

We should have had more confidence in the author's analysis had the following passage occurred at the beginning of his first treatise, instead of at the end of the last one. "In studying the altered actions of animals whose brain has been injured, it has occurred to me that perhaps the chief failing which makes them incapable of apprehending the impressions of the senses, is want of attention. When we are disturbed, occurrences pass away without any trace on our consciousness, which must excite the senses in a lively manner. Though the organs of sense are busy in conveying impressions, we neither see, smell, hear, nor taste. The dogs artificially demented are perhaps reduced to this state of mental disturbance. They are not in a condition to exercise their attention so as to give a proper interpretation to the impressions of the senses. Dogs after extensive destruction of the cerebrum are not quite blind, they can still avoid obstacles placed in their way, and turn towards the light. T. Stilling has shown that the deep origin of the optic tract in man can be traced to the pons Varolii, the medulla, and the spinal cord. It seems to me possible that the regulation of the movements of the body from the impressions on the retina may pass by this way."

To criticise Goltz's observations one would need to repeat his experiments, and even should their correctness be admitted without any qualification, there might be great dispute about the correct interpretation of the phenomena. It is to be hoped, in the interests of the martyrs of cerebral physiology, that definite results will be attained as quickly, and with as little suffering as possible.

3. *Colonial Retrospect.*

By FREDERICK NEEDHAM, M.D., and D. HACK TUKE, M.D.

Annual Report of Asylums, New South Wales, by Dr. Manning, Inspector-General of the Insane. Report for 1881.

This report gives evidence of continued progress in the care and treatment of the insane in the Colony whose department of lunacy is presided over with so much ability by Dr. Manning.

The number of registered insane persons in New South Wales on the 31st December, 1880, was 2,099, and on the 31st December, 1881, 2,218, showing an increase of 119. This increase, however, although larger than that of any previous year, does not appear, according to this report, to be due to any largely increased production of insanity, but to the influence of a very low death-rate.

The proportion of insane persons to population was 1 in every 352, which is almost identical with that in England.

The following tables are interesting for comparison with similar tables in English asylums :—(See next page).

TABLE I.
Showing the Admissions, Re-admissions, Discharges, and Deaths, with the Mean Annual Mortality, and the proportion of Recoveries, &c., per cent., in the Hospitals for the Insane, for the Years 1876 to 1881 inclusive.

Year	Admitted.			Transferred from other hospitals, &c.			Discharged.			Transferred to other hospitals, &c.			Escaped and not recaptured within 28 days.			Died.			Remaining in hospitals, 31 December in each year.			Average number resident.			Percentage of recoveries on admissions and re-admissions.			Percentage of patients relieved on admissions and re-admissions.			Percentage of deaths of average number resident.															
	Admitted for the first time.			Re-admitted.			Recovered.			Relieved.			M. F. Total.			M. F. Total.			M. F. Total.			M. F. Total.			M. F. Total.			M. F. Total.																		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total																
1876	182	111	293	33	27	60	101	12	113	88	70	158	17	19	36	100	45	145	75	29	107	1072	533	1065	1052	536	1688	40	90	57	72	44	75	7	90	13	76	10	19	7	41	5	41	6	73	
1877	262	100	362	62	24	86	133	14	147	137	64	201	17	18	35	130	21	151	97	30	117	1147	548	1695	1130	529	1659	42	28	51	61	44	86	4	97	14	51	7	81	8	58	3	78	7	05	
1878	212	126	338	40	38	78	112	36	148	108	46	154	17	20	37	113	45	158	99	28	127	1174	609	1783	1175	579	1754	42	85	28	05	37	01	6	75	12	19	8	89	8	42	4	83	7	24	
1879	241	128	369	40	26	66	98	12	110	112	58	170	21	28	49	97	17	114	91	28	117	1232	646	1878	1188	620	1808	38	86	37	66	39	08	7	47	18	18	11	26	7	66	4	19	7	10	
1880	287	145	432	28	30	58	42	24	66	133	63	196	21	19	40	40	35	75	3	96	40	136	1276	688	1964	1249	665	1914	45	08	36	00	41	70	7	11	10	85	8	51	7	68	6	01	7	10
1881	284	134	418	35	27	62	31	9	40	133	73	206	16	14	30	34	19	53	5	84	26	110	1354	726	2080	1314	700	2014	41	69	45	34	42	91	5	01	8	69	6	25	6	39	3	71	5	46

TABLE II.

Showing the Causes of Insanity, apparent or assigned, in the Admissions and Re-admissions in the Hospitals for the Insane during the Year 1881.

