PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.*

Asylum Reports, 1887-8.

(*Concluded from p.* 447.)

Bedford, Hertford, and Huntingdon.—It is reported that the general health of the patients was good; that there was no epidemic, but that slight cases of erysipelas occurred from time to time, which could not be accounted for, but which were at last ascertained to have arisen from a considerable leakage in the sewage pipes.

Asylum officers may draw a very valuable lesson from this: that if they look carefully enough they will always discover some sanitary defect to account for such outbreaks of erysipelas, diarrhœa, etc.

One hundred and two deaths occurred during the year, and of these 15 were due to phthisis.

East Riding, Yorkshire.—In his report Dr. Macleod says:—

> I have been led to observe that the patients admitted from this district usually suffer from varieties of insanity which, as a rule, do not present hopeful prospects of cure. There is an absence of the more acute forms of the disease, and the insanity most prevalent often strikes me as a mere exaggeration of a general somewhat low standard of intelligence. In many of the more isolated villages in the Riding there appears to be a considerable amount of hereditary tendency, not so much to actual insanity as to an ill-balanced, ill-developed nervous system, producing individuals who are never very bright, and who, when subjected to the strain of some exciting cause, develop habits and tendencies which necessitate their being placed under care. The onset of the actual disease in such cases being gradual is not observed, or is tolerated with a hope of its passing off, until the opportunity of amendment is lost, and the morbid mental state becomes confirmed. The present depression in agriculture no doubt helps to foster this state of affairs. The stronger and brighter men are emigrating, or will migrate to towns for work, and those remaining contain a larger proportion of the class I allude to.

Dr. Macleod reports favourably on the allowance of money to patients absent on trial. He says:—

> The power of making an allowance of money to patients while absent on trial sanctioned under Section 79 of the Lunatic Asylums Act, 1853, was used for the first time during last year. This provision of the law is in suitable cases a most beneficial one. It enables a man without money or friends to have a means of subsistence till his health is quite re-established, and until he is able to gain employment. It cannot always be just to turn a convalescent from a severe illness upon the world—with his powers of earning a livelihood lessened—without giving him something to fall back upon. Such an allowance of money for a few weeks will often prevent a recurrence of insanity which would again place the man a burden on the public rates, and as each case must come before the Visitors and be decided upon its merits the provision is not at all likely to be abused.

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Only four of the twenty-five deaths were due to phthisis.

South Yorkshire.—It must be a matter of deep regret that since writing his last report Dr. Mitchell has been compelled to resign on account of bad health. His disposition caused him to shun publicity of every kind, so that his many virtues and good qualities were known to but few personally though to many by reputation. As an asylum administrator he had few equals, and under his care Wadsley has long been one of the very best asylums in England, a place to which many flocked with the view of copying its arrangements, and which had but one fault—its enormous size. We have always protested against these overgrown places; they are burdens not to be borne by men of even average physical strength, and require such an amount of supervision that the superintendents have no time for necessary change of scene and occupation. An asylum like Wadsley affords abundant occupation for two superintendents; and if Dr. Kay desires a moderate degree of comfort in his official life he will, we think, do well in persuading the Visitors to relieve him of half his work. Now that Dr. Mitchell has retired he must experience an ease of mind and elasticity of spirits which he has not enjoyed for many years, and we most earnestly hope that his escape from official cares before it was quite too late will enable him to enjoy many years of that peaceful retirement he so richly deserves.

The system of granting to patients discharged on trial the statutory weekly allowance, during probation, was in operation during the greater part of the year, and is considered to have been beneficial and satisfactory in its results.

The introduction of Tobin's tubes into the women's infirmary ward has, in a marked degree, improved the ventilation, and a more extended trial of the system is in contemplation. Further experience in the use of the electrical and telephonic communications has fully proved their great utility and value.

West Riding of Yorkshire. Wakefield.—The sanitary improvements are completed, and the result is that the health of the house has been satisfactory.

In one particular, affecting the health of the inmates, the history of the year presents an exceptional feature; the late Summer and Autumn diarrhœa and dysentery, which had been so constant a phenomenon for years past as to be almost regarded as endemic to the locality, have both been completely absent—an interesting fact, taken in connection with the very prolonged drought to which we had been subjected.

We have from time to time directed attention to the occurrence of epidemic pneumonia in asylums. The following extract from Dr. Lewis's report gives useful and interesting information on an outbreak which occurred at Wakefield in 1887.

The pulmonary affection which in its clinical history and pathological aspect was undoubtedly a form of epidemic pneumonia due to some specific infective agency commenced in February and terminated in April. The co-existence of

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this epidemic pneumonia on the male side, and of enteric fever on the female side, although extremely suggestive, must not be regarded as conclusive of a *community* of *specific* origin, but probably points to several conditions existing at the time favouring the development of both diseases. As regards the prevalence of pneumonic affections amongst the men—apart from the large number of the sex suffering from exhausting diseases—it must be borne in mind that *sudden fluctuations* of temperature are to them of the greatest import, especially in the case of the aged and restless subjects whose condition prevents them sleeping under observation, and who are constantly prone to expose themselves to chills. An equally maintained temperature, or the ready means of graduating such by night as well as day, is a requirement in our male building not met at present by the system adopted. The problem of efficient ventilation of single rooms supplied by uniformly warm air has not yet been worked out, and in no asylum or plan have I yet seen any approach to such a room as hygienic considerations and the peculiar circumstances of the case demand. Yet these series of single rooms are those appropriated to the infirm or the restless and acute cases requiring the maximum of hygienic surroundings.

