declined to call me—I presume because he considered it his first and only duty to secure a conviction of the prisoner.

"I was called, in common with four medical witnesses for the defence, by the counsel for the prisoner (Mr. Bucknill, Q.C.), and attempted to be examined as to my opinion, but when the judge heard the word 'opinion' he stopped proceedings at once by saying that he would have no opinions in his Court. It was for witnesses to give facts, and for the jury to give or form opinions.

"It was pointed out that I was a Crown witness, specially retained as a skilled person, and that I could not properly give facts without drawing the necessary skilled deductions from them. All this was of no avail. The judge was master of the situation, and flatly declared that he would have no opinions—medical or otherwise—given in his Court. If I liked to tell the jury verbatim my conversation with the prisoner, I could do so, but I was not to state to them any opinion that I had formed, or any deductions that I had drawn from it. They were to draw their own inferences from the questions asked and the answers given during a conversation which lasted more than an hour, and contained, of course, the admission by the prisoner that he had committed the murder.

"The position was one which I could not accept, and I withdrew from the witness box, feeling very much as if I had been helping in one of the uproarious and indecent exhibitions which are recorded as occurring in Judge Jeffrey's Court.

"The other witnesses mounted the rostrum in turn, and were similarly treated, no opinions being allowed to be given.

"Dr. ——, who was one of them, afterwards wrote a letter to the newspapers, in which he pointed the moral that men examining prisoners should take verbatim notes of all conversations, however prolonged, and give them in full when asked to do so.

"I could accept no such conclusion.

"If a man is called as an expert he must help the jury with his special knowledge to an interpretation of the facts.

"He may state the facts which occur during an interview, but he ought surely to claim, if so, to draw the legitimate scientific inferences, and to state them also. Otherwise his position must be as ridiculous and undignified as that of a civil engineer, who might be allowed to say how much iron there was in a bridge, and how it was arranged, but was forbidden to say what relation was borne by the two to the purposes for which a bridge is required; forbidden to state his opinion as to whether the weight, quality, and arrangement of the materials are sufficient to insure stability, an inference which no ordinary jury could draw from any mere statement of facts."

ROYAL EDINBURGH ASYLUM FOR THE INSANE.

On February 23rd the Annual Meeting of the Corporation of the Royal Edinburgh Asylum was held in the Council Chamber, the Lord Provost presiding. The Treasurer (D. Scott Moncrieff, Esq., W.S.) having read the annual report of the Managers for the year ending 31st December, 1890, Dr. Clouston, Physician-Superintendent, read his Report for the year. From it we quote the following paragraphs on the increase of insanity, and on Influenza.

"It was a fact which did not tend to bear out the popular ideas as to the rapid increase of mental disease in recent years, that the yearly production of pauper lunacy in the district (Edinburgh, Leith and Portobello) had scarcely risen appreciably during the past fifteen years. The production of rate-supported insanity was, in fact, with them not keeping pace with the growth of the population. They seemed to be a saner people in Edinburgh than they were fifteen years ago, for the population had increased in that time about 30 per

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cent., while the annual production of pauper insanity was only 3·7 per cent. more at the end of that time than it was at the beginning. The annual production of new cases of the disease scarcely increasing, while the total numbers steadily grew fast, was a fact which meant that there was an accumulation of uncured cases which had continued to live on in an incurable condition. This continuous increase or silting up must stop, however, in time if the new production did not increase year by year, for however well cared for, a chronic lunatic must die sometime. This process of diminishing accumulations of incurable cases had clearly begun, for if the past five years were taken (1886-90) it was found that the total numbers of pauper lunatics chargeable to the urban portion of Mid-Lothian had 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 did not support any pessimistic theory of the modern increase of lunacy. The fact that St. Cuthbert's, the fastest growing parish, paid considerably less for the support of its lunacy during last year than five years ago tended in the same direction. An examination into the character of the cases admitted showed at least two marked facts. The one was that the average general health and condition of the patients were lower this year than usual. They had to enter 50 as having been in 'bad health and very exhausted condition'—that was in imminent risk of death—when they came in this year as compared with an average of 38 in that condition during the previous fifteen years. That there was a tendency year by year to send more cases in this condition was evident, for during the five years (1875-79) the average number so sent was only 29, as compared with the average of 42 during the past five years (1885-89), and the 50 this year. The number of those in really good bodily health and condition was also diminishing. They had only 72 such this year, against an average of 99 during the previous five years, and of 109 during the five years 1875-79. The other prominent fact about the admissions of the year was this: In the two chief divisions made of the mental condition of patients—first, those who were unduly and morbidly depressed (melancholia) on the one hand, and, secondly, those who were, on the other, unduly and morbidly elevated and excited (mania), they commonly found the cases of mania greatly to predominate. During the five previous years they had admitted 847 cases of mania to 617 of melancholia, or 37 per cent. more cases of mania. In no year in the history of the institution until this had the cases of depression been as numerous as those of exaltation, while this year they had 140 cases of melancholia and only 134 cases of mania. Not that he believed depression to be less common as a mental affliction of humanity than morbid elevation and maniacal excitement, if they took all those afflicted into account, whether in asylums or in the outside world. The contrary was in his experience the case. There was in his experience more morbid depression than morbid exaltation with excitement in the world out of asylums that was never sent to institutions for treatment, and did not need to be so sent. It was a far more manageable condition at home than mania. Patients who suffered from maniacal states, on the other hand, were commonly difficult to manage. Their morbidness of mind was commonly incompatible with home life, and therefore they must be sent to institutions for care and treatment. When in any year, for the first time in the history of the institution, the numbers of depressed patients predominated over those of the maniacal, one naturally thought there must have been some distinct cause operating among those prone to mental upset in the direction of lowered nervous action and vitality, and therefore tending towards mental depression. He had come to the conclusion from his observation generally, without, perhaps, very definite or statistical data, that the year 1890 was, with them 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

