Dr. Grashey holds that there is a variety of aphasia which is dependent neither upon the loss of function of the nerve-centres nor injury to the conducting power of the nerve tracts, but simply upon a diminution of the duration of the impressions of the senses causing a loss of the powers of apprehension and association. Aphasia following diminished duration of the sensory impressions is, to all appearance, not rare. It is to be sought for amongst patients who suffer from concussion of the brain or from fevers. Dr Grashey has found a number of cases in which all impressions are forgotten immediately after being apprehended. He cites one instance from Lichtheim of a man whose head was injured by a fall from a waggon, and could not recall the names of objects. When one said the words to him or wrote them he could repeat the words without any difficulty. The power of writing was also much injured.

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4. *English Retrospect.*

Asylum Reports, 1886.

(Continued from p. 326.)

Aberdeen.—What might have been a very destructive fire broke out in the roof of an upper storey. Fortunately it was almost immediately discovered, and did little damage beyond consuming the roof it originated in. Various suggestions have been made by one of the Commissioners, by which the dangers of fire would be much diminished, and no doubt the Managers will do all that is in their power, now that they have seen what may happen, to protect the patients and buildings.

A private patient, who had for several years been allowed to walk beyond the asylum-grounds, accompanied by an attendant, suddenly threw himself over a bridge. This is another illustration of what chronic, and so-called harmless, lunatics will do.

Although 35 patients died during the year in only 15 cases was the cause of death verified by examination. This must be considered a small proportion.

Bedford, Hertford, and Huntingdon.—The Commissioners remark:—

> There has not been any resort to seclusion or restraint. When it is found necessary to dissociate a patient from the rest in a ward an attendant is always placed in separate charge of the case.

In acute delirious mania, in the fury of epilepsy and general paralysis, we should have expected that complete isolation would have been preferred.

The importance of extended exercise beyond the airing courts is also pointed out.

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Cheshire. Macclesfield.—Among various works in progress or suggested is the heating of the dormitories with hot water.

The Committee still adopt the practice of asking the patients when they come up to be discharged (the Medical Superintendent not being present) whether they have any complaints to make of their treatment in the Asylum. The result has been satisfactory.

This is an arrangement which should be adopted in every asylum. In some large asylums the patients are discharged without ever seeing the Visitors; and though means are adopted for obtaining expressions of opinion as to the nature of the treatment experienced, these cannot be considered quite satisfactory.

The following suggestion by the Commissioners may be usefully adopted by those as yet unacquainted with it:—

We also visited the Chapel, where we observed a box placed for contributions towards aiding discharged patients. In respect to this subject, on reading the Chaplain's report we notice he advocates a yearly grant by the Committee towards the "Samaritan Fund" to aid in supporting the patients on discharge until they are able to obtain work. We are fully alive to the great advantages accruing to patients from such pecuniary assistance, and the practice in the Metropolitan Licensed Houses receiving paupers is to send them out on trial for a certain period, giving them a weekly allowance during that period, thus enabling them to live without unduly taxing their strength, and helping them in a short time to earn their own living. This system, it appears to us, might well be tried here.

Dorset.—After a service of 32 years Mr. Symes retires in favour of Dr. Macdonald. We cannot help expressing surprise at the manner in which he was treated as to pension. No doubt the Pensions Committee, consisting of such practical men as Dr. Murray Lindsay and Dr. Williams, will give due consideration to the circumstances of this case, although we are aware that it is said that, while it is not agreeable to have a pension cut down from £600 to £450, the latter sum is not to be despised in these days of retrenchment and general discontent.

Improved means for testing the punctuality of the night attendants have been provided. The apparatus is electrical and cost £103.

We commend Mr. Symes' method of treating *little* offences by attendants and nurses. He says:—

The duties of attendants on the insane are irksome and very heavy to bear, and it needs considerable forbearance on their part to submit to the many indignities frequently heaped upon them; it is this knowledge which makes me desirous of commending them to your kind consideration and favour, and, feeling as I do, I have always endeavoured to put the most favourable construction on any little error or misconduct. The outside world knows little or nothing of life amongst the insane; did they, I feel certain their remarks would be sometimes more modest and leavened with more real Christian truth and charity.