It is quite evident that enormous efforts are made to improve the condition of this asylum, but the structural difficulties to be met appear to be really insurmountable.

Two hundred and ten deaths occurred during the year; of these 32 were due to chronic pneumonic phthisis, and two to acute miliary tuberculosis.

York Retreat.—The reports by the Commissioners, which we believe are very favourable, are not published. We would suggest that this omission be supplied in future.

Dr. Baker reports that a large house has been taken on lease for the purpose of a Convalescent Home, with accommodation for ten resident lady patients, and has been so altered and adapted as to make it not only suitable for the reception of convalescent patients, but also for those members of the Retreat family, numbering about fifty, who annually visit the seaside for varying periods of one to six weeks. The alterations have been carefully carried out, and will give additional comfort to the patients during their visits, and will, it is believed, enable an additional number to participate in this healthful change, the staircase, rooms, and various parts of the house being fitted with many safeguards not to be obtained in ordinary lodging-houses.

None of the deaths was due to phthisis pulmonalis.

Scotch Asylums.

Argyll and Bute.—This asylum is overcrowded, especially in the infirmary wards. To obviate such a state of things the General Board of Lunacy recommended the removal of all out-county patients (both pauper and private), and also harmless district patients; but as the District Board derived considerable profit from private patients it resolved to erect additional buildings to afford the necessary hospital accommodation. The General Board, however, declined to sanction such building; and, in consequence, a number of the patients have been removed. The District Board

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is decidedly of opinion that the proper course would be to build a hospital specially designed for that purpose rather than convert some of the ordinary wards into hospital wards—the estimated difference in the cost of the two schemes being only £1,000.

There can be no doubt that the General Lunacy Board is right in its view of the case.

Of the 17 deaths during the year only two were due to phthisis. Dr. Cameron's report is a remarkably meagre production.

Crichton Royal Institution.—During the year the female department of the "Second House" has been completed and occupied. The accommodation appears to be very superior, and is highly reported on.

The following paragraphs are from Dr. Rutherford's report:—

> Four years ago the Board of Trustees and Directors sanctioned the reception into the institution of private patients from the district at the lowest, and from any part of the kingdom at the intermediate, rates of board. This has evidently met a felt want, as there are now resident upwards of 130 private patients paying £1 per week and under. In many districts, particularly in England and Ireland, there is a lack of adequate asylum accommodation for the lower middle class. The poor are amply provided for in the county and district asylums, and the wealthy can always command proper treatment, while there is scarcely a pauper asylum which has not middle class patients paid for by their friends, but sent in through the parish, and classified as paupers. Even were the county and district asylums to open their doors to such patients, the fact that such asylums are rate-supported, and that in them private and pauper patients must associate, cannot fail to be an objection to many.
>
> The experience of the new building bears out what I have always held, and always acted on—that the more roomy an asylum is, the better furnished, and the less prominent are special contrivances for the prevention of injury, the better will the patients behave and the sooner will they recover. It cannot be denied that such surroundings as now exist in the second house necessitate great watchfulness on the part of the attendants. Indeed, the amount of vigilance and care demanded of those entrusted with the immediate charge of the insane can only be fully appreciated by those who daily see their work; and the longer one does so, the responsibility becomes more apparent. It is, therefore, of the utmost importance to procure the services, as attendants on the insane, of persons of good character, of good temper, and intelligence.

We are glad to find that Dr. Rutherford continues the employment of gentlemen in the gardens.

Only two of the 32 deaths were due to consumption.

Dundee, 1886-7.—Dr. Rorie discusses at some length the question of removal of possibly curable cases to workhouses. We, to some extent, agree with him when he says:—

> From a careful consideration of these facts, I am convinced that were it agreed that no patient should be eligible for removal to the lunatic wards of poor-houses who has not been for three years at least resident in the asylum, and that all patients who could equally well be taken care of in the lunatic wards of poor-houses (and by the provision of a few single rooms and an increased staff of attendants this might include a large proportion of epileptics, paralytics, and the degraded class of the chronic insane) should be removed from the asylum as

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from the curative hospital on the lapsing of the detaining power of the sheriff's order, many of the complications of the present system would be obviated.

Besides educational and musical classes, conducted by members of the staff, Dr. Rorie again delivered a course of lectures to the nurses, attendants, and servants,

but on a much more extended scale than that of last year. To make this as efficient as possible, attendance was here compulsory, all those employed in the service of the asylum being divided into two classes so as to suit convenience of attendance. Seven lectures were delivered to each, or fourteen in all, and embraced not only the duties required of all in their dealings with the patients, but also included elementary instruction in physiological anatomy and mental science. Copies of a synopsis of each lecture were also provided for those attending. From the interest and attention shown this system of imparting a thorough knowledge of their duties to those in the employment of the asylum cannot fail to be beneficial.

