between feeling and cognition. It is unfortunate that the term which he uses for his chief class of intellectual disturbance has become associated with a comparatively limited group, and also that the term he applies to one of his minor classes is used by us in a much more extended sense. It is, however, better than the other alternative of coining new names, and the question of terminology need not necessarily interfere with the general idea of the classification, which is certainly worthy of consideration by English alienists.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.*

Asylum Reports for 1893.

(Continued from Jan., 1895, p. 148.)

Some English Registered Hospitals.

Bethlehem Royal Hospital.—Dr. Percy Smith notes that of all certificated admissions, about one-third were admitted at first on urgency orders. Of those who, by reason of not having been seen by a justice before admission, had to receive the notice of a right to a personal interview, one in eight availed themselves of that right. It is curious that both proportions closely resemble those of former years, showing how much lunacy facts and figures tend to run in grooves.

Voluntary boarders continue to be admitted to a very considerable extent, and we append the statistics given by Dr. Smith. Care is taken to certify these boarders as soon as they pass out of borderland.

VOLUNTARY BOARDERS.

				M.	F.	T.
Remaining Dec. 31st, 1892						6	11	17
Admitted						17	26	43
Under care in 1893						23	37	60
				M.	F.	T.		
Left the Hospital (refusing to remain for treatment)				—	2	2		
Discharged Recovered				7	14	21		
„ Relieved				5	5	10		
„ Uncured				1	—	1		
Placed under Certificates				6	11	17		
Died...				—	—	—	19	32	51
Remaining Dec. 31st, 1893							4	5	9

https://doi.org/10.1192/bjp.41.173.350 Published online by Cambridge University Press

Barnwood House, Gloucester.—Success, both psychological and financial, continues to attend the working of this institution under its new head, Dr. Soutar. A large amount of capital was laid out during the year in the purchase of property and buildings.

One of the effects of the Lunacy Act, 1890, was to create a fresh class of cases who seem to be a source of suspicious interest on the part of officials of all sorts. We believe that the conventional term for them is "short cases." This report contains particulars of rather a startling procedure under Section 116. In giving these we need hardly say that the hospital authorities had nothing to do with it.

> In the case of a lady, the subject of an Order under the 116th Section of the Lunacy Act, 1890, we heard with surprise that it was made upon affidavits only, and that she was not seen by a Master in Lunacy, and that she had but one week's notice of the proceeding for the Order, during which time she endeavoured to obtain legal assistance, but through her reference to a wrong quarter, did not get it. She is, we believe, insane; but the proceeding in this way seems to be a strong measure, where property to the extent of £1,000 a year is involved, and different persons might possibly form different conclusions as to the mental condition of the alleged lunatic and her capacity to manage her affairs.

The Commissioners have suggested in their Report that when cases partly dependent on the charity have become chronic, and incapable of deriving benefit from the treatment here, they should be transferred elsewhere, to make room for other curable cases who have need for such treatment. We should think that the selection of suitable cases for such transfer would demand very great care, and that it would only be justified by advanced dementia. Dr. Soutar reports:—"Six patients, the subjects of dementia, have been discharged, to make room for curable cases and for those who, though incurable, are capable of appreciating the advantages offered by the hospital."

St. Andrew's, Northampton.—This institution continues to do much in the way of charitable assistance to the necessitous insane of the middle class, just one quarter of the inhabitants receiving financial help in some shape or another. A few are kept and clothed for nothing. We regret that the usual financial tables are not added, since it is interesting to compare one institution with another, even in this direction. The death-rate continues to be extremely low, less than 3·0 of the total number under treatment. A new stationary pump, capable of throwing 600 gallons per minute, has been added.

York, "*The Retreat.*"—This is a very satisfactory report. A prominent feature is the response made to the appeal of the Committee for funds to enable them to wipe off a debt which in recent years has accrued from various causes. Towards the reduction of the bank debt, £2,158 11s. 6d. has been subscribed, while about £500 has been contributed towards an Endowment Fund. Greater economy, without injury to the inmates of the institution, has been exercised. The average weekly cost per head, calcu-

https://doi.org/10.1192/bjp.41.173.350 Published online by Cambridge University Press

lated on total ordinary payments, is £2 9s. 5½d. The Committee acknowledge the "able and energetic administration" of Dr. Bedford Pierce, who entered upon his work at "The Retreat" more than a year ago. Dr. Pierce notes the success of the "drawing-rooms" commenced eighteen months ago and regularly held during the winter months. Patients and officers of the institution attend, but no attendants or nurses. Concerts, lectures, magic lantern entertainments, tableaux, and an amateur play have given great satisfaction to the patients. Sunday services have been satisfactorily conducted, and the Very Reverend the Dean of York and the Rev. F. W. Harper, the clergyman of an adjoining parish, have kindly lent their assistance.

