the Congress.

The Report of the Royal Commission on Lunatic Asylums of the Province of Quebec, 1888.

This Report, addressed to the Lieutenant-Governor of the Province of Quebec, has been prepared by the Commission appointed September 17th, 1887, in conformity with the Statute 32 Vic., chapter 8.

To those acquainted, from personal inspection, with the bad management of certain Canadian asylums, the conclusions arrived at in this document will be read with the greatest interest. An important lunacy law was passed in 1885 with the object of removing the abuses which had marred the benefits otherwise resulting from these institutions, which, we have never denied, had some good as well as many bad features.

The ecclesiastical authorities have, as might be expected, maintained that this law has taken away certain vested rights under their contract with the Government. The Commission accepts these statements, and proposes that the Government should restore their rights to the lady directors of St. Jean de Dieu, near Montreal. It would seem, however, that the latter have broken the implied contract with the Government, which surely preproposes that patients under their charge should be properly treated. As this was notoriously not the case, the Government was surely justified in lessening that autonomy which these ladies had so lamentably abused.

To the question: Has the law of 1855 been put into force? the Commissioners reply that the evidence taken before them shows, beyond a doubt, that in its most essential provisions it has been entirely disregarded. "The refusal of the proprietors to obey the law, and the impossibility in which the Government was placed of carrying it out, produced results unfavourable to the insane" (p. 80).

As to the remedies to be applied to this state of affairs:—

> The Commission is of opinion that the sole remedy is the repeal of the Act of 1855 and all prior legislation (Statute of 1851), and the enactment of a general law on asylums. Some clauses of the previous law and certain changes, recommended by the Commission, might be retained. Special attention should be given under the new Act to be introduced to the medical service for each asylum, and it should contain the enactments which are now found in the laws on this question in every other country (p. 80).

In the case of the Beauport Asylum, at Quebec, the Com-

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missioners have no hesitation in recommending that the contract between the Government and the asylum should be cancelled, on the ground that the proprietors have not fulfilled its conditions. "Should the finances of the Province permit of it, the Government might, under the circumstances, acquire this property and hand it over to some religious community which would be under the absolute control of a medical board" (p. 81).

Although the managers of the asylums had every opportunity of preparing them for the visits of the Commissioners, and no doubt their condition was temporarily improved, the Report before us reveals a very unsatisfactory state. Mechanical restraint is abused, and is left to the discretion of the keepers. In one room at the Beauport Asylum, the register, although not regularly kept, showed that there were twenty-one patients restrained, and in another, fourteen.

It is clear that the reforms which we pointed out as absolutely necessary in some of the Canadian asylums are still urgently required. It seems to us greatly to be deplored that the Government has been so feeble in its attempts to carry out the law. We trust that the ultimate effects of this Commission will, to a certain extent, be beneficial, especially in regard to the Quebec Asylum, but we regret that in some degree it seems to have yielded too readily to the representations made by interested parties.

PART IV.—NOTES AND NEWS.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

The Quarterly Meeting of the Medico-Psychological Association was held on Thursday, the 14th of March, at the Retreat, Heslington Road, York, the President, Dr. Clouston, in the chair. There was a numerous attendance. The following were elected new members:—Charles Brown, M.R.C.S., L.R.C.P., 9, Baskerville Road, Wandsworth Common, London; David Finlay, M.D. (Glas.), Assistant Medical Officer, County Asylum, Bridgend, Glamorganshire; John Warnock, M.D.C.M., B.Sc., M.R.C.S., Medical Superintendent, Northumberland House, Finsbury Park; James Robert Barton, L.R.C.S.I. and L.K.Q.C.P.I. and L.M., Senior Assistant Medical Officer, South Yorkshire Asylum, Wadsley, Sheffield; Nathan Raw, M.D., Assistant Medical Officer, Kent County Asylum, Barming Heath, Maidstone; William Ledington Ruxton, M.D. and C.M., Assistant Medical Officer, South Yorkshire Asylum, Wadsley; James Richard Whitwell, M.D. and C.M., Assistant Medical Officer, Wadsley, South Yorkshire; Alfred Turner, M.D. and C.M., Assistant Medical Officer, West Riding Asylum, Menston, Yorkshire; John Arthur West, L.R.C.P., M.R.C.S., and L.S.A., 113, King Henry's Road, London; Wm. Arthur Moynan, M.D. and M.Ch.I., Resident Medical Officer, Wyke House, Isleworth; C. Fred. Bailey, M.D., Lond., M.R.C.P. Lond., Assistant Medical Officer, Devon County Asylum, Exminster; C. F. Bailey, M.D. and M.R.C.P. Lond., Assistant Medical Officer, Devon County Asylum; Edward Spencer Blaker, B.A. Cantab.,

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