In only two of the 26 deaths was phthisis primarily or secondarily the cause.

Dundee, 1887-8.—Dr. Rorie says:—

The principles followed in the Dundee Asylum have often been referred to, and briefly consist in endeavouring to bring the physical condition of the patients to its highest state of perfection, and the provision of healthy employment. At the same time the operation of remedies calculated to influence the mental state through the nervous system is not overlooked, and two of these recently brought under the notice of the medical profession—hyoscine and hyoscine hydrobromate—have been found of great value in allaying the excitement of acute mania and that of general paralysis.

The deaths numbered 27, and of these only two were due to phthisis.

Edinburgh Royal Asylum.—As usual, Dr. Clouston's report is a very careful production, and is largely a popular lecture on some aspects of insanity. The whole is well worthy of consideration by all interested in asylum management, but we will content ourselves with the following rather lengthy extract:—

It is often an extremely difficult thing to know when a patient who has suffered from an attack of insanity has recovered, and it is a very responsible practical question for me to decide when he should leave the asylum. Along with the other question, when he should be sent to the asylum at the beginning of the attack, it forms one of the delicate problems of practical medicine, both questions needing the utmost care, judgment, and experience for their right solution. It is surprising in how many cases the patients themselves or some of their relations think that either they were sent too hurriedly to the asylum, or kept too long out of it, that they were detained too long there, or sent out too soon. The brain is so infinitely delicate an organ in its organization and working, and so easily upset in some cases, its upsetting being attended with such terrible results to the man himself and to his relations that it is no wonder the doctor is often blamed for more than he is responsible for. It is marvellous the amount of self-control and cunning some really insane patients will exercise *for a time* to regain their liberty, and it is equally striking how home worries, the responsibilities of life, a little drink, or even the mere mental suggestions attending a return to the place where the attack had originally developed, will sometimes upset a

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brain that had regained its equilibrium, and lead to another attack or to suicide.

The symptoms of mental disease are not necessarily new and different in kind from a man's normal mental qualities. They may be mere exaggerations of what is the man's natural disposition, or they may be mental effects without sufficient outward cause, that would not constitute insanity at all if there were some real causes for them. A man gets intensely depressed, and utterly without interest in anything, or capacity to follow his occupation, sleepless, and unable to take food, believing that he is ruined, and that life is not worth having. His sanity or insanity depends on whether there are real causes for this state or not. In fact, two men may exhibit exactly the same mental symptoms, and the one may be sane, while the other is insane. A grown man who exhibits the exact mental state natural in a child is reckoned of unsound mind. One of the most common of the early symptoms of insanity is a morbid suspiciousness, which depends greatly for its true significance to the mental physician on the temperament and state or circumstances of the man who exhibits it. A man who in his own family, and towards his old friends, begins to exhibit the suspicions that would be natural enough if he were among unprincipled enemies, is often showing the first symptoms of insanity. And so when in the stage of returning sanity, towards the ending of an attack, finding himself among strangers in strange circumstances, and, on account of his mental attack not being able to remember or realize how ill he has been or the necessity for his being under treatment, it is no wonder that a patient sometimes exhibits a morbid suspiciousness that prevents him fully trusting my good intentions towards him. Undue suspicion commonly means a bloodless, or diseased, or weakened brain, and the weak are suspicious among men and throughout the whole animal world. People become morbidly suspicious after illnesses, after paralytic attacks, in old age, and in insanity. They attach unreal importance to simple acts. I have many patients who think every simple thing I do or say is done "for a purpose" towards them. This is often one of the first symptoms when an insane patient is becoming consumptive. It causes unsociableness, and prevents them playing games, it cuts them off from sympathy, it retards recovery, and it often leads to suicidal attempts. It is very curious thus to see the same mental quality which is the sane man's protection and means of detecting evil become in the insane man the chief obstacle to the recovery of his health and reason.

One case illustrated the influence of want of blood in the brain in causing suspicious paralysis of all the social instincts. She was a little woman of 12 from the Cowgate. Her circumstances were very poor, she had had spinal curvature and threatened consumption. She was sent to the Infirmary, but they could make nothing of her. On admission she was a most pitiable object, deformed, emaciated, and bloodless, but fierce and suspicious. When kindly spoken to, she scolded, when petted she spat in your face. The head nurse compelled her to eat, laid her out on a mattress in the sun, and endured patiently all her abuse, not rendering railing for railing, but contrariwise. In a few months she got stronger, and ceased active opposition to treatment. Then she gained a little flesh and got civil. Then she got fat, and turned out a sweet-tempered little body, the pet of the Hospital, a female "Tiny Tim." As the blood came into her brain the sinful moods went out of it; as it got nourished, it became unsuspicious. All the moralities and virtues in her came and went with the blood in her brain. Probably she was only an extreme example of what happens to us all.

We had an unusual number of cases under treatment this year where the mental disease had been caused by advanced heart disease. The blood circulation of the brain had first become deranged in that way, and the mental working disordered thereafter. The patients where the mental disease is due to such direct physical causes are always interesting and instructive, as suggesting that we shall one day be able to trace still more of our cases of insanity directly to physical conditions of the brain, and be able to cure them, as was done in some of the heart cases, by direct medical treatment.