	Male.	Female.	Total.
MORAL—			
Domestic trouble (including loss of relatives and friends)	5	11	16
Adverse circumstances, including business anxiety and pecuniary difficulties	10	1	11
Mental anxiety and "worry" (not included under above two heads), and over-work...	9	2	11
Religious excitement	8	6	14
Love affairs (including seduction) ... ..	...	2	2
Fright and nervous shock ... ..	...	2	2
Isolation... ..	9	2	11
Nostalgia	1	1	2
PHYSICAL—			
Intemperance in drink	44	10	54
Do. (sexual) ... ..	...	1	1
Veneral disease	1	...	1
Self-abuse (sexual)	8	...	8
Sunstroke	18	1	19
Accident or injury	6	...	6
Pregnancy ... ..	...	4	4
Parturition and the puerperal state ... ..	...	12	12
Lactation ... ..	...	3	3
Uterine and ovarian disorders ... ..	...	1	1
Puberty ... ..	...	3	3
Change of life ... ..	...	3	3
Fevers	1	2	3
Privation and over-work	19	...	19
Phthisis ... ..	...	2	2
Epilepsy... ..	22	7	29
Disease of skull and brain	3	1	4
Other bodily diseases and disorders, and chronic ill-health	12	8	20
Excess of opium	2	...	2
PREVIOUS ATTACKS	9	7	16
HEREDITARY INFLUENCE ASCERTAINED	20	19	39
CONGENITAL DEFECT ASCERTAINED...	16	8	24
OTHER ASCERTAINED CAUSES	5	9	14
UNKNOWN...	91	33	124
Total	319	161	480

The number admitted into hospitals for the insane in 1881 was 480, of whom 418 were admitted for the first time.

The proportion of admissions and re-admissions to the population of the Colony was 1 in 1,581 persons, as against 1 in 1,618 in the preceding year. The re-admissions were 12.55 per cent. of the total admissions.

The percentage of recoveries on admissions was 42.91, that of deaths on the average numbers resident, 5.46, which is very favourable ;

but it must be remembered that they apply to a mixed body of patients, and not to those exclusively of the pauper class.

The amount of accommodation for the insane in the Colony appears to be inadequate to the demands upon it.

Dr. Manning reports that, although additional buildings have been erected during the year for 164 patients, there are still 282 in asylums in excess of the number for whom there is room. As he pertinently remarks, "With the population of the Colony increasing at the rate of about 40,000 per annum, and with the experience of many former years that three out of every 1,000 of the population will be insane and require hospital care and treatment, it is impossible to ignore the need for further provision for this unfortunate and expensive class."

The following quotations indicate blots on the lunacy system of the Colony, which, it is to be hoped, will shortly disappear under Dr. Manning's advice:—

"The practice of examining insane persons in open court, to which I adverted in a former report, appears to have been somewhat less resorted to than formerly, but some painful scenes resulting from this practice have been made the subject of newspaper comment during the year, and it is clearly advisable that the examination should be conducted in such a manner as to avoid, as far as possible, the unnecessary excitement or exposure of persons who are the subjects of a distressing malady, and who, though under the cognisance of the law, are guilty of no offence."

"In the country districts there is not at present, and in many places there cannot be for years to come, any other refuge for the insane than the prisons, and in most of those which I have had an opportunity of visiting the arrangements are but ill-adapted for the treatment of insane persons in what—with regard to their recovery—is the most precious time of their illness. The Lunacy Act limits the stay of insane persons in prisons to 14 days, and this period is not now exceeded except in cases of mental or bodily illness unfitting the patient for journey to hospital."

With reference to epileptics and general paralytics, the following interesting particulars and table are given:—

"The English Commissioners in Lunacy have for several years past given returns showing the number of epileptics and general paralytics admitted into English institutions for the insane, and the annexed return is not without interest by way of comparison.

"General paralysis is a well-known and frequently-seen form of disease, but in this Colony it does not bear so large a proportion to the total number of admissions as in England, being 4·37 per cent. in this Colony against 7·3 in England.

"The proportion of epileptics is also somewhat less than in England. General paralysis has been seen in this Colony in natives of all the more prominent European countries, as well as in those of Colonial birth; but only one case, and that not well marked, has, so

far as I am aware, been seen among the Chinese patients, and it has not been noticed in South Sea Islanders, Australian Aborigines, or other dark races.”

