i.e., of a disease which is known to stand indefinite relation to atrophy of the thyroid.

Dr. Murray concludes by opposing, in two columns, the symptoms of Graves' disease and of myxœdema; in this way the opposition of the symptoms to which Dr. Byrom Bramwell had drawn attention is made very manifest. We would draw attention to the opposition in the matter of the electrical resistances as depending probably upon the moist and dry states of the skin present respectively in these two diseases. This is the view, we believe, which Dr. de Watteville has expressed, and, if true, we should have to cancel, as primary opposing symptoms, these electrical phenomena. The argument of the article in the "Lancet" is closely reasoned, and, we think, warrants the conclusion "that any line of treatment which is adopted for exophthalmic goitre ought to include special measures directed to the improvement of the abnormal condition of the thyroid gland."

At the Medical Society of London, "Lancet," October 21st, 1893, Mr. Maude, quoted in the preceding, discussed the etiology of Graves' disease and its relation to myxœdema. In the comments which followed, we may note the remarks by Dr. Burney Yeo on the unilateral and crossed effects resulting from unilateral enlargement of the thyroid in a case shown by him (the general phenomena of the disease, he thought, were due to the central nervous system); also the remarks by Mr. Berry and Dr. Hector Mackenzie. The former showed microscopical specimens from two cases of Graves' disease in which there was a complete absence of all colloid secretion; also two other sections from ordinary parenchymatous goitre in which there was a large excess of colloid material in the alveoli. Dr. H. Mackenzie had given large doses of thyroid extract in Graves' disease without bad effects. Clearly the whole subject requires much further investigation.

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3. *American Retrospect.*

By Fletcher Beach, M.B., F.R.C.P.

American Journal of Insanity, April, July, October, 1893.

Alienist and Neurologist, July, 1893.

Journal of Nervous and Mental Disease, July, 1893.

The "American Journal of Insanity" keeps up its high character under the able editorship of Dr. Blumer, and is well abreast in scientific research with all matters concerning the treatment of the insane.

Dr. M. J. White has a paper on "Adjuncts to Medical Treatment in Hospitals for the Insane." This was read at the annual

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State Conference of Charities and Correction in March, 1893. The author believes that rest, quiet, and freedom from mental exertion is the proper treatment for acute mania, but thinks that the average case of acute melancholia requires not so much rest and seclusion as the employment of methods for weaning the mind from gloomy forebodings and diverting it into healthy channels of thought. A study of peculiarities of disposition is required, and suitable measures set on foot to meet them. He believes in the physical theory of insanity, and considers that in many cases there is an interdependence of physical and mental conditions, but he is convinced that, in addition to the tonic and hygienic measures employed, the moral treatment of the insane is of great importance. The effect of environment on the insane is apparent to every observer, and the substitution of cheerful, sunshiny abodes for the former gloomy structures, with bare exterior, appeals to the sense of the beautiful and good. These are in turn being modified by the addition of cottages, so as to separate the milder types from the classes which annoy and menace their fellow patients, and are found of great use in the sensitive class of acute cases in whom first impressions are potent for good or evil.

The performance of household duties and the employment of the patients in trades have given very satisfactory results; instead of noise and confusion there is now a spirit of contentment and hope. The effect of active exercise and employment in the open air suited to the character and strength of the patient, and the administration of hot milk at intervals, has been to produce restful repose at night, and so the sedatives formerly in use, and which produced only artificial sleep, have been to a great extent abandoned. For those who are disinclined for active exercise, or who are physically not strong enough for it, the Turkish bath has been found very useful. This measure, as an adjunct to the ordinary medical and moral treatment, together with the administration of hot milk at night, has, in the Milwaukee Hospital for the Insane, reduced the sedative draughts practically to nothing, there being now only two doses given for this purpose per night. The author believes that music should be made more use of and the employment of vari-coloured and attractive objects, as well as the association of the various classes of the insane for short periods daily in dining-rooms in the institutions. By these means healthful lines of thought are established, and an approach to the conditions formerly enjoyed in the outside world is secured. The treatment laid down for the insane in this paper has for many years been in use in the best asylums in Great Britain.