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Of the 70 deaths during the year only six were due to phthisis.

There are many indications in this report of the continued energy, enterprise, and success which characterize the management of this asylum.

Fife and Kinross, 1887.—The following paragraph from Dr. Turnbull's report directs attention to a very important matter—the treatment of the poorest class of private patients:—

All the other cases were parochial, and from our own district. Several applications have been made during the year for the admission of private patients at low rates of board, but those had in every instance to be refused. I often feel that it is a great hardship for these cases that they cannot be received here, especially when they belong to the Fife and Kinross district; but in the present state of our accommodation, and in accordance with the regulations of the Lunacy Acts, we have no power in the matter save to refuse admission. In lunacy the State safeguards the interests of the poorest class of the community more stringently than for any other class, for at present it is compulsory to provide proper accommodation for lunatics receiving parochial relief, while it is not compulsory to do so for non-pauper lunatics. In Scotland the feeling has generally been that District Asylums, being built from money raised by rates, should receive private patients only while they have accommodation over and above what is required for parochial cases, and that it is not justifiable to assess a district for money to make the asylum larger than is reasonably needed for pauper patients. The private patients, therefore, would go to the chartered or royal asylums, which were in existence before the district asylums, and are, as it were, the property of the whole country instead of the district only, or to institutions founded by private enterprise. There can be no doubt that this is the natural and proper view in the circumstances. And yet it presses hard upon individual cases, especially on those who can pay only a low rate of board. The royal asylums often cannot admit them; and there is now in Scotland no private asylum which receives the poorest class of private patients. Such cases may possibly have paid rates in the district for years previously, and yet cannot get the benefit of the district institution in their hour of need unless they first become nominally paupers.

Four of the 29 deaths were due to phthisis.

Fife and Kinross, 1888.—In his report Dr. Turnbull says:—

Lately I had occasion to summarize the results obtained in boarding-out from the asylum; and I found that during the last six years the trial has been made in the case of 74 patients. Six (6) of these returned to the asylum before the expiry of their probationary period; and their names therefore were never taken off the Asylum books. Sixty-eight (68) cases were so far successful as to warrant their being discharged from the asylum register. Of these last cases, 13 relapsed afterwards, and had again to be received into the asylum after intervals varying from a few months to several years; the other 55 cases have remained out. These figures do not include cases in which the suggestion of removal from the asylum led the relatives to give the patient a trial at home and to take his name off the parochial roll altogether. They represent almost entirely a class of patients who had no near relatives able or willing to provide for them, and who would without doubt have remained as permanent residents of the asylum if steps had not been taken for placing them under suitable care with stranger-guardians. Had they continued to live in the asylum, our population would have been larger than it actually is by about 15 per cent.

A remarkable accident occurred on the morning of 19th May. The building was struck by lightning and a portion totally destroyed by fire. Only the

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year before means had been taken to diminish such dangers. The hand-pumps proved of great service for use within the house. Most valuable of all in limiting the fire were the section walls, which had been put in about ten months previously, on the suggestion of Dr. Sibbald, Commissioner in Lunacy; and but for them the fire would in all likelihood have spread from end to end of the roof of the main block of the asylum, even before the roof could have been cut. The wood beams were burnt and charred up to the very bricks of the section walls.

Seven of the 30 deaths were due to phthisis.

Glasgow District.—Dr. Campbell Clark continues his systematic instruction of his attendants and nurses, and he evidently considers the results satisfactory. He says:—

In estimating the various factors which combine to secure good results in any asylum, an important point to consider is the staff of attendants; and I am happy to be able to say that much good work has been done by our attendants; and a great deal of our success is due to the patience and zeal with which they have attended lectures, tutorial classes, and other means adopted here during the last seven years, and to the trained knowledge and skilled observation which they have thus acquired. Every year is adding to the number of asylums where the special training of attendants has become a recognized necessity, and we have received much encouragement here by the kindly notice taken of our system of training by medical men in this country and America.

Twenty-five deaths occurred, and four of these were due to phthisis.

Inverness, 1887.—The prevalence of phthisis in this asylum continues to be deplorable, and points to the necessity of a minute inquiry as to the hygienic condition of the inmates. All contained in the following paragraph may be quite true, but it should be remembered that a hereditary tendency to phthisis is exceedingly common in lunatics, and also in the general population; and one is compelled to the conclusion that there must be some insanitary, and possibly removable, condition in the Inverness Asylum which affects the health of the inmates so lamentably. When one hears of phthisis prevailing in large buildings, the case of the Guards in the London barracks immediately comes to mind; and it is beyond dispute that people can live on wonderfully little food if they have sufficient fresh air night and day. We would strongly recommend that a chemist accustomed to the analysis of air in public buildings should be employed to carry out an exhaustive series of observations on the air of all the day-rooms and dormitories at different hours. When 18 deaths out of 47 are due to phthisis it is time to cease speculations concerning the prevalence of phthisis in the Highlands, and to take active practical steps to discover the real cause of the pest. If looked for carefully and intelligently it will be found.

