patient is assured that the alimentary tract is the primary seat of mischief, but this is not so. It is the neurasthenia which leads, and the stomach trouble which follows suit. The form of dyspepsia is the flatulent or atonic form.

Among the mental phenomena there are, the incapacity for work, and a difficulty in finding the correct words, or an actual substitution of the wrong ones. Beard employs the terms neurasthenic dyslalia and heterophemia to describe this condition. The memory is bad, the character undecided, and the patient sees every transaction through dark glasses.

We must, however, finish this notice, and, we regret it, without touching upon the treatment of neurasthenia, which includes a long list of means, *e.g.*, psychic suggestion, hydrotherapy, climate, massage, electricity static and dynamic, the method of Weir-Mitchell and of Playfair, and lastly drugs. For these methods the reader must consult the original work, which we have much pleasure in commending. Some writers on medicine are fond of ridiculing the so-called change of type of disease, but what of this neurasthenia which of late years has become so prominent amongst us!

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.*

Asylum Reports for 1890.

Aberdeen.—Important structural improvements are contemplated. These are intended to remove the following defects: The inadequate character of the accommodation for the sick, the want of a suitable dining-hall and amusement-room, the unsuitability of the stores and of the administrative building, and the deficient day-room and bath-room accommodation.

Dr. Reid reports that although no immediate death resulted from influenza, it had a most deteriorating effect on the aged and feeble, and in many cases was the beginning of the fatal end. He also points out that:—

> One of the greatest needs in the asylum is a hospital block, so that physical and mental cases requiring special supervision would be concentrated together, thereby affording greater facilities for the treatment of the cases, and necessitating less watchfulness and anxiety in the management.

Barnwood House.—Further improvements have been carried out or are in contemplation. It is proposed to extend the buildings occupied by the more excitable male patients, doubling the super-

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ficial area. A detached sanatorium is in process of erection. It will accommodate eight persons. The farm has been increased by the purchase of 24 acres. The charitable work of the hospital has been largely extended to that class of patients who, in the opinion of the Committee, are most capable of appreciating its benefits.

Concerning the new Lunacy Act, Dr. Needham says:—

As the new Lunacy Act has now been in force for eight months, it may perhaps be desirable that I should record my experience of its working. In many places this seems to have been attended by unusual friction, even for a new Act of Parliament, chiefly in consequence of the too limited number of magistrates who were specially selected to form the judicial authority. In this county there has been no such difficulty, owing to the wise action of the executive in including all magistrates in such judicial authority. The necessary orders have, therefore, been usually obtained without serious trouble and loss of time, and there has been practically no uncertainty as to jurisdiction.

But while admitting this, I am bound to say that although the Act generally may have satisfied a sentimental outcry for a change in the law of lunacy, it has, in my opinion, made no addition to the security of the subject, as it has certainly contributed nothing towards the well-being of the patient.

If, as is no doubt the case, the consolidation of the Acts has been a real help to those upon whom devolves the duty of carrying them into effect, this most recent addition to them has introduced a complicated machinery, whose sole result would seem to have been to add largely to vexatious and unprofitable work, without producing any corresponding advantage to anyone.

Fortunately, there are many weak places in the Act, or it would, I believe, have been quite unworkable in practice. The unjust suspicions implied in some of its provisions, the want of appreciation of peculiarities of the insane condition, and the practical assumption that this legislation is not to secure the proper treatment of a disease, but the fair trial of persons accused of crimes, are, I think, all of them, unfortunate concomitants of the Act. Moreover, the statements, reports, and returns demanded by it are irritatingly and unnecessarily complicated in their forms and requirements.

Under the old law it was possible for the officials of an asylum to be on the best terms with the majority of the patients, who were willing to regard them as persons who were discharging an unpleasant duty in as friendly a manner as possible. Under the new law, strictly carried out, the patients must be angelic indeed if they can see in those who have the charge of them other than opponents of all their best interests.

The Act, however, has been passed, and we have endeavoured, and shall endeavour, to give it a fair trial by honestly carrying out its provisions, but I venture to hope that if, after further and reasonable experience, it is proved to be defective in essential particulars, Parliament will consent at least to consider the opinions of those who have had the fullest experience of its working, and to remedy its most obvious defects.

Bedford, Hertford, and Huntingdon (1889).—Mr. Swain reports that:—

Certain female patients have been assisted after leaving the asylum by the After-Care Association, and situations obtained for them. This admirable Association is well worthy the consideration of the charitable, as it finds homes for females who may be discharged from asylums, and who have no friends to whom they can go, and after a time finds suitable employment for them. It has been of the greatest benefit to two or three of my patients.

Bethlem Hospital.—Dr. Percy Smith devotes a considerable

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portion of his report to a criticism of the new Lunacy Act. We are already familiar with his views, and cordially agree with them.

On another subject he remarks:—

> The Medico-Psychological Association has framed a scheme for the more thorough instruction and subsequent examination of attendants with a view to their certification. This will, no doubt, be of great benefit to attendants, and, therefore, to patients; but it must be remembered that the practical work of taking care of patients and treating them with the necessary combination of tact and firmness, is not to be learnt from books or lectures, but needs years of life in intimate association with the insane, and, moreover, there are some attendants whom no amount of teaching will endow with the necessary qualities.

