destroyed little by little. But it is not possible to suppose that the motor centres are the seat of the same destructive process, for if the motor centres were affected in the same way, the loss of movement would proceed parallel with the loss of intelligence; the muscles would cease to have the power of contracting, as when the cerebral tissue is destroyed by a hæmorrhage.

"The idea which strikes me is that the motor centres, far from being destroyed like the intellectual ones, are at most only irritated in a secondary way through their relation to the seats of disease.

"Certainly this is only a theoretical view at which we arrive by theoretical induction; we have as yet no direct evidence to support it"—a curious conclusion for an author who believes in clinical *observation* as the chief means to advance knowledge.

The paper may be summed up in the following propositions. It is probable that what is new in them will be very cautiously accepted:

1. General paralysis is not in any way a paralytic disease.
2. It should be considered as a primary cerebral disease, an interstitial encephalitis.
3. It begins in the intellectual centres, which are progressively destroyed.
4. The motor are not destroyed like the intellectual centres; they are only irritated secondarily. So also the disorders of motility are only secondary. They have no independent existence; they are always proportionate to the intensity of the cerebral disorders.
5. The direct cause of the muscular disturbances is intellectual enfeeblement and the fibrillar trembling of the muscles.
6. This fibrillar trembling appears to be due to an alteration of the muscular plasma, caused by a special inflammation of the brain.

(*To be Continued.*)

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Quarterly Meeting of the Medico-Psychological Association was held in the Hall of the Faculty of Physicians and Surgeons, Glasgow, on Wednesday, 24th March, 1880. There were present, Drs. Grierson, Melrose, (Chairman); Yellowlees, Glasgow; Clark, Morningside; Maclaren, Larbert; Robertson, Glasgow; Rutherford, Lenzie; Ireland, Larbert; McLeod, Carlisle; Professor Gairdner, Glasgow; Drs. Grieve, British Guiana; Christie, Glasgow, &c.

OVERCROWDING IN PAUPER ASYLUMS AND ITS REMEDIES.

Mr. MACLAREN, Larbert, said—My reason for introducing this subject is my belief that there is at present a large amount of overcrowding in asylums, and that many of those who have not already done so, will ere long have to face the question of how they can best obtain additional accommodation for their patients. I propose to give, very briefly, a short sketch of my own experience in the Stirling District Asylum. This building was erected about eleven years ago, with space sufficient for 200 patients. The general plan of the ground

floor of the main building was as follows:—The dining hall was in the centre, and from it a corridor extended to each wing, and from the corridor doors opened into day rooms and dormitories. At the centre portion of it, and opposite to a large day-room, there was a block containing water-closets, dressing-rooms, lavatories, and a general bath-room. For some years the asylum was found sufficient for the numbers sent to it, but shortly after I took office as its superintendent in 1876, it was found that as the average number resident was steadily increasing from year to year, some means must be taken to provide more space. Several plans were suggested and considered, but what I finally proposed, and what was carried out was this. Along the whole length of the corridor, the partition wall dividing it from the adjacent rooms was removed, and the space formerly occupied by the passage was added to the various apartments which had opened from it. The space alluded to as occupied by lavatories, &c., were also in this same process completely gutted, and one large room formed of it. To supply these necessaries—water-closets, &c.—a brick wing was erected in a remoter part of the asylum, apart from the building, but attached to it by a passage with cross ventilation. Thus the whole plan of the building has been altered. Not only have the rooms been greatly enlarged, but, as they now extend in their breadth through the whole depth of the asylum, they have, instead of light from only one set of windows, an abundant supply from two sides, and in the case of the larger ones, from three. An infinitely more bright and cheerful aspect has thus been afforded. As each room, too, opens directly to and from the one on either side of it, both the attendants and patients are kept more easily under supervision. Every one, in fact, is under the eye of everybody else, and this is a great improvement on the state of matters which existed when a long and rather dark corridor served as the means of communication through the asylum, and when each room was cut off from those around it. All the doorways were enlarged when these alterations were made, and they were all fitted with ordinary handles except such as lead directly to the outside. The irritating use of the key in the daily work of the establishment is in this way avoided, and yet no unreasonable risks are run nor temptations offered to the patients to attempt escape. In less than four years the space acquired by these alterations has been completely occupied, and is now crowded, and we are face to face with the question of how more space can best be obtained. Leaving out of the question methods of relief to overcrowding entirely external to the asylum, such as boarding out fatuous patients in lunatic wards of poorhouses, &c., I think I am justified in saying that there are four chief methods of finding additional space. 1st. An addition may be made to the existing building in harmony with, and an extension of the original plan. 2nd. A detached wing or series of wings could be built, but with an attachment to the main block. 3rd. A separate or supplementary building might be erected entirely apart from the original plan; or, 4th. A series of cottages could be built in parts of the grounds, and small colonies of patients formed in them. My own opinion is that, in any asylum where there are not more than four or five hundred patients, if there is no objection to the original plan, the best way is simply to enlarge it. A supplementary asylum is expensive, inasmuch as an additional staff of officials is necessary, and it is also likely to be more expensive than the other plan in respect of the cost of its erection and general furnishing. We recently at Larbert put up three double blocks of cottages, with the view of putting married attendants into them, but since the overcrowding began, I have been using them for the accommodation of a few patients in each. These patients are away there by themselves, and they certainly are extremely happy, but of course this is a plan that could only be adopted to a very limited extent. I venture to think that the whole subject is worthy the attention and discussion of the meeting, and my few remarks are not meant to be in any degree exhaustive of the matter, but have rather been made with the view of eliciting opinions from others.