The paragraph above referred to is from Dr. Aitkin's report, and is as follows:—

The number of deaths during the year has been large, amounting to 47, or 25 males and 22 females, or 10·6 per cent. upon the average number resident,

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whilst the usual average death rate during the period the institution has been opened has been 8·3 per cent. This is due to the large number of fatal results from phthisis, these reaching 18, or 11 males and seven females, this being dependent on the accumulation of such cases, as in the years 1869 to 1870, and 1882 to 1883, when the proportions reached, during the latter period, were quite as high as during the past twelve months. As this disease also stands out so prominently as the chief cause of death amongst the population, reaching no less than 35·4 per cent. of the whole deaths occurring during the twenty-three years the asylum has been opened, more minute inquiries have been again directed to the history of those who have suffered from it. Thus, of the 11 males who succumbed to it, four were admitted suffering from the malady, and of the other seven it was ascertained in one case that phthisis existed in the family; in another a sister died of hæmoptysis, believed to be associated with lung disease; that in another, an epileptic, the mother died of "chronic lung disease," whilst in a fourth a brother died of phthisis. Of the seven females, four were admitted suffering from the disease, and of the others in one case a sister died of consumption in the asylum, and another is now dying from the same cause at home; and in another a daughter, sister and brother all died from this disease. In the other cases, three males, answers have not been returned to the inquiries put regarding them, but sufficient has been ascertained to show that the greater number of those who succumb to this malady either suffer from strong hereditary tendency to it, or are afflicted by it at the time of their admission. Undoubtedly, also, as pointed out many years ago at pages 18 to 21 of the Fifth Annual Report, the profound melancholia and low type of mental diseases, with the lethargic habits of many of the patients, increase the tendency to phthisis. Even, however, with all these influences, prejudicial as they are, it seems probable that the life of those sent here, labouring under this disease, has been prolonged beyond, or at least continued as long as that of other members of the family who have suffered from it at home. The whole question, however, is so deserving of investigation, and is so important, that it has been determined to undertake a more extended inquiry in reference to this point.

We would point out that post-mortem examinations seem to be the exception and not the rule; and that the tables are not those recommended by the society.

Inverness, 1888.—Seven of the 28 deaths during the year were due to phthisis. The report does not contain any indication that any steps have been taken to discover the cause of this very serious mortality, though Dr. Aitkin's report again discusses at considerable length hereditary tendency, etc. We observe that the General Board of Lunacy is in communication with the District Board on this subject and also regarding the clothing and food of the patients. Whilst it is, of course, important that Dr. Sibbald should point out that "with few exceptions the male patients wear the some clothing in winter as in summer, and the same clothing indoors as out of doors," it appears remarkable that this fact should not have come under the notice of the Commissioners during the twenty-four years they have visited the asylum.

Mid-Lothian and Peebles, 1883-8.—No report has been published since 1883; indeed, it seems as if none had been presented to the District Board.

It is to be hoped that under Dr. R. B. Mitchell's superintendence

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the affairs of this asylum will be more fortunate than they were before his appointment.

The drainage is to be improved at an estimated cost of £700.

The Visiting Commissioner in October, 1887, directed attention to unauthorized changes in the dietary, and his remarks may be consulted by all having the direction of asylums. It is exceedingly important that the books should show exactly how all stores are disposed of.

Montrose.—The crowded state of the asylum rendered it necessary to discharge all unrecovered patients who could be otherwise provided for. Seven were transferred to other asylums and two to poor-house lunatic wards; twenty-four were sent to the care of relatives, and ten were boarded with strangers. Five of those who had been under the care of relatives were brought back within the year.

The first number of the "Sunnyside Chronicle" was issued on 21st June, 1887, and has continued to be a source of much interest to the patients, some of whom are the principal contributors.

A detached hospital is in course of erection. It will accommodate fifty of each sex. Dr. Howden gives a somewhat detailed description of it, with ground plan and elevation. The proposed arrangements seem to be exceedingly good.

Thirty-five deaths occurred during the year, and eleven of them were due to phthisis.

Murray's Royal Asylum.—In every respect this hospital continues to prosper, and, as stated by Dr. Sibbald, it is gratifying to find that the ability of Dr. Urquhart and the liberality of the Directors have thus received substantial acknowledgment from the public.

The following paragraphs, relating to points of more or less interest, are from Dr. Urquhart's report:—

> During the past year, as heretofore, efforts have been made to return unrecovered patients to the care of their friends, when suitable cases occurred. I cannot report a very successful issue of these trials, for, of the nine so removed, only one has since recovered; one died; one is being nursed by her family through the infirmities of old age; one is living alone, and steadily going from bad to worse; one has been boarded out, and remains much the same as regards mental and bodily condition; and the remaining four have since been readmitted. These last were all removed contrary to my advice, and were manifestly unfit for private care. The injudicious course so pursued has had an unfavourable effect in retarding the convalescence of one lady, but the others are apparently unaffected by the change.
>
> I am strongly of opinion that, except in a case absolutely necessitating the intervention of the Procurator-Fiscal under the Lunacy Acts, no obstacle to the discharge of a non-recovered patient should be offered by the asylum physician, further than such medical advice as would be proffered in the circumstances of bodily illness—presuming that the responsibility is assumed, in writing, by the friends removing the patient. It must be admitted that the removal of some of the most unpromising cases is followed by improvement, and even by recovery, and the widest experience but serves to illustrate and accentuate the fallibility

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of medical knowledge. The onerous duty of weighing in the balance the advantages of greater freedom of action, and the tonic encouragement of self-restraint, in a convalescing patient, as against the irritating or enervating restrictions of continued control, must perforce remain with the physician, whose training in problems of mind best fits him to decide. It is his daily task to incur or to obviate risks in the interest of his patients.