Birmingham, Winson Green.—In his report Dr. Whitcombe speaks well of the new Act. He says:—

> The year will be conspicuous as having witnessed the introduction of a new Lunacy Act, which throughout bears evidence of a desire to protect the liberty of the subject, as well as to ensure the welfare of the inmates of asylums. Although this Act adds considerably to the duties and responsibilities of asylum officials, I have found, so far as it has been carried out, that it works smoothly and satisfactorily.

It must be remembered that the patients in this asylum, with a slight exception, are of the pauper class, and that therefore the new and vexatious magisterial rules as to private patients scarcely touch Dr. Whitcombe. Were he the superintendent of a registered hospital, or in private practice, his blessing on the Act would soon be changed to cursing.

Concerning the training of attendants, Dr. Whitcombe says:—

> All nurses and attendants are now expected to go through a course of special training to fit them for nursing and caring for the insane, and also to render them capable as general nurses. The necessary instruction for these purposes continues to be given, and it is satisfactory to report that thirteen nurses and six attendants passed the examination for first aid of the St. John Ambulance Association.
>
> A decided advance in the treatment of the patients has been obtained by the conversion of one ward on each side of the house into hospital and reception wards. This has enabled us to send every patient to bed on admission, to ensure more individual attention, and to carry out medical treatment in a more thorough manner. I am satisfied (so far as a six months' trial can warrant it) with the results of this treatment, which has proved advantageous alike to patients and doctors, and has added very considerably to the interest and sympathy of the nurses.

A second assistant medical officer is to be appointed. It is quite evident that his services are required when it is observed that during last year 381 patients were admitted, 240 were discharged, and 102 died.

Birmingham, Rubery Hill.—Dr. A. C. Suffern is now the medical superintendent. A new block for nurses is being erected.

Bristol.—Dr. Benham has begun his work as superintendent under unusual difficulties. Extensive structural alterations are in progress, and a strike among the attendants necessitated a new staff.

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The Commissioners recommend the appointment of a second assistant medical officer. They say:—

Looking to the requirements of the Lunacy Act of 1890, and the expectation of the public that at asylums scientific inquiry into the causes of insanity and its proper remedies should be pursued, we must insist that the medical staff here is numerically insufficient, and we must urge the committee to take this matter into early consideration.

His many friends must deplore that Dr. Thompson has been obliged to resign his appointment. His Committee highly esteemed him, and have pensioned him liberally.

Carmarthen.—Concerning nursing in asylums Dr. Hearder says:—

The amount of physical disease in those under treatment demands a much larger amount of care and tact in management than would a similar number in a general hospital. In the one the patients are rational, reasonable, anxious to recover their health, willing to assist in their own treatment, and thus make the nursing as light and easy as possible; in hospitals for the insane, on the other hand, the patients are in only too many cases wishful to die, have perverted and unnatural habits, resist all treatment, refuse food, and are unceasing in their endeavours to injure themselves and, often, their nurses also. The smallest act of neglect or forgetfulness, which elsewhere would be unnoticeable, in an asylum may lead instantaneously to a tragedy.

Cheshire, Parkside (1889).—It has been determined to add to the accommodation by building for 100 female patients, at an estimated cost of £6,000. The dead-house and post-mortem room are to be improved at a cost not exceeding £320.

The following is an extract from Dr. Sheldon's report:—

Withal, it needs to be constantly reiterated that the noblest functions of an asylum for the insane are active and not passive; it is well to provide retreats for those who have no place in the sane world, and further than this, unfortunately, the popular idea does not extend; but far better is that ministry which leads to restoration and seeks for means of prevention; and until it is candidly acknowledged that an asylum should have higher functions than that of restraint, attempts to solve the problem of the ever-increasing thousands of the chronic insane are futile. It is a grave fact that during the ten years 1879-88 the number of those under detention in English and Welsh asylums increased by 11,000, for whose accommodation immense sums have been and are being spent. So serious is the prospect that to many minds the conviction is being brought that, admirable as they may be from the architectural, æsthetic, and sanitary points of view, our asylums do not fulfil their complete purpose, that they have capacities for usefulness which need to be developed; there is a growing feeling that, in addition to being what it now in the main is—a receptacle for the insane—each public asylum should constitute a centre of active research on the part of an efficient staff, possessed of time and the means afforded by modern science, to ensure continued and accurate observations of the symptoms of mental disease during life and the appearances after death, and in a position to apply and watch devised methods of treatment; moreover, that in the interests of the public health, facilities should be afforded for the training in our asylums of the rising generation of medical men who will afterwards meet with insanity in its earliest and most curable stage.

Cheshire, Parkside (1890).—Dr. Sheldon reports that the new mortuary and post-mortem room have been in use for several months, and are now, what they were not formerly, a creditable

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portion of the asylum buildings. In course of time he hopes to secure a modestly equipped pathological laboratory and a colleague competent to conduct it.

Cork.—The feature in this report is the entry by the new inspectors of asylums. We are glad to find that they relieve Dr. Oscar Woods of the blame and responsibility for the condition of affairs; in spite of this, however, the report is sufficient to upset any superintendent. Everything appears to be wrong; this comes as a revelation to the Board, which has been led by the former inspectors to regard all the departments as being in excellent order.

Several conclusions may be drawn from this report. One is that Dr. Woods has a very onerous and troublesome task before him before he succeeds in reorganizing this asylum and removing the many admitted structural and administrative defects. Another is that a new system of asylum inspection has been inaugurated by the present inspectors, not a moment before it was needed. We can only express a hope that the necessity for improvement in Irish asylums may not be so painfully obvious as at Cork, and that the inspectors may be able to point out necessary changes without causing so much official and personal suffering as has occurred in this case.