Total number of Patients admitted during 1881.			Country.	Of the total number of Patients admitted during the year 1880.						Proportion per cent. to total number of Patients admitted.					
				Number of Epileptics.			Number of General Paralytics.			Epileptics.			General Paralytics.		
M.	F.	T.		M	F	T	M	F	T	M	F	T	M	F	T
19	161	480	England	5	2	7	6	1	7	5.64	6.21	5.83	5.64	1.86	4.73
			Scotland	1	1	2	2	...	2						
			Ireland	2	1	3	4	1	5						
			New South Wales	8	6	14	2	...	2						
			Other Colonies ... ..	...	...	...	1	...	1			
			France ... ..	...	...	...	...	...	...
			Germany	1	...	1	2	1	3						
			Sweden, Norway, and Denmark ... ..	...	...	...	1	...	1			
			Italy ... ..	...	...	...	...	...	...
			China	1	...	1	...	...	...			
				18	10	28	18	3	21						

Dr. Manning makes a series of wise and suggestive remarks upon the qualifications and salaries of Superintendents of Asylums which it would be well for English guardians of the poor, and prospective candidates for seats on county boards, to lay seriously to heart:—

“The resignation of their appointments by two of the Medical Officers of the Department induces me to again express my opinion that the salaries attached to the office of Medical Superintendent in the Institutions for the Insane in this Colony are inadequate to the importance of the position, and are neither a sufficient remuneration for the duties performed, nor an inducement to capable junior officers to continue their connection with the Department in the hope of attaining to the position.

“The success of every Institution for the Insane in a curative, and, in a financial point of view, as well as the estimation in which it is

* The total number admitted and re-admitted in all Institutions for the Insane, except the Licensed House at Cook's River.

held by the public, must depend on the special fitness of the Medical Superintendent at its head and responsible for its management. The more I see of Hospitals for the Insane the more convinced I am that successful hospital management is in a large degree personal, that confidence is given to or withheld from the hospital physician, just as it is with the physician in ordinary practice, and that the same qualities which ensure success in private are necessary in hospital work. A rare union of medical attainments, administrative ability, tact, and zeal are required, and no amount of external inspection or control can supplement defects in this direction.

"The scientific medical treatment of the patients is an essential of success. On the spirit in which an hospital physician carries on his work will depend his moral influence, and this will leaven the whole establishment. The comfort and happiness of the patients which tend so much to their recovery, depend largely on his individual knowledge of and sympathy for them. No fixed rules, be they ever so carefully drawn or so justly adhered to, no discipline, however exact, will serve instead of personal zeal and tact; and in the same way no fixed dietaries, no examination of accounts or stores, will be of full use unless the Superintendent possesses administrative ability, and an earnest desire to check waste and extravagance, and to produce the best results at the lowest cost. It is to the interest of the public that the salaries attached to these important appointments should be such as to attract men in the prime of life and health, and with such ability as would insure them a good income in private practice, and to induce those who have entered the service of the Department as junior officers to continue therein in view of promotion."

The average weekly cost of the patients in asylums throughout the Colony during 1881 seems to have been 11s. 10½d. per head.

In concluding our necessarily brief review of Dr. Manning's able report, which affords conclusive evidence that the supervision of the insane in New South Wales is in excellent hands, it may be interesting, as bearing upon a question upon which there has been much difference of opinion in the mother country, to give his conclusions respecting the increase of insanity in the colony, and its relation to that of the population.

"The following short return shows the population of New South Wales, the number of registered insane, and the proportion of insane to the population on December 31st, 1861, 1871, and 1881 :—

	Population.			Number of Insane.			Proportion per 1,000.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
31st December, 1861.....	202,099	156,179	358,278	533	207	840	2·63	1·32	2·34
Do. 1871.....	248,150	235,013	519,163	879	508	1,387	3·09	2·16	2·67
Do. 1881.....	429,278	351,987	781,265	1,360	858	2,218	3·17	2·44	2·84

“ From these figures it appears that whilst the population has in twenty years increased 118 per cent., the number of registered insane has increased 164 per cent., and the proportion of insane has risen from 2·34 per 1,000, or 1 in 426, to 2·84 per 1,000, or 1 in 352.

“ Taking the decennial periods, it will be seen that from 1861 to 1871 the increase of population was 45 per cent., and of insane persons 65 per cent., the proportion of insane to population rising from 2·34 to 2·67 per thousand, whilst from 1871 to 1881 the increase of population was 50 per cent., and of the insane 59 per cent., the proportion of insane to population rising only from 2·67 to 2·84 per thousand. A considerable part of this increase is due—

“ 1st. To the accumulation of chronic cases, the deaths and discharges of each year not being equal in number to the admissions. This accumulation occurs more rapidly in Australia than in Great Britain, owing to the milder climate, which tends to prolong the lives of asylum inmates, and produces a very low death-rate.