The boarding-out of pauper lunatics and the private care of higher class patients have been much lauded of late years. The benefits of private care of the insane should be developed by hospitals such as this as part of their general establishment. I protest against the divorce of methods of treating insanity, and believe that our duty does not stop short at the asylum walls; but that our experience of lunacy should aid in the treatment of milder cases of mental disease, whether at Kincarrathie, or at Carnoustie, or in such homes in our neighbourhood as may be found suitable. This development of James Murray's Royal Asylum would fulfil the enlightened requirements of the age.

The occupations of the patients have been carried on as detailed in former reports. The work on the grounds of the asylum and Kincarrathie, the farm, and the artisan shops has been sufficient to employ twenty-two gentlemen on an average. I have found it a valuable check on the tendency to listlessness and idleness in the galleries to have a daily return from each charge attendant, giving, among other particulars, the names of those unemployed and the reasons for their not being at work. The stimulus to the interest of attendants in the whole work of their department, by thus exacting a daily consideration of the patients under their care, is an important recognition of the higher functions of those who are selected to deal with the very delicate organization of nerves and brains. I am not going to indulge in the usual grumble at the faulty material of which attendants are manufactured. While the world is controlled by monetary considerations we can only command the class we have. It is a question hedged with difficulties, and our present anxiety is to make the most of the men who are available under existing circumstances. Nurses, on the other hand, are less difficult to procure; but of late in Scotland the tide of emigration, owing to the ever-spreading agricultural depression, seems to be depriving the country of its best men. My experience of attendants leads me to employ the ploughman, with what remains of Scottish characteristics of that class, in preference to the old soldier or the unsuccessful artisan.

Perth District, 1887-8.—Fifteen patients died during the year and a post-mortem examination was made in every case. This is very creditable to the Medical Officers.

The evening school, which was begun last year, is reported to be an undoubted success. It is held on two evenings each week. On Wednesdays a small class of about 20 suitable patients receive careful individual tuition, and on Saturdays a much larger number, about 80 or 90, attend a lecture, of an easy and interesting character, on geography, history, biography, or some other instructive subject.

Various structural alterations are in progress to increase the day-room space. The means of recreation have been increased by the introduction of a billiard table and a harmonium.

Roxburgh, Berwick, and Selkirk.—This is perhaps the only asylum in the country where the population has steadily diminished during several years. Several private patients have been removed, but the diminution is chiefly due to the boarding-out of harmless cases. On this subject Dr. Johnstone says:—

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Continued efforts are made to discharge from the asylum all such harmless unrecovered cases as can with advantage both to themselves and the ratepayers be provided for in private dwellings, and these efforts, in spite of many difficulties and discouragements, have, so far, been attended with considerable success. The power of discharging suitable cases on statutory probation (for various periods ranging up to twelve months) is largely made use of in this asylum. In other cases, where a shorter period of trial appears to be sufficient, the patient is sent out on pass for a period not exceeding twenty-eight days, the Superintendent having power to make such trials without the sanction of the General Board. The fitness of the patient for permanent discharge is thus practically tested, while his replacement in the asylum is provided for without the expense attending a sheriff's order, should he prove during his probationary period to be unfit for outside life. The striking benefits which have resulted from the adoption of the policy of discharging all such cases as have ceased to require asylum treatment are referred to by Dr. John Sibbald, Her Majesty's Commissioner in Lunacy, in the report of his last visit to the asylum, to which attention is directed. A distinct advantage has been conferred upon the patients, the institution has been freed from its overcrowded condition, the burden upon the parochial rates has been lightened, and the county assessment has been relieved from a threatened increase.

Scottish National Institution for the Education of Imbecile Children.—The report contains every evidence of prosperity and usefulness. The remarks by the Commissioners are extremely laudatory.

The Medical Officer, Dr. Leslie, reports that the ordinary epidemic diseases of children have been entirely absent, and he is convinced that this immunity, even at times when zymotic diseases have existed in the neighbourhood, is in a large measure due to the fact that the whole institution is now conducted on antiseptic principles, *e.g.*, the only soaps used for cleaning purposes are those charged with carbolic acid and other disinfectants.