We are exceedingly pleased to find that the inspectors point out the primary cause of what they condemn.

> We cannot express too strongly the necessity for greater liberality required in these very necessary reforms, as we think that of late undue economy has been exercised in the management of the institution.

Cumberland and Westmoreland (1889).—Concerning the success attending asylum treatment, Dr. Campbell writes:—

> There is at present rather a tendency to run down the treatment of the sick in asylums. I am quite sure that the attention, the feeding, and the nursing which the sick insane receive in many of the English asylums I know, will bear comparison with what the patients receive in the county hospitals. Many who write articles with seeming authority about the seeming deficiency in efforts to promote recoveries in asylums seem barely to know what in reality is being done in this direction, and some of them almost assume that all the cases sent to an asylum are curable. During the past 17 years the recovery rate at Garlands has averaged 45·3 per cent. calculated on the admissions. The admissions for this period include 20 patients who have been boarded out from this and then taken back, and 30 boarders from Northumberland, all chronic cases. If a careful analysis were made showing the number of admissions of patients in the state of gradual death from old age, of imbeciles who were retained at home or at workhouses till they became unmanageable, of epileptics who had long taken fits but latterly had become violent or demented, and of the congenitally deficient, who always were different from other members of the family, and who, as they grew up or became older, became uncontrollable and developed habits of vice which called such attention to them that they were consigned to what is now really the ultimate destination of all who are specially troublesome to their relatives and neighbours, and who cannot be otherwise dealt with. If this class I allude to were eliminated, the recovery rate here of those in whom recovery was possible when they came under treatment would be found very high indeed.

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It would have been instructive to have stated the number of relapses before completing this paragraph.

Cumberland and Westmoreland (1890).—In his report Dr. Campbell touches on a variety of interesting subjects, but we limit ourselves to the following extract as dealing with one not frequently discussed from an asylum point of view.

> It was expected by many that the action of the Education Act would be markedly felt as a beneficial agent in diminishing insanity. I question whether as hitherto applied it has not had the contrary effect, and I am sure one of its results is now being felt in the uselessness of domestic workers among the patients in asylums.
>
> Is it for the benefit of the country that merely brain education should be looked after and made compulsory by the State? Should not at the very least some physical standard be conjoined, with a given amount of information, before advance from one standard to another is permitted? It should be part of the schoolmaster's duty to see that an individual, who will be of use to the State, leaves on completion of his school education, not an individual with one portion developed at the expense of the whole man.
>
> In the early days of this asylum the patients were most excellent workers; the females were exceptionally good knitters, washers, and domestic servants; the whole of the sewing and knitting was done by hand, and not only could stockings be made in abundance for use here, but another asylum which was being opened was supplied from this. The men were experts at farm work, flail thrashing and cutting with scythes, though some of both sexes were not adepts at writing, and their letters to relatives were few, while inquiries about them were also only at considerable intervals. At present the correspondence carried on by the patients is very great, and the letters inquiring about them have increased tremendously; but even with the introduction of several sewing machines and a knitting machine, it is difficult to keep the work of making and repairing clothes up to what it used to be; while with the washing and domestic work generally similar difficulty is experienced. Flail thrashing has become a thing of the past, and we have had to buy a thrashing machine. Nowadays postal clerks, factory hands, shop girls, and dressmakers have more time even than they used to have at their disposal. Household work is looked down on. It will soon be a matter of the greatest difficulty to procure efficient domestic servants, and working men will be quite unable to secure wives who can cook and keep their houses comfortably and economically unless some premium is put on the acquirement of ordinary domestic household duties in youth.

Denbigh.—The visitors have at length decided to enlarge this asylum. The total cost is roughly estimated at £25,000, but this sum includes the cost of additional land. The Commissioners suggested the erection of another asylum for the convenience of some of the unions. The Visitors have decided to enlarge the present one, a decision to be regretted under the circumstances.

Dr. Cox reports an epidemic of pneumonia, and another of influenza, both severe and very fatal.

Derby.—It is satisfactory to find that the necessity for making suitable provision for young idiots is receiving the attention of the Visitors. It would appear from a report to the County Council that there are 17 such cases in the various workhouses in the county and in the asylum, and probably others are provided for at home. The counties of Leicester and Notts are disposed to con-

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sider any plan that might be put before them as to making joint provision for the care of such cases.

It would appear that several structural alterations and additions are much required; they are urged upon the notice of the visitors by the Commissioners, but there is no indication that they are to be carried out at an early date, if at all.

Concerning the supervision of suicidal cases the Commissioners make a valuable suggestion. They say:—

There are seven of each sex said to be actively suicidal, but the attendants on each side have caution cards for a far larger number, such cards state that the patient is never to be lost sight of, and to be followed to the w.c. In some wards it is impossible that these instructions can be carried out, and the attendants therefore do not, as they told us, strictly adhere to their orders. The medical officers should withdraw these caution cards when they think the patient is no longer actively suicidal, otherwise there is great danger that they may be considered a mere form.

As there is only one service on Sundays, the assistant medical officer, assisted by his friends, gives "pleasant Sunday afternoons" once a month. These are really musical entertainments, and seem to be very popular.

With the sanction of the Committee the position of the attendants of both sexes has been improved with regard to uniform and leave. Each nurse will now have annually two dresses of thick blue surge of good quality (instead of thin black Russell cord) along with hospital pattern caps, and each male attendant annually a pair of corduroy trousers and a jacket for morning wear and rough work.