"Trional and Tetronal—Clinical Observations on their Action as Hypnotics and Sedatives in the Treatment of the Insane," is the title of a paper by Dr. W. Mabon. Trional and tetronal contain, the first three, the last four ethyl groups, and it is on these that

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the physiological activity of these remedies depends. They are said by some observers to be more active than sulphonal, since the patient is more quickly affected, awakens readily, and unpleasant after effects are not produced. Trional is about as expensive as sulphonal, but tetronal costs twice as much. The action of trional as a hypnotic and sedative is given in 22 cases, and of tetronal for the same purpose in 15 cases. The author concludes that trional seems to be more serviceable as a hypnotic, and tetronal as a sedative. In the majority of cases fifteen grains of trional given in hot milk at bedtime produce sleep of from six to nine hours' duration, and the sleep is not accompanied by dreams. From fifteen to forty-five minutes is the time usually taken for the drug to produce its effect. In the case of tetronal fifteen grains were also required to produce the same result, and as this remedy is twice as expensive as trional, the latter is, as a rule, to be preferred. Both drugs had the effect in some patients of producing sleep for two nights after a single dose.

Dr. Smith Baker writes on "Ocular Psychalgia." He is of opinion that "the ultimate close relationships of the neuro-psychical activities which together make up the complete mind may be assumed in connection with every presentation in the clinical field, no matter how grossly material or how far removed from mental activity it may seem to be." He thinks that persons suffer more or less on account of their doctors not recognizing the elementary facts involved. In many cases the patient, after being treated, does not get well, and so after a time a condition of sub-tone is produced, which has been described by a writer as "blue-rose melancholy." In some patients the etiological and diagnostic investigation is most disheartening. A case is related of a lady whose temperament was bright and cheerful up to two years before consulting her doctor. Physical examination showed nothing, and no irregularities of function were discovered; in fact, she seemed quite well except for a "blue-rose" feeling which had gradually developed. The author tried various remedies without avail, when quite unexpectedly he discovered a corneal astigmatism "of 1·50 D. axis 90 degrees in each eye, which proved to be hypermetropic." The optical correction required having been applied, relief of the mental pain followed, and her surroundings once more seemed cheerful. Three other cases are given in which mental suffering disappeared on applying the proper glasses. This treatment is similar to that which has been found useful in relieving pain in the head in certain cases, and the author of this review has proved it to be an adjunct to the bromides in reducing the number of fits in some patients suffering from epilepsy. When one thinks of the probable reason why so slight a cause should produce such fateful results, one is led to the conclusion that the local factor is quite inadequate, unless we associate it with a pathologically fertile soil in which to thrive. "Given this neuropathic

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basis, and it may require but a slight local excitation for the development of mental pain." Hence in any given case, the exciting cause must be searched for until it is found.