Stirling.—This is a very interesting report, and if space permitted we should quote largely from it. We can speak from personal knowledge of the attention paid to the comfort of the patients, and the kindness with which they are treated. The supervision of epileptic and suicidal patients during the night has been improved. On account of a death from suicide, Dr. Maclaren has made such arrangements as he hopes will prevent such accidents in future. These are more restrictive than usually exist. Dr. Maclaren says:—

As the result of this occurrence, I was led to consider the advisability of adopting more stringent precautions for the safety of the suicidal patients. For some reason, probably on account of the large amount of out-door labour which our male patients enjoy, we have not felt the difficulty so urgently among the men. The arrangement has, therefore, meanwhile, at least, been introduced only on the female side. By day the suicidal patients are collected in one day-room, which is not, however, monopolized by them, and they are not allowed to leave it except in the special charge of an attendant. Their meals are served in their own day-room. At chapel and in taking exercise they are not allowed to mingle with the other patients. At night the suicidal and epileptic patients, and some others who require special attention, are collected in two

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dormitories communicating with one another, under the charge of an attendant additional to the ordinary female night attendant. Although foreign to my present subject, I may mention that the arrangement has proved successful beyond expectation. There has been no accident to suicidal or epileptic patient since its adoption, but what has agreeably surprised me is to find that many patients who were so restless and noisy that they slept in single rooms, have become more orderly and less sleepless under supervision, and that some who for years had been regarded as incorrigibly filthy have abandoned these propensities, the arrangement thus securing a distinct and appreciable improvement in some of our most degraded cases.

Of the 43 deaths during the year six were due to phthisis and one to general tuberculosis.

Irish Asylums.

Armagh.—The extensive building operations are now complete, and are reported to be efficiently serving the purposes for which they were intended. The cost was about £23,000.

There were 51 deaths during the year. Of these nine were due to phthisis. It is explained that the health of many patients on admission was much reduced.

It is amusing to find one of the Commissioners pointing out that no provision for a surgery or medical store had been made. It is also pointed out that the day-rooms, especially for the men, are bare and ill-furnished.

Castlebar.—This asylum is seriously overcrowded. Plans for additional buildings have been prepared, but are objected to by the Board of Control, who think the enlargement insufficient.

Dr. O'Neill reports that in November, 1886, fever broke out in the house, and, notwithstanding that every precaution was taken to check its progress, as many as forty cases were treated in their own fever hospital. As fever was prevalent in the house for ten months, there is no doubt that it was due to overcrowding and the patients sleeping in a vitiated atmosphere.

Although the asylum was visited three times in the course of the year by the Commissioners, this very serious outbreak is not mentioned in their reports on the condition of the asylum and patients.

Clonmel.—Referring to the changes in the subordinate staff, Dr. Garner says:—

It is observed that not a few of the deputy attendants at the female side, when the higher and more responsible office of nurse becomes vacant, are reluctant to accept it. This arises, I think, from the small difference of pay existing between the two grades—in some instances only 3s. 4d. a month. As the head nurse of each division has a good deal of property under her charge, and is immediately responsible for the well-being of the patients under her care, the rate of pay is not excessive, but it becomes a question worth considering if the wages of the subordinate grade might not be lowered with advantage.

A most remarkable proposal, which we hope the Committee will have the wisdom not to adopt.

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Cork.—This asylum continues to be overcrowded, especially on the female side.

Dr. Dwyer recommends that a school should be begun for the patients. He says:—

I know from considerable experience the advantages that accrue from well-arranged schools in similar Institutions.

It is a well-ascertained fact that moral and mental influences form important elements in the treatment of the insane; the body that is starved, finally dies; no less does the intellect become dwarfed when deprived of all that nourishes the mind.

There are a great number of patients for whom we cannot find employment, but schools would give them such occupation as would materially help their recovery, and thus increase our usefulness.

I will be grateful to the Board if they will kindly recommend the addition to the staff of this institution of a schoolmaster and mistress.

It should be remembered that education in school forms but a small part of a man's education, and that several very distinguished and ingenious men could neither read nor write. We honestly think that out-door exercise and employment are better for mind and body than playing with school books at 20, 30, 40 years of age.

Downpatrick.—It is recommended that the building should be further protected in the event of a fire, and that the means of egress for the patients should be improved.

Enniscorthy.—The number of dangerous lunatics admitted to Irish asylums has often attracted attention. An explanation of this abuse is given by Dr. Drapes. He states:—

There is still an undue proportion of committals by warrant as compared with the other mode of admission, but as long as the present system of things continues this is likely to be the case. The unjust parsimony of refusing to allow men a fee for examining patients and filling up the house form previous to admission is one cause for the preponderance of warrants which admits of an easy remedy. It is scarcely equitable to expect men to perform what is always a troublesome and very unpleasant business without any remuneration. But this is what medical men, who probably do more work for nothing than any other class in the community, are asked to do. It is small wonder if they evade the task whenever possible; and I think few of the public will deny that they are justified in doing so.

We are much pleased to find that

Last year, for the first time since the asylum was opened, *all* the patients during the summer were sent out in the grounds every day, and allowed to lie on the grass or enjoy a good bask in the sun, and the surrounding view.