“ 2nd. To the establishment of a special Institution for idiot children at Newcastle, to which idiot and imbecile persons formerly kept at home, or in benevolent or other institutions, have been sent. Since 1871, when this Institution was opened, the number of registered idiotic and imbecile patients has exactly doubled, whilst, as before stated, the population has only increased 50 per cent. It cannot be supposed that there has been this enormous increase of idiocy. The patients existed, but were otherwise provided for, and were not numbered with the insane. On one occasion 18 patients were sent at once from the Benevolent Institution, Sydney, where some of them had long resided, and—

“ 3rd. To an alteration in the standard of what constitutes insanity. There has arisen during late years a less degree of toleration on the part of the public for the vagaries of crazy and insane persons, and the teachings of modern science that insanity is a disease of the brain, has tended towards the classification of all diseases of the brain interfering with its functions under the broad heading of insanity and the relegation of the sufferers to special hospitals for treatment.

“ But whilst admitting that these and other causes account for a large part of the increase in the number of registered insane persons, the statistics of this Colony would seem to point to the fact that there is some real increase in the amount of ‘occurring insanity.’ The rate of this increase appears, however, to be slowly declining, and was very decidedly less from 1871 to 1881 than during the previous decennial period.”

(F. N.)

*Lunatic Asylums of the Colony of New Zealand. Report for 1881.
Presented to both Houses of the General Assembly, 1882.*

In consequence of the death of Dr. Skae this Report is submitted by Mr. Loveday, the office clerk, to the Colonial Secretary, and consists of communications from the Deputy-Inspectors and Superintendents of the Asylums in the Colony.

In Deputy-Inspector Mackay's report on the Asylum at Wellington, he strongly condemns the state of the wards for the worst patients, for which, however, it is added in a foot note, that a sum has been placed on the estimates. It is not surprising that under such conditions mechanical restraint is requisite. The two paragraphs should be read in connection.

"Though attention has been so repeatedly and so urgently drawn to the state of the back wards for dangerous male and female patients, I consider it my duty once more to impress upon the Government the necessity of immediate action in that part of the asylum. These wards have been so frequently condemned by experts and others as utterly unfit for the purpose for which they are intended, that I do hope no time will be lost in replacing them by buildings fit to be inhabited by human beings.

"In the male back ward two patients, subject to very violent fits of insanity, and, when the fit is on them, exceedingly dangerous, are under a mild form of restraint. Their outer clothing is a canvas combination garment, canvas being the only material they will not destroy. A canvas strap connects the trousers at the ankles, the two side straps limit the motions of the arms. The technical name for such a dress is, I believe, a camisole. These patients, when excited, are apt to use teeth, fists, and feet in assaulting other patients and the attendants. When out of their rooms they require to be carefully watched; in fact, a warder is constantly on guard over the more violent of the two, and two men are required to give him exercise in the yard, and to move him from room to room. Under these circumstances the mild form of restraint adopted is, I consider, highly necessary and perfectly justifiable."

Dr. Hacon, Medical Superintendent of the Christchurch Asylum, remarks on the steady increase of admissions, partly due to re-admissions. The asylum was built for 150 males, and already there are 175.

The following remarks are made on the admission of inebriates:—

"It is a great mistake to admit inebriates into a lunatic asylum, not only because it is not the proper place for them, and their idle life sets a bad example to the lunatics, but also because it may expose their children to the imputation of hereditary insanity should it ever become known that the parent has been an inmate of the asylum. To the man determined to reform, the sight of so many brains wrecked from drink should have a salutary effect, but the excuse that detention in an asylum is likely to drive the inebriate mad is always brought

forward as a reason for early release. There is no doubt, therefore, that a special institution should at once be erected for inebriates at some distance from the asylum. I wish to state that all inebriates coming under my charge, in order to try and recover that moral tone, and get rid of the morbid craving for drink, are not allowed to have any stimulants, except when necessary as a medicine; and I am not in the least afraid, after my experience in both hospitals and asylums, of taking a man 'right away' from the drink, but on the other hand am assured that he suffers less thereby."

There appears to be no fear of the staff of this institution suffering from the monotony which is sometimes supposed to be a fault in these quiet days of asylum life. What follows is lively reading, and the condition of things it represents must be still more so:—

"Without doubt the greater liberty allowed in the presence of attendants has been of the greatest service in promoting health and tranquillity. The officers and attendants of the institution have been bitten, kicked, and struck, and the matron received a blow on the head from a violent female. The worst and most troublesome case (who has been discharged, recovered) was that of a man who boasted with great glee that he had been in the Yarra Bend and Nelson Asylums; he was, at his best, a wild Irishman, and took the greatest delight, while insane, in all kinds of devilment and mischief. On one occasion he had to be rescued at great risk from an old wooden cell, the flooring of which he had broken up, jamming the door, and assaulting the officers and attendants with sticks and stones, and, when captured, biting like a monkey. You were pleased to specially reward the attendants who effected his release from the broken timbers amidst a shower of stones, &c."