"Hopeful Recoveries from Insanity" is written by Dr. P. M. Wise. He agrees with Bucknill and Tuke's statement that five of eleven persons die without recovery, and that of the six who recover only two remain well, the other four relapsing, three of whom eventually die insane. He does not think that sixty-six per cent. of all first recoveries relapse in the ordinary sense of the word, for many cases do return to their standard of health and normal mental condition. The intervals between attacks vary, and sometimes continue for half a lifetime. Then, he says, there are twenty per cent. in which insanity has been an accident in life. The patients have acquired it as they might do other diseases. Recovery in these cases is hopeful, provided convalescence is sufficiently prolonged under favourable surroundings. The author believes that the most hopeful field of labour is to be found in strictly defining these two classes, and in reducing the number of those who relapse after recovery. There is no doubt that many cases have become hopeless after recovery from the first attack, because they have not been retained under treatment long enough, or placed in a favourable environment until a proper amount of endurance has been attained to withstand the many friction elements that attack men and women. The object of the paper is to sustain the belief "that the cause of a large proportion of relapses after *apparent* recovery is the application of the original exciting cause before the disordered nervous system is restored to its best possible condition of resistance; in other words, until restoration is fully established." The author assumes that fully three-fourths of the 66 per cent. who recover from the first attack have a second attack on account of subjection to primary exciting causes. He is of opinion that interest should be maintained especially in first recoveries, and that there are other means of treatment besides those of the asylum. There are two classes of cases, one of which can safely undergo convalescence at home; the other, larger class, whose home surroundings retard convalescence, or who have no home or friends to provide for them. There is no doubt that the convalescent period in hospitals for the insane has been too frequently dangerously shortened, and if the necessity for after-care were asserted there would no doubt be some suitable response. He refers to the association at work in England for the "After-care of poor and friendless female convalescents," but does not think that it represents all the objects he wishes to secure. He prefers the system applied by the after-care institution, l'Asile Ouvroir, Grenelle, Paris, which "not only cares for convalescents in residence, but keeps touch with mental convalescents in their family life." There are a considerable number of cases that have broken down in attempting to obtain

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their daily bread, and who have no home which can serve as a medium between the asylum and renewed struggle. These are the cases for which the After-Care Association in London has given its aid. The author wishes to point out and impress his belief "that a large number of relapses are the result of premature discharges, and are avoidable by some means of care between the asylum and home . . . in order to permit organic recovery and renewed evolution of psychical integrity."

The President's address before the American Medico-Psychological Association, held at Chicago last June, by Dr. Andrews, Medical Superintendent of the Buffalo State Hospital, is an interesting one. This was the first meeting of the Association since the change of name from the "Association of Medical Superintendents of American Institutions for the Insane" to the above title. Another change "makes the President assume his duties at the close of the session at which he is elected, and places upon him the responsibility of preparing the work for the session over which he is to preside." The meeting was held at Chicago to commemorate the four hundredth anniversary of the discovery of America. He gives a retrospect of what has been accomplished in the care and treatment of the insane during the past quarter of a century. During this time cerebral pathology has had its origin and development, the microscopical appearances of normal and abnormal tissues have been studied and illustrated, and various nerve centres have been discovered and their functions established. The institutions in America are no longer called asylums, but hospitals for the insane, and are regarded as places for the care and cure of the sick, rather than for simply retention of the insane. These buildings have been improved in various ways, and indicate the adoption of new ideas for the better care of the patients. Medical treatment has made great strides, and there has been an increase in the number of physicians and attendants employed in the care of patients. Unfortunately the increase of medical assistants which has been accomplished in America has not made much headway in this country. Training schools for nurses of the insane have been established there, but as each institution works these schools in its own way there is a lack of uniformity, and Dr. Andrews suggests that the Association should appoint a committee to prepare a definite scheme and the establishment of a uniform method of procedure in these schools. In England, as is well known, the scheme of training attendants in asylums has been laid down by a committee of the Medico-Psychological Association. The employment and use of amusement of the insane are referred to, and the increase of nurses and their better training are looked upon as having the effect of reducing the number of suicides and escapes. The author considers that insanity should be included among the branches of study in every medical school; this has been recog-

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nized in England, and the Educational Committee of our Association has impressed upon the various examining bodies the importance of it, and has offered to co-operate with them in formulating a syllabus of subjects to be examined on in insanity. The Association in America appointed a committee to consider the subject, and passed three resolutions to the effect that in every medical school a complete course of lectures on insanity should be delivered to the students, but that no one should be allowed to graduate without a thorough examination on the subject, and that clinical instruction should be given whenever practicable. The author then indicates the direction in which future progress should be made. He advises increased wages and an attention to the comfort of attendants in asylums, recreation rooms for nurses off duty, a cooking school in which the nurses can be taught to prepare the extra diet ordered for patients, the instruction of nurses in some form of physical exercises, such as the movements of the Swedish system, and the abolition of the removal of superintendents for political purposes.