Each attendant has now leave for a whole day, from 6 a.m. to 9.30 p.m., every alternate week, instead of a half-day as formerly, with the usual half-day from 2 p.m. every other week, besides leave out after duty hours every other evening, from 8 to 9.30 p.m.

Dorset.—Concerning special hospital wards in asylums Dr. Macdonald writes:—

Just as there are infirmary wards for the treatment of the physically sick and the infirm, so should there be specially equipped hospital wards for the treatment of all cases of acute mental disease. Such wards should be small, possessing every requisite necessary to ensure the constant and individual treatment of the patients. From time to time the somewhat monotonous life of asylum officers is excited by startling statements and proposals respecting the hospital treatment of insanity. We are told how much more would be accomplished were special hospitals erected, and the patients treated, not by experienced asylum officers, but by a staff of mixed specialists. There is a firmly rooted suspicion that this Utopian view of the treatment of mental disease is an integral part of the faddist's creed. While recognizing the advantages of better and improved methods and means of treating acute cases of insanity, it is not thought that such hospitals would serve the purpose in any more efficient manner than specially constructed wards in connection with existing asylums. When the additions to this asylum are completed, and the proposed alterations in the present building carried out, such wards as here proposed will be found, and we trust will meet every requirement, and be turned to good account. The construction and maintenance of special hospitals would of necessity entail an enormous expenditure, and whatever development the future may witness, the present tendency is to mould existing asylums to serve all purposes.

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

The cause or causes of imbecility remain as before, one of the unexplained mysteries of Nature. To us as medical men, if not to the public also, it is a matter of the greatest concern, and it affords a vast field for research and theory. It has frequently been stated that the eldest child is more often imbecile than others in a family, and considering the influence of maternal impressions and the exalted emotional life of a young mother under new circumstances, such might almost have been expected. It would also be expected that boys should be affected in a larger relative proportion than girls, but neither is the case. In sixty-four cases admitted, twelve were eldest children with an equal percentage in both sexes, ten were second children, twelve were third, and ten fourths in a family, and then in a gradually diminishing proportion until a rise takes place after the eighth in large families. Careful inquiries are always made as to the nature of the birth, labour, etc.; but none of these inquiries elicit facts of causation, whereas the mental condition of the mother during pregnancy—anxiety, fright, affliction, etc.—are made to account for twenty out of sixty-four cases, or about one-third of all the admissions. Consumption in the family is not so frequent as in the statistics of the Royal Albert Asylum, Lancaster, the geographical distribution of the disease being more marked in the northern counties. Marriages of consanguinity appear to have little to do with imbecility unless there be hereditary taint in the stock. Convulsions in infancy, as a factor, must not be overlooked.

It cannot be too plainly stated that imbecility appears not to be due to any one single or definite cause, but to a multiplicity of causes acting together. Where hereditary taint exists, the unfavourable conditions may be brought about by anything which may interfere with the due growth and development of the offspring, having its existence either before or after birth.

Edinburgh Royal Asylum.—Among the many indications of sustained effort and marked progress which as usual characterize the annual history of this asylum, we can direct attention to only some of them.

There is now a resident pathologist, who devotes the whole of his time to the work of the asylum. During the year seven young graduates acted as clinical clerks, and resided in the asylum during their term of office.

A considerable portion of Dr. Clouston's report is devoted to a consideration of the epidemic of influenza which occured at Morningside. The disease appears to have been of a very virulent type, and the mortality, especially among the general paralytics, high. It is also pointed out that the annual production of pauper lunacy does not keep pace with the increase of population; that, in fact, the population of Edinburgh is becoming saner. Another satisfactory announcement is that the accumulation of chronic lunatics is abating.

If we take the past five years, 1886-90, we find that the total numbers of pauper lunatics chargeable to the urban portion of Midlothian have increased from 775 to 862, or only 87 in all, an accumulation during the five years of 11·2 per cent. against an estimated increase of 10 per cent. in the number of the general population. During the previous ten years, 1876-85, the increase by accumulation had been 32·5 per cent., or a rate of a half more than during the last five years, 1886-91. Both of those facts don't support any pessimistic theory of the modern increase of insanity. The fact that St. Cuthbert's, our

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fastest-growing parish, paid considerably less for the support of its lunacy last year than five years ago tends in the same direction.

Dr. Clouston therefore altogether opposes the view that there is any serious increase in occurring insanity.

A matter of great general interest, the prevalence, the increasing prevalence, of depression as a form of mental disease, is noticed as follows :—