Edinburgh Royal Asylum.—It is exceedingly satisfactory to find that the Governors have been successful in the suit raised by them against the City and St. Cuthbert's parishes for the recovery of the

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boards of pauper patients at the rate which they considered they were entitled to.

Intimation of a legacy of £5,000, with residue, has been received. The money is to be held in trust for the benefit and relief of insane persons, who, from their rank in society, or education and habits, cannot properly be associated with paupers, but whose means are insufficient for defraying the expense of their comfortable maintenance in the asylum conformably to their station and habits, though their mental condition be such as to render it desirable that they should be placed in such an institution. Careful provision is made by the testatrix for the application of the whole annual income for the benefit of insane persons of the class referred to, in no case more than £40 being allowed for any one patient, and the fund not being allowed to operate in any manner so as to lessen the burden upon parishes or other public bodies legally liable for the support of paupers and others in the asylum.

As usual, Dr. Clouston's report contains much that is worthy of reproduction, but space forbids.

Kent. Chartham Downs.—A hospital, to contain 20 beds and the necessary rooms for attendants, &c., is in course of erection, at a cost of £2,500.

A patient committed suicide by jumping down the well in the engine-house. He had been nine years in the asylum and had never exhibited any suicidal tendency. Dr. Spencer attributes the act to uncontrollable impulse.

Kent. Barming Heath.—The following paragraphs from Dr. Davies's report will be read with interest:—

> It is the diminution of discharges which explains this increase, and I am of opinion that the general depression in trade and industry of all kinds, which has been so severe lately, has directly conduced to this result, and this in two ways:—Firstly, by lowering the vital power of those affected; and, secondly, by curtailing the means of the patients' friends, thereby rendering it impossible for them to do anything towards promoting recovery, by removing the patients early, and completing their cure at home. I have great faith in this early removal from an asylum. Let the wards be ever so cheerful, they lack the nameless comforts of home, and relapse but too frequently ensues if removal be unduly delayed.
>
> Again I have the pleasure of reporting the total absence of seclusion and mechanical restraint. The greater freedom allowed to, and the more varied forms of occupation we now provide for the patients, are mainly the cause of this most desirable result. This subject of occupation of patients under skilled attendants in various trades has already received considerable attention from you. I cannot express too strongly the very high opinion I have of its advantages to my patients, apart altogether from its economic aspect, though this latter is by no means inconsiderable.
>
> Work, particularly skilled work, is more essential for the successful treatment of the diseases of the mind than all the drugs I know anything about. This work, however, must be under the direction of trained attendants, and also under the immediate supervision of the medical staff. I have proved over and over again that it is worse than useless to send a semi-convalescent patient to work with an ordinary artisan. I trust the day is not far distant

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when the full resources of the asylum will be developed for the benefit of its afflicted inmates by the extension, to its utmost limit, of this system, which we have found to be so very advantageous, and absolutely free from any drawback.

Killarney.—Dr. Woods notes that one death was due to general paralysis of the insane, the second that has occurred in the asylum during the past eleven years, and it is worthy of remark that the man was not a resident in the county, but had served for many years in the R.I.C., and was stationed in a part of the country where lately he had hard and trying duties to perform.

The enlargement of the asylum is under consideration.

Lancashire. Lancaster.—We are pleased to learn that Dr. Cassidy's salary has been raised to £1,000 per annum. Various structural alterations, including the drainage works, have been completed, and others of much importance are contemplated.

Dr. Cassidy has recently introduced, the Commissioners report, the practice of associating the sexes at meals on opposite sides of the same table. This has caused no confusion or disturbance, indeed the patients have taken little notice of their neighbours opposite. The airing courts are little, if at all, used; and the women get their proper share of exercise on the boundary walk.

