PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGIGAL ASSOCIATION.

The Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Hospital, on November 11th. The chair was occupied by Dr. F. Needham, and there were also present Drs. Robert Baker, Fletcher Beach, David Bower, G. F. Blandford, Edward East, J. E. M. Finch, Robert Jones, H. Rooke Ley, A. McLean, W. J. Mickle, J. D. Mortimer, J. G. McDowall, H. Hayes Newington, J. H. Paul, H. Rayner, H. Sutherland, Alonzo H. Stocker, R. G. Smith, R. Percy Smith, D. Hack Tuke, T. S. Tuke, C. M. Tuke, D. G. Thomson, Samuel Wilks, J. F. Woods, Ernest W. White, T. Outterson Wood, &c.

Dr. D. HACK TUKE, after referring to the gift of £1,000 which had been made by Mrs. Holland, the sister of the late Mr. Gaskell, the inte·est of which is devoted to an annual prize, announced that he had recently received from Mrs. Holland a letter, saying that her sister and nieces desired to make some addition to the testimonial to her late brother, and enclosing a cheque for £340, the amount having been contributed as follows:—

	£
Mrs. Robson, Lymm, Cheshire	200
Miss Gaskell, Manchester	65
Miss J. Gaskell, Manchester	25
Mrs. W. Grey, Wilmslow, Manchester	25
Miss Gaskell, Weymouth	25
	£340

The cheque had been duly paid into the bank, and it now remained for the Treasurer, Dr. Paul, to have the amount invested when the proper time should arrive, and it would also be included in the trust deed. This additional donation was very welcome.

The PRESIDENT said that this was very satisfactory news, and he felt sure that the Association would wish to convey their thanks to the ladies who had so generously supplemented the former act of benevolence, for which they were indebted to Mrs. Holland (applause).

The following gentlemen were elected members of the Association, viz.:— E. G. Thomas, M.B.Ed., of Caterham Asylum, Surrey; Theo. B. Hyslop, M.B.Ed., Glasgow District Asylum, Bothwell; W. Habgood, L.R.C.P., Ass. Med. Off., Banstead Asylum, Surrey; Eric Sinclair, M.D. Glasgow, Med. Supt. Gladesville Asylum, New South Wales; Chisholm Ross, M.B.Ed., M.D., Sydney, Ass. Med. Off., Gladesville Asylum, New South Wales; Herbert Blaxland, M.R C.S., Med. Supt., Callan Park Asylum, New South Wales; Leslie Earle, M.D.Edin., Melbourne, Royston, Herts; G. F. Fitzgerald, M.B., B.C. Cantab., County Asylum, Cane Hill, Surrey; Graham A. Reynolds, M.B., C.M., Barnwood House, Gloucester; J. F. G. Paterson, M.R.C.S., Camberwell House, S.E.; W. A. Anderson, County Asylum, Barming Heath, Kent.

Dr. PERCY SMITH showed the brain of a patient who died recently in Bethlem Hospital, exhibiting the following condition:—Lying between the dura mater and arachnoid, and slightly adherent to the former, was found at the post-mortem examination, extensive hæmorrhagic pachymeningitis.

This condition is roughly symmetrical, and extends over the whole of the upper surface of the brain as exposed by removal of the calvaria, reaching from the anterior edge of the frontal lobe on the left side as far back as the parieto-occipital fissure, while on the right side it extends to the back of the hemisphere. The new membrane also dips for a short distance into the fissure

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between the two hemispheres. In front the membrane descends beneath the frontal lobes, passing across from one to the other, and terminating on the left side at the posterior edge of the anterior fossa of the skull; while on the right side it descends partly over the anterior extremity of the temporo-sphenoidal lobe, thus partly lining the middle fossa. Lying in the left middle fossa, and covering the under surface of the left temporo-sphenoidal lobe, was a separate pachymeningitic sac, forming a sort of pad, the posterior end of which lay on the upper surface of the tentorium cerebelli. The membrane was everywhere found to form a closed sac, resembling the pleura in arrangement, and on the right side it was torn in process of removing the skull-cap, and some serous and bloody fluid escaped. Numerous small and large hæmorrhagic patches are scattered throughout the membrane.

The pia mater can be easily raised from the convolutions; these are nowhere wasted, but on the left side slightly flattened. There are no naked-eye changes in the cerebral arteries, and there is no sign of descending changes in the motor tract or spinal cord.

The whole brain is small, and weighs only 36 ounces, but appears to be normal in structure.

Clinical Notes of the Case.—Allan J., æt. 18, admitted into Bethlem Hospital January 1st, 1887.

Family History.—Father was formerly a patient in Bethlem, having been admitted in July, 1874, suffering from general paralysis. He was discharged after sixteen months' stay in the hospital, and subsequently died elsewhere. Of the father's immediate relatives a sister had died of phthisis, and a brother of hydrocephalus, while a maternal uncle had died insane.

As far as could be learnt of the previous history of our patient, he had always been of a happy, sensitive, and emotional disposition, and was able to learn easily and remember well; he had been to school abroad, and could speak German almost perfectly. After leaving school his mother had kept him at home, doing nothing for some months, and eventually he went as a clerk in an office. His illness began early in 1886 with depression of spirits and loss of memory, and from this time he became steadily worse, and on admission to Bethlem he was quite unable to take care of himself. He could not converse, in fact he only repeated the word "see" in answer to any question, and, even when sitting still, would constantly use the same word. He was dirty in habits, restless and troublesome about his food, in fact was completely demented.

His circulation was extremely feeble, his hands being always blue and flabby, but no disease of heart or lungs could be detected. His pupils were equal and acted to light, and his knee-jerks were very brisk.