In the two chief divisions which we made of the mental condition of patients —first, those who were unduly and morbidly depressed (melancholia) on the one hand; and second, those who were on the other unduly and morbidly elevated and excited (mania), we commonly find the cases of mania greatly to predominate. During the five previous years we have admitted 847 cases of mania, and 617 of melancholia, or 37 per cent. more cases of mania. In no year in the history of the institution until this have the cases of depression been as numerous as those of exaltation; while this year we had 140 cases of melancholia, and only 134 cases of mania. Not that I believe depression to be less common as a mental affliction of humanity than morbid elevation and maniacal excitement, if we take all those afflicted into account, whether in asylums or in the outside world. The contrary is, in my experience, the case. There is in my experience more morbid depression out of asylums that is never sent to institutions for treatment, and does not need to be so sent. It is a far more manageable condition at home than mania. Morbid depression is the sort of mental disturbance nearest sanity, the reasoning power being less affected, the power of self-control less disturbed, and the conduct more normal. In fact, morbid depression is not regarded as insanity at all by the public till it becomes suicidal or violent. Therefore the subjects of it, be they rich or poor, are allowed in large numbers to remain at home, and are treated there until the symptoms get very bad, or the patient becomes markedly suicidal. The patients who suffer from maniacal states, on the other hand, are commonly difficult to manage among the neighbours or the public, or come under the notice of the police. Their morbidness of mind is commonly incompatible with home life, and therefore, whether poor or rich, they must be sent to institutions like ours for care and treatment. When in any year, for the first time in the history of the institution, the numbers of depressed patients predominate over those of the maniacal, one naturally thinks there must have been some distinct causes operating among those prone to mental upset in the direction of lowered nervous action and vitality, and therefore tending towards mental depression. For it may be said generally that the previous existence of such weak vitality, as is shown in the thinness of body, lassitude, want of mental energy, indigestion, a low nervous "tone" and general "lowering" of the system, tends towards a morbidly depressed condition if the mental part of the brain becomes affected. I have come to the conclusion, from my observations generally, without perhaps very definite or statistical data, that the year 1890 was, with us in Edinburgh at least, one depressing in its conditions to the nervous tone, and lowering generally to human vitality. Whether it was the influenza in the early part of the year that perceptibly lowered human vitality as a whole, or whether the prevalence of the influenza merely showed that European humanity was in a lowered state of vitality, so being a fit nidus for the influenza germs to propagate in, or whether it was the sunless, summerless, general character of the year here I cannot tell. We know that our mortality rate in Edinburgh in 1890 was 9 per cent. over the average rate of the five previous years. I distinctly connect the influenza in some way with the unprecedented number of melancholia patients sent here this year. Moreover, my own experience, and that of many of my medical brethren, to whom I have spoken, goes to show that a very considerable number of the people who had the influenza felt great mental depression both during their attacks and after the attack had passed off, often

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for months. This latter experience was so exceedingly common that there must have been something in it. Of the thousands who were simply depressed in mind, if a few with a tendency to insanity passed into a further stage and became insane it would explain our numbers. All competent observers say that the worst of the symptoms in the bad cases of influenza were nervous. That was Dr. Brakenridge's conclusion in his paper at the Medico-Chirurgical Society here, and almost all the speakers at that meeting agreed with him. But the subsequent lowered nervous tone, left as an evil residuum long after the disease had been recovered from, has not had the attention paid to it that it deserves. I believe the epidemic of influenza of 1889-90 left the European world's nerves and spirits in a far worse state than it found them, and that they scarcely yet have recovered their normal tone. I shall have something to say as to the direct effects of influenza as a cause of death among our community when I come to speak of the serious epidemic of the disease that affected the asylum population, sane and insane, during the early months of the year. The influenza poison seemed to burn up the nervous energy, and leave the brain unable in some cases to recuperate.

The influenza was assigned in our official papers as a cause for the attack of melancholia in only a few cases, but a great many of the other patients admitted had suffered from the disease, and I was clearly able in many cases to trace the origin of the malady to it.

Fife and Kinross.—This asylum is over-crowded, and plans are being prepared for the erection of a hospital block. Dr. Turnbull's report is mainly devoted to showing why this special form of accommodation should be provided. His remarks as to the details of accommodation are as follows:—

1. A day-room dormitory, with a number of small or single rooms attached (sick-room proper), for the treatment of cases of bodily illness, and of patients who are in bed during the whole or part of the day.

2. A reception and special observation ward, to which all cases would go on first admission, and in which cases requiring "special" observation, on account of suicidal or dangerous tendencies, would be retained. Connected with it there should be a series of single rooms specially arranged for treating the acute and violent forms of mental disorder, including padded-room, strong-room, etc.

3. A general observation ward, to which would be sent patients who, after a time, are found to need only "general" (as opposed to "special") observation, on account of their mental state, and whose bodily health does not require them to be in the sick-room. This ward should also have a number of single rooms for patients who, for any reason, cannot be placed in the dormitories at night.

4. An observation dormitory, in which suicidal, dangerous, or other patients can be kept under constant supervision at night.

5. A small ward which can be completely disconnected from the rest of the building if required at any time for the treatment of infectious disease, and which, at other times, could be used as an adjunct to either the sick-room or the reception ward.

6. Means for efficiently heating and ventilating the different rooms.

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The above are required on both the male and the female side; and in addition there should be —

7. Dining-room, kitchen arrangements, and administrative rooms, suited for the class of patients in the hospital section; and

8. Accommodation for the requisite staff of attendants and servants.

It is important, also, that there should be direct and convenient communication between the hospital and the chronic wards, on both the male and female side, in order to facilitate administration and promote the efficient working of the asylum as a whole; and this point should be kept in view in deciding on the position and detailed plan of the new building.

Glasgow Royal Asylum.—Electric lighting has been introduced and is reported to be superior to gas in every respect except as to regulation; it is impossible to give a subdued or a brilliant light at pleasure.

The following paragraph from Dr. Yellowlees's report is worthy of attention. To what is therein stated, it may be added that in at least one asylum cases of general paralysis were returned as "recovered" when discharged merely during a remission of the more marked mental symptoms!