The comfort of the nursing staff has, we are glad to see, proper consideration. Arrangements have been made to enable the nurses and attendants to take their meals apart from the patients, and the change has been found decidedly beneficial. To the annual holiday of all the attendants and nurses, at the instance of the Medical Superintendent, three days have been added by the Committee. For the nurses, the usual leave of absence has been increased, the result being that one day in every month is altogether free from duty.

It is stated that within the last decade six separate lavatory blocks have been erected at a cost of £2,380.

It is evident that Dr. Pierce has successfully advanced the interests of the important institution of which he has been placed in charge, and we can only wish that the ardour and energy which he has manifested may be sustained for many years to come. The Committee and Directors are to be congratulated on the excellent choice of superintendent which they have made.

The financial accounts are presented, kept with praiseworthy correctness, but we incline to think they are needlessly full in some respects. The question whether, in the case of an institution like a registered hospital, a valuation of freehold and buildings, and an inventory of furniture, etc., shall be kept up from year to year, is chiefly governed by a consideration whether the valuation and inventory are ever likely to be at any future time brought into account for the purposes of sale between the seller and the buyer of the institution as a going concern. One can scarcely conceive possible circumstances under which such a sale could take place. In fact, the ample powers given to the Commissioners and Home Secretary would render it impossible. If, as might be the case, the premises and contents had to be sold to meet liabilities, we may rest assured that the valuation then acted on would be arrived at by actual sale, and not by actuarial calculations. It may be thought that for the purposes of a loan a valuation is desirable, but then this is a valuation taken at the moment, and not by yearly calculations; and in this case is only of the freehold, since the premises are of less value than

https://doi.org/10.1192/bjp.41.173.350 Published online by Cambridge University Press

bricks and mortar, and the furniture could only be a security under a bill of sale.

Assuming, then, that the hospital cannot be sold, there appears to be no more reason for keeping up a valuation than there would be for having a continuing valuation of the Houses of Parliament and their contents.

If there is no reason for it, there are, we think, several reasons against it, *e.g.*, waste of labour, the probable error in estimates, the suggestion of the existence of a capital value which can never be realized, etc.

There is yet another most important reason for not publishing an annual valuation. We suppose that the institution is kept up to a proper point of efficiency by repairs, etc. We know that in the nature of things depreciation by wear and tear is bound to arise. We know too that, though possibly in any given year repairs and wear and tear may just balance each other, it is impossible for such a balance to be kept up year after year, and that one will from time to time outweigh the other. Then, if the valuation is to have any effect at all, it must eventually affect the preparation of the revenue account. If waste exceeds repair, so much must be written off the year's balance (if favourable). If repair exceeds waste, then a fallacious addition will be made. Yet under both circumstances the institution may be in good and sufficient repair.

It is, of course, quite right to present a statement showing whether debts at the end of the year are met by cash assets, but it does seem unnecessary and very unusual to have "stock" annually set down; in the present instance about £50,000. The Retreat has cleared its ordinary expenses notwithstanding depreciation charged in excess, as we hold, and should be thankful. It is satisfactory that warrantable reductions have been made in some of the main articles of expenditure without disadvantage to the institution.

Some Scottish Royal Asylums.

Dundee.—It is somewhat curious to read that the Directors consider that the asylum is in a prosperous condition, and in another paragraph to find that the year's revenue is £205 short of expenditure. But an institution with a history and reputation such as Dundee has can afford to have a lean year or two.

The proportion of admissions to population is very large, being 180 to 403.

The extension of accommodation for the better class of patients will be most efficiently and at the same time most economically met, partly by the erection of a special building for exceptionally difficult cases, quite apart from, and yet within easy access of, the present institution, and partly and chiefly by the purchase or lease of any suitable buildings in the neighbourhood which may be available for the purpose, and where the patient could secure greater privacy, and enjoy more fully those home-like comforts which can only to a limited extent be introduced into a large public institution.

https://doi.org/10.1192/bjp.41.173.350 Published online by Cambridge University Press

Edinburgh. Morningside.—The treatment of lunacy is not carried on here at a loss, the managers pointing "with much satisfaction to the very substantial surplus revenue derived last year from the East House," viz., £4,134. To the end of 1893 £85,000 had been spent on the new Craig House, of which £51,000 had been borrowed, and £34,000 had been provided from profit since 1884. Since the report was written this great addition to the institution has been opened with due ceremony. To Dr. Clouston's determination, tact, and skill is chiefly attributable the getting together and successful expenditure of such vast sums. It is easy for a "local authority" to issue a precept for a quarter of a million or so, and its execution is absolutely assured. It is a very different thing to obtain even a less sum purely by appealing to public confidence. To Dr. Clouston we offer our congratulations. Apparently there are some people in Edinburgh or thereabouts who are not content to leave well alone. Against these are hurled some hard financial facts, Dr. Clouston showing that by the present housing of their patients in Morningside the ratepayers are saved £2,700 a year. This sum would have to be paid in excess if the District Board erected accommodation of their own, but evidently there is a "bit of a row" going on, the dust only of which do we see in the report. General paralytics were *admitted* to the extent of twice as many as the *deaths* from the same disease in all Ireland. This fact sets us thinking. Some say viciousness, some say ardent spirits, some say poverty and a keen struggle for life, some say ceaseless activity and want of peace cause the disease. Will Morningside care to be judged by all or any of these tests when compared with Ireland?