Dr. YELLOWLEES said that the idea which Mr. Maclaren had carried out was not new, but it was a nice adaptation in an old house of a new principle, and was certainly an admirable way by which to obtain additional accommodation. But another question arose out of the discussion, viz., how far is it advisable to enlarge an asylum? He had experience of 570, and found that to be a severe tax on one's energies when there were many admissions.

Dr. RUTHERFORD said that, in his opinion, an asylum for 600 patients could be most easily and economically administered. When the numbers much exceed 600, too much of the medical work had to be deputed.

Dr. ROBERTSON advocated an extension of the system of boarding-out in suitable cases, stating that the City Parish of Glasgow had at present 32 cases boarded out with cottagers, chiefly in Highland districts, and that his experience of the system had been very satisfactory. No unpleasant incident had ever occurred in connection with such cases. The average cost of each patient was about 6s. per week, and by means of the Scotch lunacy system, the supervision of such cases was very effective and satisfactory.

Dr. IRELAND said that, as a matter of fact, only eight per cent. of Dr. Robertson's cases were boarded out, there being 435 lunatics chargeable to the parish, of whom 400 were in asylums, and 32 boarded out. He was exceedingly doubtful whether the system could be extended, for the reason that we would soon reach the limits of those persons who are willing to receive such boarders. Those who are compelled by circumstances to take a madman or an idiot into a narrow cottage, must be poor and wretched, unless philanthropists of the first water. Were it proposed to board out say one thousand more lunatics, he feared suitable people would not be got to take them, whereas the increase of asylum accommodation was only limited by the paying powers of the community.

Dr. YELLOWLEES said that boarding-out could afford but slender relief to the overcrowding in pauper lunatic asylums. With all the care which Dr. Robertson had given to the subject, only eight per cent. of the lunatics of his parish were so disposed of. Suppose they eliminated the idiot class—which he hoped would come some day—the relief would still be very small. The increase demanded some more decided relief than either of these means afforded. To extend or enlarge asylums beyond a certain extent was a sad mistake. If an asylum was to be an hospital for the insane, it ought not to exceed from 500 to 600 patients; it was impossible for a man to know about his patients if that number was exceeded, and even with that number the superintendent and his assistant would be thoroughly taxed. He believed it to be only a question of time, when they would be obliged to provide chronic asylums for the treatment of the chronic and incurable insane, and he deprecated the ruin of our present district and county asylums by their becoming overborne with the multitudes of chronic insane folk who really needed very little medical care. What had been done in London must be done in other parts of the country. They must endeavour to have the terrible incubus of chronic cases removed by getting districts to combine in erecting chronic asylums. That he believed to be the only true solution of the question of overcrowding.

Dr. ROBERTSON said he was not quite so clear as to the advisability of having extensive chronic asylums erected throughout the country. His main objection rested upon the fact that the patients would be far removed from their friends, who would thereby be put to great expense in visiting them. He suggested that they might have a separate block in the grounds of the district asylum, so that virtually they would have a chronic and an acute asylum within the same grounds. The chronic cases could be placed under the care of assistants, with an occasional visit from the superintendent. In that way, he thought, the wants of the different districts might be fairly well met.

Mr. MACLAREN then gave an account of a case of feigned insanity, which he had had under his observation for some time. The man was sent to the Stirling District Asylum from prison, to which he had been consigned to await his trial for certain serious offences. After a short period of incarceration, he

became first violent and afterwards silent, gloomy and despondent. On account of these symptoms it was thought necessary to send him to the asylum. He was a tall, dark, powerfully-built man, with a pale, evil-looking face, and a slightly suspicious glance. He preserved an obstinate silence, but indulged in a number of wild gestures and gesticulations when addressed, and made a demonstrative and rather theatrical display of terror at the simplest objects, such as the gloves or walking-cane held in the hand of the person speaking to him. After a period of careful observance of the man, I began strongly to suspect that his insanity was not real, and that his symptoms were feigned. What he seemed to be aiming at was a reproduction of the symptoms of acute mania; not that this term may have been known to him, but he appeared to go upon the lines of the popular idea of wild insanity. Many things, however, gradually developed themselves, which greatly marred the consistency of his personation. In an insane man the manifestations are almost unceasing, and continue as active when he is alone as when he is in company. In this man's case, the symptoms only started into activity when he was personally addressed. If left alone, he would sit quiet and anxiously brooding. Sleeplessness as well as restlessness is a constant accompaniment of acute mania. Patients labouring under it can be heard all through the night dancing about their rooms, and drumming noisily on their walls and doors. This man, on retiring to rest, at once fell into a profound slumber as if worn out with the strain of his assumption during the day. Many other differences there were, even more obvious to personal observation than capable of easy narrative here. His whole manner, bearing, and demeanour were utterly unlike the actual display. The careless, happy-go-lucky expression of the person labouring under mania is one of the most striking features of the attack. In this man the expression was altogether different, and as he sat with his pale, moody, anxious face, and even suspicious glance, as of one expecting a blow from a hidden enemy, so far from looking like a man whose wits were wandering, he was a very type and embodiment of one whose every faculty was on the alert.—Mr. Maclaren then described various other points in his case, all having the same bearing. Ultimately the man, on hearing it remarked frequently that his symptoms were unlike the actual display, began to alter them, and after a little, abandoned all except persistent silence. This, too, however, he in time failed to maintain, and the result entirely justified the opinion which had been formed as to the true reading of his case.