> While the recovery rate thus varies from year to year, it is always powerfully influenced by the standard of recovery adopted by the Recorder. The statute gives no definition of recovery, and even tends to indicate a very low standard by making the safety of a discharge the chief test of its wisdom. A return to the condition in which the patient was before admission is, by some, called recovery. Even a congenital imbecile has, on this principle, actually been discharged recovered, and tabulated accordingly. The remissions of recurrent cases, though lasting but a few weeks, are also claimed as recoveries by some Recorders. With such views of recovery and a sanguine temperament, any recovery rate may be attained. Others hold that a person who has been certified as of unsound mind is not recovered until certifiable as "of sound mind," and it is upon this view of recovery that our tables are compiled. The incomplete recoveries are classified as relieved, not as recovered, and of this class no fewer than 38 were discharged during the year to the care of their friends.

The above statement is a serious reflection upon some superintendents, but we fear there is too much truth in it to be discarded as a libel.

Derby (Borough).—A greenhouse has been built and many other things done to add to the furnished appearance of the wards and the general comfort of the patients. An assistant medical officer has been appointed. Influenza was not directly fatal, but Dr. McPhail ascribes the high mortality among the epileptics to a low form of pneumonia connected with it.

Dr. McPhail has commenced the systematic instruction of his nurses and attendants.

Glamorgan (1889).—Among the physical causes of insanity in the

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cases admitted, the chief were intemperance, injuries to head, previous attacks, and inherited tendencies. Dr. Pringle says:—

Next to drink, the last-named forms by far the most common single cause of insanity, and to increased education * and intelligence, in both cases, must we look for amelioration, and not to any process of repression. No man or woman capable of any intelligent thought and possessed of ordinary self-control would deliberately marry a weak-minded person or an epileptic; and yet many of the class that feeds our asylums seem to be quite ignorant of the terrible consequences to their children of committing what ought almost to be regarded as a crime. Moreover, the inter-marriage of those nearly related, in isolated villages and country districts, is often carried to such an extent that eccentricity, if not actual insanity, is the predominant characteristic of the inhabitants, and is often associated with exceeding narrowness of mental vision and inability to see questions from any standpoint but their own. Isolation is as injurious to a race as it is to an individual, and from this, by reason of its mineral wealth, Glamorgan has, to a great extent, been preserved; and, moreover, as I have formerly pointed out, it has a smaller percentage of lunatics to its sane population than almost any other county, and, therefore, financially a lighter burden to bear.

Glasgow, Govan, and Lanark.—In Dr. Campbell Clark's brief report the following paragraph occurs:—

The consideration of such cases opens up the wide question of asylum dietary. This is a matter of very much greater importance in the successful treatment of acute cases of insanity than is commonly supposed. To feed acute and critical cases with the proper kinds and quantities of nourishment and with due regard to the state of their digestive functions, needs a nicer discrimination than we are, perhaps, aware of; and I am satisfied now, after a careful experimental and clinical investigation of asylum dietetics for many years, that the digestive and intestinal troubles of the insane are by no means mythical.

Gloucester.—We consider that the subject mentioned by Dr. Craddock in the following paragraph deserves the judicious attention and cautious action of the superintendents of English asylums. Boarding chronic cases with friends is already sufficiently attended to in Scotland.

In view of the constantly increasing number of patients from the county, for whom room must be found, it has been my aim, for some time past, to encourage, as much as possible, the friends of all patients who could be kept at home without danger to themselves or others, to make the experiment of receiving such patients on trial: in many cases the experiment has been eminently successful, and several patients, who had been resident here for years, and who had come to be looked upon as permanencies, have returned to the care of their friends, and have been found manageable in a private family. Even where it has been found necessary to send the patient back, it cannot be said that no good resulted, for the friends, and often the patient also, are convinced that detention and treatment in the asylum are necessary, a fact concerning which much cynical incredulity is often displayed when stated by the medical officer. Thanks, moreover, to the excellent charity (Adelaide) attached to the asylum, your Committee is always able to help deserving cases, and as this help comes just at the time when it is most wanted, *i.e.*, immediately on leaving the asylum, many a patient is thereby relieved from any fear of privation during the time that must often elapse before he can settle down into his old groove in the outside world, or resume his former occupation. I believe this to be much

* See Dr. Campbell's remarks on the deleterious effects of modern education.

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better than the plan of sending such patients to the workhouse, which has been frequently tried and pretty generally found wanting. In this way are also avoided two objections to proceeding under section 57 of the Lunacy Act, the necessity imposed on guardians of payment for maintenance, and the necessity for keeping the patients' names for an indefinite time on the asylum.

Govan.—The percentage of recoveries on admissions was 53·4, a higher rate than usual, and 16 per cent. above the average of the six preceding years. How many of these will relapse?

Hants (1889).—Typhoid again appeared among the patients and staff. Only 12 cases occurred, but there were four deaths. As there appeared to be no doubt that the water supply was not above suspicion, a new one has been obtained. The new supply is abundant—80,832 gallons in 12 hours' pumping.

Hereford (1889).—We regret to find that the Visitors instructed Dr. Chapman to warn all future applicants for appointments in the asylum that pensions cannot be claimed as a matter of right.

In the early part of the year an epidemic of dysenteric diarrhœa occurred. The cases were numerous, but most of them trivial. Only one fatal case occurred, but in three others it acted as an auxiliary cause of death. The cause of the epidemic was obscure. That it was due to milk, and that the milk was infected from ensilage, was the theory least open to criticism in Dr. Chapman's opinion, and there could be no doubt that some cases arose by way of more or less direct contagion.