Dr. Burr has an interesting paper on "What Improvements have been wrought in the Care of the Insane by means of Training Schools." We all know that the movement to establish training schools for attendants was first started by Dr. Cowles, Superintendent of the McLean Hospital, Somerville, Massachusetts, in 1882, and now no less than nineteen American institutions have thoroughly equipped schools. The higher training of attendants has promoted the recovery of patients by increasing the adaptability and resources of the attendant, by the more general dissemination of correct information regarding the nature and treatment of mental disease, and by emphasizing the importance of general nursing in the management of the insane. Independently of these causes it seems probable that training schools have been productive of good by lengthening the service of attendants. These points are enlarged upon, and the ways in which they act are fully pointed out.

The "Alienist and Neurologist" has a paper by Dr. S. Baker on "Recent Discoveries in the Nervous System." The discoveries to which the author wishes to call attention were preceded and made possible by two improvements in microscopical methods—the first, discovered by Golgi in 1875, that tissues that had been exposed for a long time to chromic solutions would then take a delicate silver stain, which would display the finest filament of nervous tissue; the second, discovered by Ehrlich in 1886, that methylene blue injected into the circulation of living animals stains the endings of the nerves very satisfactorily. With reference to *spongioblasts and neuroglia*, it seems that both are developed from the columnar cells of the medullary plate. Three zones are distinguished in the myelospongium of the medullary tube, one about the central canal, one formed by the nuclei of the spongioblasts,

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and one by the peripheral reticulum. The substantia gelatinosa centralis is formed from the first, the neuroglia of the grey matter from the second, and the white matter from the third. As to *neuroblasts and nerve cells*, the germ cells, the other class of epithelial elements of the medullary plate, also develop quickly. They change their form, are pointed on one side, and soon become pyriform; the pointed end grows until it becomes an extended process of the cell, and looks remarkably like a tadpole. The young cell is now called a *neuroblast*, and migrates from its original seat. In its progress it throws out secondary processes, and becomes a nerve cell, while the primitive processes extend, are invested with medullary sheaths, and become nerve fibres. These neuroblasts belong mainly to the anterior roots which are efferent in their impulses. As regards the posterior roots we find that "at the time of the closure of the medullary groove a thickened portion of the epithelial lining remains at the seam, constituting a band known as the neural crest." This becomes segmented, and forms the spinal ganglia. These ganglion cells finally become bipolar and are called by the author *œsthesioblasts*. One of the processes seeks the periphery and terminates in fibrils which end in the cuticular tissues, or in an expansion surrounded by connective tissue. The other process grows centrally, and its final destination is one of the most significant of the recent discoveries. The views held as to the posterior roots are detailed at length, and the description of their actual terminations is fully given. The elements of the anterior and posterior roots, called by Waldeyer *neurons*, are similar in both and are developed in a similar manner. Each is composed of a nerve cell with protoplasmic processes, an axis cylinder process passing into a nerve fibre, and its final termination in a branching tuft. The neuron of the anterior root has short protoplasmic processes and a long axis-cylinder process; that of the posterior root has a long protoplasmic process and a short axis-cylinder which divides and sub-divides. Both appear to originate from a single primitive type. "The primitive neuron is a multipolar, remarkably differentiated cell, whose processes may receive stimuli from without or excite other similar cells by contact with them." The so-called *psychic* cells of the cortex cerebri which are scattered throughout it in the pyramidal layers of Meynert are fully described, and the white matter of the hemispheres is shown to be composed of projection fibres and association fibres. The former, which project the impulses of the outside world upon the sensorium or the reverse, are divided into cortico-afferent and cortico-efferent fibres; the latter, which correlate cortical areas, are subdivided into arcuate and commissural fibres. A description of the cells of the cerebellum, the olfactory organ, the retina, and of the auditory capsule is given, and some finely executed plates illustrate a remarkably able and thoughtful essay.