In connection with the amusements, an experiment has been tried to make them self-supporting by admitting the public and charging for admission. The Christmas pantomimes left a handsome profit.

The following paragraphs are from Dr. Cassidy's report. His opinions may be compared with Dr. Davies's on the same subject—early discharge of convalescent cases:—

A curious instance occurred in a young man, readmitted after a considerable interval of absence from the asylum, whose symptoms, those of suicidal melancholia, were similar on both occasions, but where the same treatment, self-applied, succeeded the first time but failed on a second trial. When here on the first occasion he precipitated himself head foremost on a stone pavement, causing a nasty bruise and wound of the scalp, which was followed by diffuse cellulitis and suppuration, in the course of which he recovered completely, and was ultimately discharged. After his second admission he was closely watched, but found, in spite of this, an opportunity for repeating his former tactics, and threw himself head foremost as before. The same results short of recovery followed, and his scalp being now healed, he remains as he was, melancholic and obviously watchful for some further opportunity to injure himself. [Might not the next experiment succeed?]

With respect to readmissions within the year, I am afraid in some instances premature discharge must be accountable for the relapse. Though holding the conviction that premature discharge is more likely to be harmful than the detention, and even the prolonged detention of convalescent patients, I find it often very difficult to resist the importunity of the patient and of patients' friends, in which very often the latter have no measure. It is a common experience to find, when this importunity has been resisted, the patient in the end is grateful, and ready to acknowledge his previous non-fitness and his now better preparedness for discharge.

It seems hard to condemn a convalescent who is practically sane, but whose nervous system has not yet recovered its tone or his mental powers their full fitness for the ordinary calls of life, to spend a further portion of his days in

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the society of the actively insane, and for such an one discharge from this intercourse would be the best solution, could we be sure that his home and surroundings would be such as to promote the full restoration of his powers. Herein lies the difficulty, and in the sometimes astonishing inconsiderateness of relatives, the bad conduct of husbands, wives, or parents, or the overwhelming pressure of domestic or business cares, exists the cause of many an early relapse. Therefore, the ideal asylum, in addition to a separate and detached block for the newly-admitted acute cases, which it is generally admitted is an urgent want in most asylums, should contain a building apart from the asylum proper for convalescents, where a longer probationary period prior to discharge should be passed, with such liberty, privileges, and surroundings as would mitigate the hardness of detention, and gradually accustom the recently-recovered lunatic to the responsibilities of freedom.

Lancashire. Prestwich.—Dr. Ley points out that of the admissions, about 30 per cent. came directly from their own homes, and 60 per cent. from workhouses. This method of passing patients through workhouses to asylums is worthy of emphatic condemnation.

Suicidal tendencies exist in 40 per cent. of the cases in residence. This is a most unusual proportion, and Dr. Ley reports that this distressing complication has greatly increased during the last three years.

Lancashire. Rainhill.—Dr. Rogers reports :—

In an unusually large number of cases, especially among the women, there has been observed a very marked derangement of the bodily functions, especially of the circulation, among those recently admitted. This disturbance of the circulation, accompanied with a very high temperature and great exhaustion, has closely resembled continued fever, though without its special characteristics, and the subjects of it have required very careful nursing, but most of those who have been so affected have either already recovered or are on the way to recovery.

Lancashire. Whittingham.—The following extract from Dr. Wallis's report shows that he is working in the right direction :—

This mention of nurses and attendants allows me to refer to their training. Much of the successful treatment of the insane depends upon the care and attention they should receive from those in immediate charge of them; indeed, it may frequently be said of a particularly critical case that the life of the patient absolutely depends upon the painstaking and faithful carrying out of minute details of nursing. The asylum attendant receives, as a rule, no systematic training, but depends upon his native sharpness, love of his work, and energy for picking up from his charge attendant such atoms and scraps of information as he may be favoured with from time to time. Beyond this he is left to the perusal of his rule-book, his own powers of observation, and an occasional word from the chief attendant. Some superintendents of asylums, especially in Scotland, have endeavoured to systematize the training of their attendants; and a manual has been edited and issued which has received the approval of many of the members of the Psychological Association. Without going quite so far as the manual, I feel that something in this direction ought to be done; and, with that object in view, I have in hand some instruction classes, which I propose, at first, at any rate, to confine to the charge attendants, by means of which I hope to be able to give them a broader view of their duties, and some more precise instructions as to nursing, than they have hitherto enjoyed.