The accommodation in the infirmary is reported to be unequal to the requirements.

Hereford (1890).—Probably as the result of abolishing the claim to pension, the Visitors are obliged to report as follows:—

The difficulty of securing and maintaining a supply of tried and experienced attendants in the asylum has long been felt. The subject has recently become more urgent, and has been under the consideration of the committee in every detail. A reference to the report of the Commissioners in Lunacy will show that the matter (then under the consideration of the committee) did not escape their notice at their recent visit. In addition to changes in wages, uniform, leave of absence, and other details, there is prominently amongst the remedies suggested the provision of sitting-rooms for attendants, and dormitories for the night attendants, and of cottages for married attendants and servants. The committee are preparing plans for carrying out these suggestions, and will submit these with estimates to the County and City Councils at their next quarterly meetings.

Concerning the mortality, Dr. Chapman writes:—

I refer in almost every annual report to the large number of feeble, aged, and paralyzed patients we have; I should be glad to pass it over without remarks, were it not as prominent a feature of the inmates of our wards as ever. It is supposed that each asylum has the most difficult patients to treat of any, if one accept the reports of its officers. In this matter I am open to this suspicion, in saying that we exceed any other asylum in the large proportion of feeble patients. We unquestionably do so, however, in that aspect of it which can be tested by figures, viz., the proportion of our population over 70 years of age. Why, this being so, our mortality should be so much below the average of asylums, presenting, if not the lowest, usually one of the three or four lowest

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figures, is not very evident. No doubt if the mortality were nearer the average of 9·9 per cent., that is, were there each year 8 to 12 more deaths than there are, this accumulation of feeble cases would soon be remarkably diminished, and indeed the total number in the asylum would fall to a much smaller figure than at present. As it is, I must keep before you one aspect of the matter that I have referred to not unfrequently before, and which it seems my duty to mention, though I do so without expecting that you will at once provide a remedy, but I may say that it is a more pressing matter with each passing year; these patients ought to have more space than we at present afford them.

This is excellent. It means—"I tell you the accommodation is very defective, but I know you will not remedy it. I have often told you so before, but it is of no use."

Holloway Sanatorium.—This report contains abundant evidence of the energy, enterprise, and success which characterize the management of this great hospital. Many structural improvements and additions have been effected during the year, and, most important of all, a large villa has been purchased at Brighton as a place of change for the patients and as a convalescent home.

Dr. Rees Philipps reports that—

Twenty-four cases of acute mania were admitted, and afforded the gratifying recovery rate of 100 per cent., calculated upon the number of such cases admitted during the year. Much of the success attained in the treatment of this class of cases must be attributed to the use of the continuous warm bath, which in carefully selected cases proved to be a therapeutic agent of great value.

Dr. Philipps will doubtless admit that for statistics of this kind to be of any use, the number of cases must be much larger. When he has treated 50 cases in succession he will not find he has cured cent. for cent. As it is, however, he has shown that good results can be obtained even without the proposed Hospital for the Insane in the Metropolis.

The following statements deserve attention:—

There is no doubt that it is almost impossible to have too much sub-division and classification of patients. No convalescent patient, no newly admitted one with any power of observation left, should ever be frightened by the sight or sound of a noisy, violent, or obscene lunatic. In the ideal asylum the divisions should be made many and diverse in their style and fittings; villas, cottage homes, a seaside branch, a town house if the asylum is in the country, farm-house accommodation, all should be provided, and all would tend to promote the comfort and cure of the patients. Other hospitals for the insane are built, and wisely so, near large towns, so that patients and staff can join in town amusements, and have the advantages which proximity to a large town gives. It behoves the management to do what it can to obviate the drawback we suffer from our isolated position. In a small way the house at cheerful Brighton meets the want, but a house in London would be even more desirable. Patients could then do shopping, go to amusements, &c., more comfortably than at present. The house would be available to supply information to the friends of patients, who now often have to meet members of the medical staff at a club or a hotel.

At the present time there are twelve ladies and four gentlemen engaged in training in the nursing service of the hospital. They share in the various amusements and occupations of the patients, exercise a general supervision in the absence of the medical staff, and are held responsible for the safety of those who may be entrusted to their care. This combination of associate and nurse

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is found to work well, and in course of time may be expected to largely replace the ordinary attendant, who is scarcely fitted by education and training to act as companion to the class from which the majority of our patients is drawn. The training school is thus established on a sound basis, as an integral part of the work of the hospital. The institution itself will benefit by the steady improvement which may be expected in its nursing service. The general public will gain by the constant supply of educated and skilled attendants available at any time for the treatment of private cases. Hence, in spite of the limitations imposed by the want of space which is now beginning to be somewhat severely felt, the hospital, as a sphere of usefulness, admits of further and considerable extension.

Isle of Man.—In his report, Dr. Richardson makes the following interesting statement:—

That rapidly fatal disease, general paralysis of the insane, is, fortunately, very rare indeed among the natives of this island. During the past six years I have seen no instance of it in a patient of Manx parentage. Of the two cases which died of this disease, the one was a private patient from Liverpool, and the other a resident, not Manx. The cases at present under treatment are, further, not natives.

Kent, Barming Heath.—Dr. Davies refers to the great increase of leave granted to attendants in the previous year. He regrets that he cannot say that the extension has worked well, and he cannot recommend other asylums to follow their example. Each attendant has the whole of one day a week in addition to fourteen days' annual leave.