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The "Journal of Nervous and Mental Disease" is composed chiefly of papers on spinal injury and spinal surgery, but there is one on "The Epileptic Interval: Its Phenomena and their Importance as a Guide to Treatment," by Dr. Browning, which is worthy of notice. It is a continuation of a previous paper on the same subject. The respiration, appetite, assimilation, blood, urine, etc., in epilepsy are fully entered into, but the author approves of meat being given twice a day. This is contrary to the experience in England, for it was long ago proved at the West Riding Asylum that the number of fits were increased in proportion to the amount of meat given daily. In one-fourth of the cases of epilepsy of which notes had been taken, sleep was good and free from dreams, but wakefulness of various types is mentioned in eighteen cases, and on the other hand somnolence was noticed in one case. Restlessness in sleep, dreams, somnambulism, and night terrors were also noticed. The position of the head in sleep is of importance with respect to the treatment, for when the patient sleeps with the head low he should wear a night-cap, sleep on soft warm pillows, and strychnine should be administered. When, on the contrary, the patient sleeps with the head high, an over-active brain circulation is probable, and drugs such as strychnine are contra-indicated. As to the use of iodide of iron the indications are nocturnal enuresis, congenital syphilis, glandular enlargements, and anæmic or other conditions demanding iron. It should be well diluted, given after meals, and taken through a tube. An important rule in prescribing for epileptics is to limit the number and variety of the doses, otherwise, as medicines have to be given for a long time, carelessness may creep in and ruin any chance of success. A combination of bromide of sodium, syrup of the iodide of iron, and tincture of digitalis will often be found useful, or, as a substitute, a pill composed of iodoform and reduced iron, but this must not be continued for any length of time.

State Boards of Charities. By WILLIAM P. LETCHWORTH.

This is a valuable historical paper, read at the 19th National Conference of Charities and Correction, held at Denver, Col., June 23rd-29th, 1882. Mr. Letchworth was the Chairman on the Committee of State Boards of Charities of this Conference. He is an indefatigable worker in the cause of the amelioration of the condition of the insane. A very interesting account is given of the above Board in different States. The record shows what excellent work they have accomplished. What is true of the Pennsylvania Board applies, we have no doubt, to other Boards.

Through continuous persistent work this Board has demonstrated its great usefulness, and the fact is patent that by its efforts the charitable and correctional institutions of Pennsylvania are far in advance of what they were before the Board was organized (p. 10).

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We have no doubt that these State Boards have been of great benefit. As Mr. Letchworth says—

> It would be quite impracticable to give even a brief summary of all the beneficent work that has been accomplished by State Supervising Boards of Charities and Correction, extending in some instances over a quarter of a century. Besides desirable legislative measures secured directly through their recommendations and unwearied efforts, for which they are deserving of high commendation, there has been much good legislation secured indirectly by them, for which they are not credited, and much bad legislation defeated. . . . (p. 22).
>
> This supervision has been exercised in the direction of causing the removal of the insane from county and town poorhouses, providing for them better buildings, largely on the cottage plan, giving to the chronic insane the largest possible freedom on farms, with healthful industrial employment, securing separate asylums for the criminal insane, reducing mechanical restraint to the minimum, and securing legislation for the greater protection of this unfortunate class (p. 24).

A number of valuable suggestions in regard to State Boards are given, and it is regarded as demonstrable that—

> The chronic insane can be humanely and very economically cared for, and the maximum percentages of cures reached in special inexpensive asylums, on large farms, under independent Boards of Management. In large mixed asylums the percentage of cures is not so great as the combined average of cures in separate hospitals for the acute and well-conducted asylums for the chronic insane. The dominant idea should be the cure of the insane in the acute period; and our hospitals for this purpose should be small and in every way constructed, supplied, and administered on the highest therapeutic principles. . . . We must boldly protest against the seemingly irresistible tendency to build up enormous mixed asylums out of what were originally designed for moderate-sized curative hospitals (p. 30).