In their report the Commissioners state that, although the Irish Roman Catholics are a large proportion of the inmates, Dr. Wallis

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overcomes the objections usually made by the friends of such patients to post-mortem examinations by refusing a certificate of the cause of death unless verified by autopsy. Now we should like to know the legal aspect of this question. Is it lawful for a doctor to refuse a certificate of death although he knows the cause? We believe not, though we are not aware that the question has been authoritatively settled. Whether it be morally right to bring such pressure to bear upon the relatives, is a question to be settled by each man according to his conscience.

Leicester (Borough).—The whole of the drainage is in process of being overhauled.

About 30 only of each sex are confined entirely to the airing courts. Various structural improvements have been effected; the most important being the erection of a block of workshops.

Leicester and Rutland.—So far as we can gather from the report, for the subject is not even mentioned, the proposal to erect a new asylum is abandoned in the meantime. It is quite evident, judging from the Commissioners' report, that the present building has many structural defects, and much is required to bring it up to modern requirements, if, indeed, this be possible.

Lincoln.—No progress has been made in providing necessary accommodation for pauper lunatics in this county. A separate asylum for the southern division has been talked of, but nothing has been done.

London.—The Commissioners point out that no fewer than 315 out of 425 patients are entirely confined to the airing courts for exercise. If the number of nurses and attendants is too small to permit of more extended exercise, it is obvious that the number should be increased. In reply to this Dr. Jepson remarks:—

> This implied hardship is scarcely a justifiable stricture, having in view the exceptional size of the grounds, which afford ample scope for exercise to those who are able or willing to take it. The country walks are enjoyed by the men, and all who can be trusted are invited to join them, but among the women they are regarded with considerable disfavour, and various subterfuges are resorted to to obtain exemption from the indulgence. A very great number of both sexes are too old and too feeble to walk at all for any length of time, or for any distance.

It will be found that, by a little persuasion and firmness, the women will walk and obtain much benefit therefrom. The infirm should be sent out in separate parties. Experience has abundantly proved that female patients are much improved in their general condition by being excluded from airing courts and being compelled to walk out in the country. The advantages to the discipline of the nurses are obvious. The results of actual experience are the best replies to the difficulties urged against this practice.

Middlesex. Hanwell.—The laundry is now quite inadequate. The contemplated additions and alterations will cost £8,491. To accommodate the increasing number of female epileptics, plans have been prepared for the erection of an *annexe* to the infirmary ward for sick

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and feeble epileptics. The building will contain 20 beds, with five single rooms, and the cost, including furniture, is estimated at about £2,899.

Middlesex. Banstead.—The occurrence of the outbreak of fire late at night in the bedroom of a male attendant afforded a practical opportunity of testing the usefulness of the electrical alarm bells. The fire brigade thus summoned mustered very promptly, although, happily, their services were not required, as the fire had been previously put out.

A sitting-room has been provided for the male attendants, and fitted up with a billiard table, presented by the chairman. This act of benevolence might be imitated in other asylums, for such are singularly rare.

Monmouth, Brecon, and Radnor.—The addition of sixty acres to the estate has been sanctioned, but not completed.

It is satisfactory to learn that only 10 men and 30 women of those physically able to take more extended walks are confined wholly to the airing courts.

Dr. Glendinning reports that only one death from phthisis occurred during the year, and only one patient in the asylum is suffering from that disease. This is a most satisfactory condition, for there is no doubt, as he remarks, that this disease is chiefly due to impure air, defective hygiene, and imperfect nutrition.