If the "insane ear" were always, or frequently, the result of blows, one would have expected to find it here in excess. On the contrary, however, it is unknown. Those who hold this doctrine ought to explain this fact.

Dr. Hacon writes:—

"As far as medical treatment is concerned, my experience here has fully confirmed my opinion that early treatment in mental disease is most important, and that constant and special attention during the first month is of more use than any amount of after treatment, when the disease has advanced.

"The subsidence of goitrous tumours, the improved appearance and behaviour of many patients, the tranquillity and contentment, the almost total absence of the 'insane ear' (*hæmatoma auris*), the prolongation of the intervals between the paroxysms of the chronic patients and between the occurrence of fits in the epileptics, all show the efficacy of treatment which can only be properly directed by a physician conversant with the insane and their peculiarities; and some of the recoveries have impressed me, once again, that, when all seems lost, a great deal may be gained by continued perseverance in the administration of remedies."

We are glad to put on record the testimony borne by Dr. Hacon to the late Dr. Skae, and we take the opportunity of wishing the success of his successor, Dr. Grabham, which his qualifications for the past certainly merits :—

“ With the deepest respect and grief I wish to refer to the death of my late Inspector, Dr. Skae, whose well-known reputation and ability attracted me to remain in the colony and work under him. While he lived, his kindly, sound, and practical advice was of the utmost service to me, and on his last visit of inspection here he took the greatest interest in every particular, pointing out to me any defects which he noticed in my administration in a firm but conciliatory manner. His presence was a stimulus for ‘ better things ’ beyond the daily routine work—for higher aims and motives.”

For the total asylums in New Zealand, seven in number, we subjoin the most important of the tables which are given in this Report. The recoveries and the mortality are satisfactory, but, as regard the high rate of the former in some of the asylums, the number of inebriates admitted swells the proportion. While much remains to be done in the Colony, it is clear that there is much that deserves great credit. More systematic local inspection is desirable—something more than merely nominal appointment.

TABLE I.

Showing the Admissions, Re-admissions, Discharges, and Deaths in Asylums during the Year 1881.

	M.	F.	T.	M.	F.	T.
In asylums 1st January, 1881				728	395	1,123
Admitted for the first time	188	104	292	} 232	} 127	} 359
Re-admitted	44	23	67			
Total under care during the year ...				960	522	1,482
Discharged and removed						
Recovered	93	65	158	} 191	} 116	} 307
Relieved	41	36	77			
Not improved	8	1	9			
Died	49	14	63			
Remaining in asylums 31st December, 1881				769	406	1,175
Increase over 31st December, 1880 ...				40	10	50
Average number resident during the year				747	388	1,135

TABLE II.
Admissions, Discharges, and Deaths, with the Mean Annual Mortality and Proportion of Recoveries, &c., per Cent. on the Admission, &c., during the Year 1881.

Asylums.	Average Number Resident during the Year.			Percentage of Recoveries on Admissions during the Year.			Percentage of Deaths on Average Number Resident during the Year.			Percentage of Deaths on Number under Care.			Percentage of Deaths on Admissions.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Auckland	172	75	247	44.89	46.27	46.15	9.30	8.90	8.90	7.26	5.55	6.66	32.65	20.68	28.20
Napier	13	7	20	33.33	100.00	50.00	7.89	0.00	5.00	5.25	0.00	4.16	33.33	0.00	25.00
Wellington	80	56	136	45.45	66.66	52.94	6.25	1.78	4.41	4.71	1.40	3.38	22.72	8.33	17.64
Nelson	38	29	67	8.33	100.00	31.25	2.63	10.34	5.97	2.22	8.56	5.00	8.33	75.00	25.00
Hokitika	51	23	74	46.15	40.00	43.40	3.92	0.00	3.70	3.12	0.00	2.08	15.37	0.00	4.34
Christchurch	173	92	265	51.61	55.17	52.74	4.04	1.06	3.01	3.11	0.61	2.30	11.29	3.44	8.79
Dunedin	220	106	326	29.67	42.85	34.51	7.72	2.63	6.13	6.09	2.05	4.67	23.94	7.14	17.69
Totals... ..	747	388	1,135	40.08	51.10	41.91	6.29	3.90	5.55	5.10	2.68	4.25	21.12	11.02	17.64

(D. H. T.)