The Commissioners recommend that—

When a patient is known to have sustained serious injuries during life an independent medical man, with special pathological experience, such as the surgeon of a general hospital, should be called in to make the post-mortem examination.

For the protection of asylum officers we think the suggestion a wise one.

Kent, Chartham Downs.—During the epidemic of influenza the sufferers were principally officers and servants, but not more than four patients had the disorder.

Lancashire, Lancaster.—Many structural alterations have been carried out. The building is to be further protected from the spread of fire.

An additional medical officer has been appointed as pathologist. A new residence is to be built for the medical superintendent. The salaries of the attendants and nurses have been reviewed and substantially increased.

Lancashire, Prestwich.—Dr. Baker, one of the assistant medical officers, has retired on account of bad health, and has been granted a pension of £150 per annum.

The Commissioners report that the patients suffering from general paralysis at the date of their inspection were 169 males and 36 females, or a proportion of 16·1 per cent. of males and 2·8 per cent. of females. At the end of 1884 the general paralytics

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were in the proportion on the male side of 11·8 per cent., and on the female side of 2·6 per cent. These figures appear to support the opinion held by Mr. Ley, that this formidable disease is on the increase in this district.

Mr. Ley's report is chiefly devoted to the consideration of how to provide for the accummulation of lunatics in Lancashire.

Leicestershire and Rutland.—On the recommendation of Dr. Higgins the wages of all the attendants, nurses, and servants were increased. This had not been done for sixteen years previously.

No decision has yet been arrived at as to how to provide for the ever-increasing number of patients.

Limerick.—It may be worth while to point out that the reports by the Inspectors are not given.

During his first year of office Dr. O'Neill seems to have continued the good work begun by his predecessor, Dr. Courtenay, and is able to report a considerable number of important structural improvements.

Lincoln.—The Committee of Visitors is at last seriously considering the means of providing adequate asylum accommodation. Opinions are divided as how this should best be done, whether to enlarge the present asylum or build another in another part of the county.

The sanitary improvements have been continued, and with decided advantage to the general health; but that serious defects still exist is evident from Mr. Marsh's report.

London, City of.—The medical staff has been increased by the appointment of a clinical clerk. Many improvements have been effected during the year, not the least of them being the disposal of sewage by irrigation. Lectures to attendants and nurses are continued.

Dr. White points out that for 1889 he had the highest recovery rate (66·6 per cent. on the admissions) for the county and borough asylums, and he hopes to occupy the same position for 1890 with a rate of 64·58 per cent. The death rate was remarkably low, only 4·71 in the daily average number resident.

Mavisbank.—Applications for admission were so numerous that had the accommodation been double what it is it would speedily have been occupied. The movement of the population is rapid, and this shows, as Dr. Keay observes, that the institution is not merely a home for chronic mental invalids, but a hospital doing active and useful work in the treatment of the insane. Great credit is due to Dr. Keay.

Monmouth, Brecon, and Radnor.—This asylum is practically full, and it is suggested by Dr. Glendinning that additional accommodation should be provided by the building of an infirmary block. Cottages are to be built for married attendants, and it appears that the wages have been increased, but by what amount is not stated.

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Mullingar.—This asylum is still much overcrowded. It is, therefore, not surprising that Mr. Finegan reports :—

> It is, however, a matter of grave concern that tuberculous disease has proved to be the cause of death in no less than 48 per cent. of the cases. It is asserted by a few authorities that tuberculosis is quite preventable, if not an entirely curable disease. If such be true it is scarcely an enviable position for the physicians responsible for the treatment of these cases to try and satisfy their consciences in the belief that no effort has been spared to save them. We know, of course, that the insane, owing to a weakened nervous organization, are feeble subjects for resisting an attack of this awful malady when once it has gained an inlet to their constitutions, and if the most hygienic conditions are not at the disposal of the asylum physicians as a means of treatment the employment of medicinal remedies is at best disappointing.

It is satisfactory to learn that the enlargement of the asylum has begun. It has been decided to introduce the electric light. Cottages for married attendants are to be erected. Beef and mutton are no longer procured by contract. The animals are bought alive, and slaughtered on the premises.

The report left by the Inspector is very satisfactory, and points out many arrangements as indications of the energy and success of the management.

(To be continued.)

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2. *German Retrospect.*

By Wm. W. Ireland, M.D.

On the Neuroglia of the Nerve Centres in Man.

Carl Weigert ("Anat. Anz.," 1890, No. 19, and "Neurologisches Centralblatt, No. 1, 1891) claims to have discovered a method by which a nerve fibre can be surely distinguished from a fibre of the neuroglia, even after the nerve fibres have become disconnected with the nerve cell.

His process, the details of which he does not explain, consists in dyeing the neuroglia deep blue, the other anatomical elements being unaffected.

Dr. Weigert states that his preparations confirm Ranvier's view that the fibres only lie against the body of the cell, and the protoplasm of the cell appears, under the microscope, to be of different composition. The fibres are smooth without varicosities. After death the tissue becomes altered, and granules and molecules appear. The composition of the neuroglia is different from the neurokeratine of the peripheral nerves. This is brought out by Weigert's process of dyeing. It is only at the exit of the roots of the nerves that a tuft of fibres of the neuroglia goes a little way along the nerve trunk. It is on the surfaces of the nervous centres that the network of the neuroglia is thickest. In the spinal cord all the single fibres of the white substance are

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