Concerning music in asylums, Dr. Drapes says:—

Nothing cheers these patients or helps them to forget their troubles in an equal degree to music. It transports to another region for the time being, removes the cloud of depression, assuages grief, tranquillizes excitement, and rarely, if ever, produces the slightest ill-effect. But it must be music of at least a certain degree of culture, and this, I regret to say, we have not. Quite lately I had a travelling German band up for an evening to play in the hall. They played, as Germans mostly do, with good time, tune, and expression. The effect

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was almost magical: and on others besides lunatics. All present—patients, attendants, visitors—listened with the keenest interest and enjoyment while different concerted pieces were played, and during the dances the usual tameness, and often apathy, quite vanished, and all joined with such spirit and "go" that there could be no question whatever as to the genuineness of the pleasure afforded, and though we have had occasionally theatrical and conjuring performances, at five or six times the cost, for the amusement of the patients, the unanimous verdict of all the listeners was that nothing ever gave them so much pleasure as this music, and their radiant faces told the same tale. This incident speaks for itself, and exemplifies in a striking manner the remarks above made. The position of music in the treatment of the insane is, and ought to be, a high one, and its importance can hardly be indicated without an exaggerated emphasis.

Kilkenny.—This report contains nothing worthy of notice, although it may be pointed out that the portion contributed by the Medical Superintendent occupies just one page.

Londonderry.—A severe epidemic of small-pox occurred during the year, attacking twenty-one patients and one attendant. Some of the cases were of a very severe type and five ended fatally. It is gratifying to find that Dr. Hetherington is able to pay a high tribute to the attendants who discharged their duties admirably and fearlessly during this most trying ordeal. Not one of them gave up his post during the epidemic.

Sligo, 1886.—The following is an extract from Dr. Petit's report:—

In my report for the previous year I called attention to certain changes which had been introduced by me affecting the moral treatment of the patients. These changes, which have had the cordial approval of both the Inspectors (see Inspectors' Reports, 28th June, 1886, and 19th August, 1886), have continued to work well. Out of a daily average of 407 patients, 295 slept in rooms the doors of which were left open; 100 slept in rooms the doors of which had been taken off, leaving only 12 who slept in rooms the doors of which were locked. Considering the circumstances under which it had been found necessary to confine the inmates in an asylum, this amount of liberty would seem risky, but the result has proved quite the opposite. Never was there such quietness at night, not to speak of the improvement to the ventilation.

On the other hand, the doing away with airing courts has had a most beneficial effect in tranquillizing those patients who formerly were confined in them during the day. This is most noticeable among the women; the shouting, screaming, and confusion which used to prevail have entirely disappeared since the walls of the yards were taken down and the patients sent out to the open grounds.

The amount spent on stimulants during the year was only three guineas. Concerning this, Dr. Petit says:—

Our expenditure in that direction has always been low, and while it does not seem to have had any effect upon the death rate, I am confident it has had a great deal to do with the good conduct of both attendants and patients.

Strictly speaking, is there not a *non sequitur* in the latter portion of the sentence? If stimulants are used *medicinally*, their use ought not to affect injuriously the conduct of the patients and attendants.

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The success of the experiment of reducing the number of locked doors at night and the demolition of the airing-court walls is worthy of note. The entire removal of the doors of rooms occupied by 100 patients seems somewhat questionable. In the Report for 1887 there is nothing calling for notice, except that it extends to only half a page.

Waterford.—Various structural alterations have been effected adding considerably to the too limited day-room and dormitory space.

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2. *German Retrospect.*

By W. W. Ireland, M.D.

Is the Pineal Gland a Rudimentary Eye?

Professor Max Flesch ("Neurologisches Centralblatt," No. 19, 1888) combats the theory that the pineal gland of mammalia is a rudimentary parietal eye, and has ceased to have any function in the maintenance of the organism. He argues that the gland is no rudimentary organ—(1) because nerves enter into it; (2) because it gives a peculiar excretion; (3) because on the outer side, next the brain, there is an epithelial structure of a peculiar character.

He does not regard the gritty particles as a peculiar secretion, but considers the pigment specific. The pineal gland differs very much in form, consistence, size, structure, and quantity of pigment in different mammalia. The *résumé* of Dr. Flesch's paper is so short that it becomes obscure. The original paper is in the "Anatomischer Anzeiger," No. 6, 1888.

Brain-Centre for the Salivary Secretion.

Drs. Bechterew and Mislawski ("Neurologisches Centralblatt," No. 20, and "Centralblatt für Nervenheilkunde," No. 20, 1888) have sought for a brain centre for the secretion of the saliva. In this search they were not the first, for MM. Lepine and Rochefontaine ("Gaz. Méd. de Paris," 1875) have already pointed out that irritation of the anterior portion of the hemispheres by a weak galvanic current was followed by an increased secretion from the sub-maxillary gland, an abundant flow of clear saliva, which stopped immediately when the chorda tympani was cut. The point which was most excitable for increasing the salivary secretion was immediately behind the sulcus cruciatus, Ferrier's points 1, 2, 3, and 4; that in front of the sulcus cruciatus, running towards the olfactory lobe, also excited the saliva, but in a less degree. Braun, who repeated these experiments, found that while a galvanic current applied to this region in the brains of dogs caused abundant secretion of the saliva it was also accompanied by energetic contractions of the facial muscle.

Drs. Bechterew and Mislawski made their observations on curarized dogs. A canula was inserted into Wharton's duct and

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