Illinois Eastern Hospital for the Insane at Kankakee, 1892.

This is the eighth biennial report, and the name of Dr. Dewey appears for the last time as medical superintendent. Of the discreditable means pursued to eject him we have already spoken strongly in this Journal. We understand that the physician by whom he was supplanted by political influences collapsed soon after his appointment. We especially note in this report the satisfactory progress made in the employment of the patients. A new building provides employment at various trades and handicrafts, while an old shop building is utilized for about 80 female patients employed in knitting, weaving, spinning, rug making, and ordinary sewing. It is gratifying to note that during the last two years a constant percentage of 73 out of every 100 patients have been usefully employed.

The perusal of this report, indicating as it does no loss of interest in the development of this remarkable institution, increases our regret that it is no longer under the experienced care and conscientious supervision of Dr. Dewey, with whose name it will always be honourably associated.

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Journal of Social Science, containing the Transactions of the American Association, No. xxix., August, 1892.

This number contains a sketch of the life of Dr. Pliny Earle, by Mr. Sombourn. It is, as might be expected, an appreciative contribution, but in no degree in excess of the simple truth.

Dr. Earle never fell into that convenient error of his associates, which led them to maintain that insane persons can be cared for properly in huge caravansaries, where all individuality is lost, and where medical skill and moral treatment become equally unavailing, since they are neutralized by the unfavourable inferences, material, mental and spiritual, which inevitably occur in those great aggregations of morbid humanity, subjected to mechanical management, and deprived of those natural conditions of human society which have so much to do with the restoration of alienated minds. . . . On the contrary, he advocated small asylums and individual care, and, although he came slowly to this last opinion, the reception of the chronic insane into private asylums, instead of sending them to the almshouses or the asylum prisons. No one will now question that Dr. Earle had mastered the literature of insanity more completely than any American who has written on that subject. He began his researches before he graduated, and he continued them almost to the day of his death. His last contribution to this literature was an article on "Curability of the Insane," furnished by him in 1891 to Dr. Tuke's "Dictionary of Psychological Medicine," of which he showed me the proof sheets when I last visited him in March, 1892. He had made arrangements for the publication by his executors of some portion of his writings, and it cannot be doubted that these will be an important part of what America has contributed to a knowledge of insanity. . . . He followed humbly and sacredly the *Inner Light*, with very little desire to set up his own enlightenment as the limit for all other persons. Few persons of my acquaintance leave more enviable reputation.

PART IV.—NOTES AND NEWS.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

A meeting of the Association, being an adjournment of the Annual Meeting, held at Buxton, was held on Thursday, November 16th, at 10.0 a.m., at the Rooms, 11, Chandos Street, Cavendish Square, W., under the presidency of James Murray Lindsay, M.D.

The PRESIDENT said that the meeting that morning was held for the express purpose of considering the report of the Rules Committee.

Dr. RAYNER said there had been one proposition mooted since the annual meeting, which did affect a considerable number of the rules, and he thought it would save time if that proposition were at once dealt with, and either accepted or rejected, so that the passing of the rules might be facilitated. The suggestion he had in mind was the formation of divisions or branches. The idea was not his, but he endorsed it fully, and he thought it would conduce very greatly to the welfare and strengthening of the Association. The principle was not a new one, for they had already local divisions for Scotland and for Ireland, and they knew how well they worked, how thoroughly they stirred up the interest of the members of those divisions in the Association, and what a large proportion of men occupied in their profession were members in those divisions as compared with England. He felt sure that if they had a further division in England it would have the same effect as it had in Scotland and in Ireland. He would leave Dr. Macdonald to go into the details of the proposition, because he

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