After some remarks, a vote of thanks was awarded to Mr. Maclaren for his paper.

Dr. IRELAND read a paper entitled, "Remarks and Notes upon a Visit to the Branch Asylum at Newark, U.S.A., for Adult Imbecile Women." (Original Articles, page 216).

Dr. ROBERTSON said they were indebted to Dr. Ireland for having directed attention to this subject. He could corroborate what had been said as to the evils arising from the class of imbecile young women associating with the community. He had watched many cases of girls growing up to womanhood, and who had ultimately become chargeable to the parish. In an economical point of view, the care of imbeciles, and especially of imbecile women, was a most important question. This was beginning to be recognized in Scotland. It was the intention of the Glasgow District Board of Lunacy ultimately to devote their asylum at Bothwell, which was now being completed, to the accommodation of imbeciles, and he supposed grown idiots. A difficult question in a legal point of view was the degree of imbecility which would warrant the withdrawal of liberty—for it was a question of degree.

Dr. RUTHERFORD expressed surprise at the proportion of idiots as compared with lunatics. He thought that not more than ten per cent. of ordinary asylum idiots would be found to be congenital imbeciles.

Dr. YELLOWLEES said he also was staggered by the figures as being contrary to what he inferred from his own observation. He deprecated having idiots in lunatic asylums, but so far from the idiot being injured by the lunatic, he

thought that the very opposite held good. He believed, however, that the worst specimens were to be found in lunatic asylums, not the innocent defenceless creatures Dr. Ireland pictured. He would like to know whether, in the event of a county or district resolving to provide adequately for its idiot population, it would be necessary to have two separate institutions, a home for the adults, and a school for the children?

Dr. GRIEVE—In the Metropolitan District there are now training schools for idiot children as well as asylums for adults.

Dr. YELLOWLEES—How can the number of idiots and imbeciles in a district be obtained?

Dr. IRELAND—By the census returns, but I believe the number to be much underrated in these returns.

The CHAIRMAN thanked Dr. Ireland for his interesting paper.

Dr. GRIEVE then read a paper on "Insanity in British Guiana."*

A vote of thanks to the Faculty of Physicians and Surgeons for the use of their Hall, terminated the proceedings. The members and their friends afterwards dined together at St. Enoch's Hotel.

THE CHAIRMAN'S REPORT AT BROOKWOOD ASYLUM.

The Annual Report of the Surrey County Asylum at Brookwood introduces a very novel and not agreeable feature.

Besides the Medical Superintendent's Report, there is a special, most careful, and elaborate report on re-admissions, intemperance and its relation to re-admissions, and a proposed change of diet; the questions are discussed in a broad and satisfactory way. The astonishing part of the matter is that the Chairman sees fit to print a counter report as an appendix. This is greatly to be regretted, for this plan opens a door for endless opportunities for annoyance and discomfort to the authorities. It seems to us an unfair advantage is taken, and a last word is given without chance of reply. By the way, the Chairman, as a layman, may be supposed to act from ignorance and not design; but it is rather astonishing that he should, on page 100, eleven lines from the bottom, refer to the opinions he has obtained as to the uses of skim milk, as those given by the most eminent members of the medical profession at the four largest hospitals in London.

To begin with, neither St. George's nor the Middlesex can belong to the first four, and the only member of the medical profession quoted is Dr. Owen Rees, who, for years has left Guy's, and is on the honorary staff. The names of the other authorities are not on the Medical Register.

Dr. Brushfield satisfactorily disposed of the question of re-admissions, by showing that at Brookwood such re-admissions were below the average.

Dr. Brushfield also seems to us to have right on his side in selecting English asylums, for every asylum physician who has visited other asylums, has seen the special peculiarities that render comparisons open to objection if not carefully made. Thus, in the North Wales Asylum, beer has been done away with and milk substituted, because the patients when at home are not used to any stimulant, and the habits of the people of one division of Great Britain differ sufficiently to require separate examination.

We quite agree with Dr. Brushfield that any satisfactory comparison of the use of stimulants in asylums must include all stimulants, whether for ordinary, sick, extra, or staff diets.

The question of skim milk also requires full consideration. We should think

* This will appear in an early number.