Montrose.—The long-standing controversy with the District Board has been brought to a close; but the Managers have received notice from the Board that it will seek to reduce the rate of board, £28 12s., to the old rate of £24 10s. The Managers have resolved to adhere to the higher rate, and we sincerely hope that they will succeed in any litigation that may arise thereon.

The following paragraph is from Dr. Howden's report:—

> It has been alleged that in English mining and manufacturing districts the number of admissions into asylums is fewer during periods of commercial depression than in more prosperous times, and an endeavour has been made to explain the supposed fact that, wages being low, working people spend less on drink, and as a consequence fewer persons go insane from intemperance. It would certainly be a considerable compensation for national misfortune if the fact and the theory were alike true. I question, however, if either will be corroborated by careful investigation. The theory was ventilated ten years ago, at the commencement of a long period of depression. The depression still exists, and in a more aggravated form, but I do not think the lunacy statistics of the last ten years show a decrease of insanity as compared with the previous decade. However it may be in England, the temperance theory is not applicable to the districts from which the inmates of this asylum are derived. Intemperance, as a direct cause, has always been a low factor in the production of insanity with us, as compared with urban districts, though, curiously enough, the number of cases of *mania a potu* (5) is larger this year than usual.

Mullingar.—In his new appointment it is evident that Mr. Finegan is not lacking in energy. In order to keep down the ever-increasing number of patients in the asylum, he very properly makes an in-

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variable practice of encouraging the surrender of inoffensive and incurable cases to the care of their lawful guardians. He has also recently instituted the keeping of medical case-books, "in which are fully and accurately recorded information from every possible source bearing upon the medical history of the case, together with statements of the mental condition on admission, and the result of treatment administered." When one reads this sentence one is compelled to ask, Is it possible that no case-books existed before in this asylum, and are any other Irish asylums still without them?

Murray's Royal Asylum.—This institution continues to prosper under Dr. Urquhart's efficient management. The following paragraghs occur in his report:—

A wholesome competition among Royal Asylums in Scotland has, without doubt, stimulated officials and benefited patients. That increase of personal liberty, which is to be found in all the best hospitals for the insane in the United Kingdom, is surely gaining the confidence of the public, and will as surely result in a true appreciation of the highest aims of the medical care and treatment of lunacy—"the cure of the curable." It is of little moment whether this be ticketed the "Open-door system." The main point is that on both sides of the Tweed there is a *system* of granting liberty on parole, of sending patients out on leaves of varying duration, of minimizing irksome and degrading restraints, of encouraging intercourse with the outer world, and of approximating asylum-life to the domestic ideal in so far as possible. This is not the fashion of a day, but has been built up in studied evolution since Conolly and his compeers began their labours; and we have to acknowledge and found upon the experience of the men who showed how asylums could be conducted without mechanical restraint.

The occupations have been continued on the same lines as in former years, with manifest advantage to the patients. It is of the greatest importance that those labouring under excitement or sinking into dementia should, so far as consistent with prudence, be led to occupy themselves in useful work. It is an advantage that has been widely recognized in pauper asylums, and it is now being tried with benefit in hospitals of this class. I have felt that, however important the amusement of the patients is, it is only subsidiary and complementary to their occupation; and, therefore, since my appointment here every effort has been made, from day to day, to induce patients to employ themselves in some useful manner. The quiet and absence of turbulence, remarked by the Commissioners from time to time, is in no small measure due to this. The daily reports of the charge-attendants name the patients who are unemployed, and state the reasons. Half are at work in one way or another. It has been said that farm and garden labour is not the best work for the town-bred insane patient. I am strongly of opinion, after an experience of seven years in this asylum, that it is one of the most valuable aids to recovery. It has been my fortune to have the unanimous approval of my patients' friends in this matter with one exception—an exception that proves the rule. A young gentleman, suffering from chronic mania, was found wheeling a barrow by his father, who pronounced his occupation degrading, and in consequence removed him to another asylum; but within a few months the father wrote requesting me to receive his son again, without stipulating for his exemption from the labours that had proved so salutary to him.

(To be continued.)

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