Dr. Clouston again insists on the necessity for man knowing himself in order to fight off the tendency to the disease. He protests with good cause against the foolish boast "that our family at least is quite free from insanity." From statistics of a country parish, fortified by his own observation, he deduces the fact that every second family is predisposed by the existence of idiocy, epilepsy, insanity, or other allied neurosis.

The recovery and death-rates were both high, the latter fact being partly due to influenza, and partly to the presence in the asylum of so many old and paralytic patients. Death robbed the asylum of an old inmate, and an old friend to many. The printer, after a residence of 41 years as a patient, has ceased to issue the "Morningside Mirror" and the Morningside reports. He would be well known to many in our Association. Dr. Clouston reviews the working of Morningside during the past ten years. The recovery-rate is 36·7, the death-rate 7·2. Of the deaths—

Causes of Death.—Fifty-nine per cent. of all the deaths during the ten years were directly due to diseases of the brain or nervous system, against 54 per cent. in the previous ten years. General paralysis alone caused 20·6 per cent. of all these deaths. These facts do not necessarily prove that nervous diseases are increasing

https://doi.org/10.1192/bjp.41.173.350 Published online by Cambridge University Press

nowadays, though there are many grounds to fear that this is so. But they do prove that the serious and fatal diseases of the brain, with mental complications, are more sent to asylums nowadays. The same causes that led to the decreased recovery-rate necessarily led to the increased death-rate in the decade.

One very satisfactory fact appears in these statistics. While the death-rate from consumption was about 25 per cent. of the whole mortality before 1873, it fell to 15 per cent. in the decade 1874-83, and during 1884-93 it has fallen to 12·7 per cent., this including all the cases found tubercular after death. This speaks volumes for our improved diet, ventilation, outdoor exercise, clothing, and the benefit our hospitals have been to our patients.

Montrose.—More room is wanted, and it is proposed to build separate houses for private patients, thus making room for more parochial people. The Committee paid Dr. Rutherford a visit at Dumfries, and came away much impressed by his detached villas. Eleven attendants obtained the certificate of the Association. Dr. Howden will not give a recommendation to anyone as a trained nurse who does not hold this.

The hospital that was added to the asylum some years back continues to give great satisfaction. It is used for sick people, and is not intended in any way for the special care of recent cases. Post-mortem examinations were held in 47 out of 52 deaths.

James Murray's Asylum, Perth.—Dr. Urquhart is a persistent advocater of change for many sorts of cases—bad chronics, slow and unsatisfactory convalescents, and so forth. We feel sure that he is right. He sent out six patients and received four on this principle.

Instead of the cares and responsibilities of marriage tending to produce insanity more readily than celibacy, Dr. Urquhart finds just the reverse. Only two married men remained on the register.

The influenza of the preceding year reduced the vitality and body weight of all; but during the year under report there was an average gain of 6lbs. per patient.

It is no mere formality to express thankfulness that our record for the year is unsullied in this respect, and I desire to bring into prominence the valuable services rendered by those continuously and intimately responsible. In the outer world there is a rooted idea that anyone will do for an attendant, and there is no lack of unsuitable candidates when vacancies occur; but newcomers soon find that an asylum is a school for all the Christian virtues, and it ought to occasion little surprise if the severe training finds here and there a contumacious pupil.

Some Scottish District Asylums.

Fife and Kinross.—The admissions show a welcome decrease, but the cases were not of so favourable a character as usual. Dr. Turnbull has occasion to make protest against comparisons being made between district asylums and other asylums. In the former obviously everything that comes to the net has to be taken in, but it is not all fish. In other institutions, we suppose, there is some freedom of choice. There is no question but that he was hardly treated by one inspector, who out of three cases from one parish sent the chronic to Dr. Turnbull and the other two curable ones to another place. As we have said many times before, compari-

https://doi.org/10.1192/bjp.41.173.350 Published online by Cambridge University Press

sons of figures are utterly valueless unless the correlative facts, such as this, are known.

No case of general paralysis was admitted.