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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 he could not tell. They knew that the mortality rate in Edinburgh was in 1890 nine per cent. over the average rate of the five previous years. He distinctly connected the influenza in some way with the unprecedented number of melancholic patients sent to Morningside last year. Moreover, his own experience, and that of many of his medical brethren to whom he had spoken, went 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 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 their numbers at Morningside. The subsequent lowered nervous tone left as an evil residuum long after the disease had been recovered from had not had the attention paid to it that it deserved. He believed 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 had recovered their normal tone. The influenza poison seemed to burn up the nervous energy, and leave the brain unable in some cases to recuperate. Influenza had been assigned by the relations as a cause for the attack of melancholia in only a few cases, but a great many of the patients admitted had had the disease, and he was clearly able in many cases to trace the origin of the mental disease to it. The admissions were not more numerous as a whole during the year than usual. From January to May inclusive the average monthly admission rate was 29·6, while during the latter seven months it was only 26·3, and it declined as the year drew to a close, the rate for the last three months being only 20·3. The number of deaths (109) was the largest in any one year in the history of the institution, and the percentage of deaths was also the highest on record. The mortality above the average rate occurred entirely in the first five months of the year, during which time 63 deaths took place. Eighteen deaths occurred in February, or about three times the average monthly death-rate. Had the death-rate this year been the average one of 6·6 per cent. on the total numbers under treatment, the number of deaths would have been 76. The obvious cause for a very considerable proportion of the undue death-rate was the epidemic of influenza, which occurred at Morningside from the second week in December, 1889, till the end of January, 1890, with a few sporadic cases afterwards. One of the best and most quoted accounts of the epidemic was given by the two assistant physicians, Drs. Robertson and Elkins. Up to the time they published their account in the 'British Medical Journal' of February 1st, 1890, 94 patients and 52 officials had taken the disease. This was a proportion of 10½ per cent. of all the patients, and no less than 31¼ per cent. of all the resident staff. The mortality from it was very different among the sane and the insane, however. None of the staff died, but 10 of the patients died of its immediate and direct effects, and other nine died during the year of its subsequent and more indirect effects. Thus 21 per cent. of the patients who took influenza died of its direct or indirect effects. Nothing could show better the vast difference between the previous general health condition and power to resist disease of the insane as a whole compared with the sane. The community of patients was, in fact, invalid, and when it became affected by disease it could not resist it and recover, but died in large numbers. The most decided and characteristic of all the forms of insanity with organic brain disease that were found in asylum patients was general paralysis, and of the 30 cases which were in the house in January, 10 took the disease, six of those dying of its direct effects, and two afterwards of its indirect effects—a mortality of over one-fourth of all their general paralytics. The nervous symptoms of the influenza were especially marked in the patients, and every one of them—except, perhaps, two—were worse in mind while suffer-

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ing from the disease and during convalescence than they had been before they were attacked, some of them being rendered permanently worse. In most of the fatal cases the lungs were affected by pneumonia, pleurisy, or bronchitis, with pericarditis coming on secondarily. Five of the cases who died of indirect effects either developed consumption or, having it previously, got worse and died soon. The very interesting and important question of why the staff, sane and strong as they were, took the disease in nearly three times the proportion of the patients—10·5 per cent. against 30·3 per cent. of the total numbers of each class—was not one to be dogmatized about in such a report as that. It was one about which different opinions had been expressed. His own belief was that it was owing to the staff going into town, and going about generally, and so breathing the infection in the open air at different places, while the patients were necessarily obliged to breathe a more localized air."

SURGICAL TREATMENT OF HALLUCINATIONS.

(*Gazzetta degli Ospitali*, No. 92.)

Dr. Burckhardt has subjected six cases of insanity to operative treatment. Twice he made it his object to intersect the paths of association which, according to him, transmit the pathological impressions coming from certain sensory parts and certain ideogenic parts of the brain. To effect this, he removed portions of the frontal and parietal lobes before and behind the ascending convolutions. In one of these cases the result was very satisfactory; in the other, which is still under treatment, the improvement was only partial. In the remaining four cases there were hallucinations more or less acute, and the indication was to suppress and to reduce the hallucinations of sound more or less. Burckhardt believes that verbal hallucinations can only be produced in a brain in which the logogenetic paths are intact; for the centres, through whose injury sensory and motor aphasia are produced, are indispensable to all genesis of verbal hallucinations. To cure the hallucinations he attacked these centres, and excised parts of the first temporal and of the third frontal, on the left side. The result was satisfactory, though it may be that the improvement will not be permanent. In case of relapse Burckhardt proposes to return to the charge. The fourth patient died of vascular paralysis six days after the operation, which no doubt was the cause of his death. These results Burckhardt considers to be encouraging; he has continued to pursue this line of treatment for two years.—Wm. W. Ireland, M.D., in the *Medical Recorder*.

SCHEME FOR A PATHOLOGICAL INDEX.

We would draw the attention of the members of the Association to a reprint of an article by Dr. Howden (Montrose) in the February number of the "Glasgow Medical Journal." We have no doubt that its general adoption would be the means of rendering a vast amount of pathological material available, which is at the present time practically buried. An index book, to be obtained of some well-known medical publisher, should be prepared for each asylum or hospital.

FIRE AT NORTHGROVE, HAWKHURST, KENT.

We regret to have to record that this Asylum, the property of Dr. Harmer, was destroyed by fire on the 4th December, 1890. The fire broke out in the linen room at about 9 a.m. The room was cased round with pine, with pine ceiling; the fittings were of pine, and the whole was in a few minutes in a blaze.

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