Dr. Turnbull has been to the trouble of obtaining information from other asylums as to consumption of water per head in them, and after comparing them with his own figures he comes to the following conclusion:—That while 30 gallons per diem is generally taken to be the average amount consumed by sane folk, in asylums 75 gallons are used where there is no restriction; 40 is the absolute minimum, while a supply of at least 50 is desirable.

A supplementary table is given, showing the increase or decrease in weight in those cases who recovered. Four cases in 35 actually lost weight, but only to a small amount. The others mostly gained considerably, one female having well spent 19 months in adding 86 pounds to her already reasonable proportions. In this table, which is a really interesting and instructive one, we note that a case recovered after 16 years of melancholia.

Roxburgh, Berwick, and Selkirk.—This asylum is getting uncomfortably crowded, for which a very low death-rate must be mainly responsible. It is curious that, after reading Dr. Turnbull's figures of the water requirements of an asylum, we should have, in the very next report we take up, a convincing proof of why so much water is required and of the ill-effects of shortness. Dr. Carlyle Johnstone writes:—

> The supply of water to the asylum has not been increased. During the prolonged drought of last summer the quantity from all sources, good and bad, was quite insufficient for the wants of the community. It was found necessary to discontinue the bathing of the patients, to cease cleansing the floors, to restrict the washing of clothes, to cut off the water in the lavatories during the greater part of the day, and to shut up many of the water closets; while, as regards risks from fire, the institution was reduced to a practically defenceless position. It must not be supposed that this distressing state of matters is an unusual one. An almost equally serious condition exists during every dry summer, and in no summer is there a sufficiency of water of a wholesome quality.

Stirling, Dumbarton, Linlithgow, and Clackmannan.—197 admissions for an average residence of 459 is undoubtedly high, especially in an asylum only constructed for 400 patients. Dr. Macpherson does not adduce any particular explanation of the increase, but warns against too ready acceptance of current theories which are so fashionable. In separating the private from the pauper patients he applies the words "State-supported" to the latter. We must really take exception to this term, which is used not by him only. Patients are sent to asylums and paid for there by their immediate neighbours, in obedience to a law as old as Moses, that each aggregation of people should support and care for its sick and poor. The suggestion of this duty being thrown on the tender mercies of a State department is a suggestion of a calamity from which we pray Heaven to shield us. Even in its modified form in Ireland it is not found to be a blessing.

https://doi.org/10.1192/bjp.41.173.350 Published online by Cambridge University Press

Dr. Macpherson well points out that education is no safeguard against insanity, at least that "smattering of a variety of different kinds of knowledge" which is supposed to be education. He quotes Sir J. Coxe as insisting that education "in knowledge of a man's own body, and of the relations in which he stands to the moral and physical world round him," is a power for checking the spread of the disease.

Great interest is taken in the training of nurses, and we make the following extract from some excellent remarks thereon:—

> The enthusiasm with which nurses and attendants in the present day asylum have thrown themselves into this new scheme of reform (and nowhere has this enthusiasm been more freely manifested than in this asylum) is an excellent sign that the standard of asylum nursing has risen, and will continue to rise with increasing aspirations. When the fashion in nursing changes, as all fashions do, and when people begin to perceive that ministering to a diseased mind is a higher mission than that of ministering to a diseased body, then we may expect the highest type of nursing to have its location in our hospitals for the insane, and the reproach of centuries of neglect and cruelty to be at least partially expiated in the gentle alleviation of the fearful and painful sickness of the mind.

---

2. *French Retrospect.*

Ph. Chaslin on Cerebral Sclerosis.

Contribution à l'Etude de la Sclerose Cérébrale. "Archives de Médécine Expérimentale," Tome iii., p. 305.

More recent methods and investigations must be held to modify some of the results of this observer. His paper deals, directly, only with the particular form of cerebral sclerosis frequent in epileptics. In some of these the lesions were visible to the naked eye, some convolutions being atrophied, indurated, rough or smooth; and the cornu ammonis and medulla oblongata were also more or less affected. One part of an altered gyrus contained some abnormal nerve-cells, and between them neuroglia fibrils; another part was formed solely of overgrown neuroglia. The point of departure of this overgrowth appears to be the spider-cells.

He uses a histo-chemical reaction or test, suggested by Melassez, to show that, in these cases, the proliferated material, as well as being morphologically, is also chemically very different from connective tissue.

In milder degrees of change there is thickening of the superficial or neuroglia layer, forming a close network; in the next subjacent layer are fibrils of neuroglia, some of them described as traversing the protoplasm of spider-cells. The change is to a less embryonic state of the neuroglia, approaching that of the spinal neuroglia, and is entirely different from that found in general paralysis.

He asserts that the neuroglia and connective tissue come from different sources, and that the proliferation, in the cases forming the basis of his paper, is of neuroglia of ectodermal origin. (On

https://doi.org/10.1192/bjp.41.173.350 Published online by Cambridge University Press