There was no sign of any ocular or other paralysis. His gait was fairly steady, but he walked with knees and back rather bent. He was not known to masturbate. He became progressively weaker physically, and eventually became unable to walk, and had to sit by the fire in an arm-chair all day. His legs gradually became more and more flexed, he was always moving his hands restlessly, fidgeting with his clothes. He never appeared to be in pain, though his eyebrows were generally drawn up and corrugated. In August it was noticed that his right arm was becoming flexed and rigid, and this condition prevailed more and more till his death; and even after death it was not possible to straighten it; his left arm became slightly flexed and drawn across his body, but was not rigid. He had no convulsions or vomiting. The eyes were examined as recently as the day before his death, and no optic neuritis was found. He died rather suddenly from pneumonia and syncope.

Dr. Fletcher Beach inquired whether there was any history of syphilis. He had had a case some time back with very similar symptoms. It was a child of nine or ten years of age, and the father had been under the care of a physician for syphilis.

Dr. Percy Smith said that in his case there was no history of syphilis so far

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as he knew. There was only one other child in the family. One of the children was born five years before the appearance of general paralysis in the father, and the other three years before it.

Dr. SAVAGE said that he felt a special interest in this case from the fact of the very marked pachymeningitis at a very early age. For the last month or two the patient had all the appearance of a person suffering from general paralysis. He had seen the father at Bethlem, and he had also seen the sister, who was perfectly healthy. There was no history to be got at of syphilis in the father, and the boy had no signs of it. Unfortunately, he had no record of the father's post-mortem, but there was the fact that the father died of general paralysis and the son of progressive dementia with pachymeningitis at the age of nineteen.

Dr. WILKS referred to the effusion of blood, saying that in general paralysis there were often distinct apoplectic attacks which might correspond to those special effusions. The condition disclosed was apparently recent, and he apprehended that there had been distinct attacks of effusion in this case.

Dr. RAYNER said he had never seen a case of the sort so early in life.

Dr. PERCY SMITH said that as to a distinct attack at the onset they only knew that the boy had got progressively weaker. He had no convulsive attacks. When he died he had a sort of faint more than anything else—no convulsion—and he had pneumonia, and at the same time he got more anæmic and cachectic. With respect to the effusion the membrane at the post-mortem did not seem to be independent of the dura mater. There was a distinct sac on each side. Between the outer and the inner layer was lying some remains of the clot. The separate pouch seemed to be a distinct sac, which, when it was first opened, contained some fluid. It would be rather difficult to say that it did not originate from some effusion.

Dr. HACK TUKE said that in the Prize Essay by Dr. Wiglesworth, which would appear in the next number of the Journal, the true nature of the false membrane in pachymeningitis was fully considered.

Dr. WHITE read a paper on "Athetosis connected with Insanity," communicated by Dr. Greenlees, Assistant Medical Officer at the City of London Asylum at Stone.

Dr. FLETCHER BEACH said that as regards the case alluded to, which he had described in the "British Medical Journal," he had at first thought that it might be a case of athetosis, but he now thought that it could not be so on account of the character of the movements.

Dr. MICKLE said that he thought the cases referred to often followed upon extensive lesions of the cortex from various causes. He had a case at that time of a boy whose history was imperfect, but who was demented and imbecile, and had been for many years subject to epileptiform convulsions. He had never himself yet seen the boy in a convulsion, but they appeared to be of a usual type, and he entertained no doubt that they were what were very properly called epileptiform convulsions. In that case some critical brain damage had occurred which led to secondary degeneration descending to the cord. The patient had been in a state of stationary hemiplegia evidently of long duration. The limbs affected had undergone an inconsiderable amount of atrophic shortening and distortion, the foot affected being, when comparatively at rest, somewhat in the *talipes varus* position, and there were athetosic movements of the side affected, chiefly in the upper limb, but also seen in the lower. The movements were of typical form, and the case, so far, resembled that brought before them. In the majority of cases of athetosis no doubt the movements were post-hemiplegic. In the case he mentioned the paralysis was marked. The boy had been growing worse in some respects, and if the case should unfortunately come to a necropsy it would be an interesting one in which to determine the relation of lesions to the symptoms mentioned.

Dr. RAYNER said that he also had seen a case of athetosis on one side in

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which there was the history of injury with loss of brain substance. He did not see the end of that case, so could not quote the post-mortem appearances, but the fact went to bear out what Dr. Mickle had said, viz., that the condition might be due to cortical injury, and not to fibres lower down in the brain.

Dr. WHITE remarked that it was an interesting thing that the left forearm and the right foot were the most athetosic in the case referred to.

Dr. SAVAGE read the following paper on "Notes on the International Congress in Washington":—

Mr. President and Gentlemen,—The first question asked on both sides of the Atlantic after the meeting of the Medical Congress at Washington was as to whether it had been a success.

It is not for me to say whether the whole Congress was all that its well-wishers could have desired, but I can truly say that as far as our special section was concerned it was a success. The meetings were constantly well-attended, and the papers were interesting and fairly well discussed. The papers and discussions were held in French, German, and English, and so the section deserved to be called International. I shall leave to others the task of telling what they saw in American asylums and similar institutions, while I chiefly concern myself with the papers read in the section itself.

I think it only right to say that the reporting in our section was exceptionally good, being done by Dr. McGarr, Assistant Physician at Utica Asylum, who was able to report in shorthand, and thus to save a very great deal of trouble to the speakers.

Our section was honoured by the selection of Dr. Blandford to give one of the general addresses, and though the notice given to Dr. Blandford was of the shortest, yet he was able to give a most interesting address on the treatment of recent cases of insanity in asylums and in private houses. The audience was large and appreciative.

Dr. Andrews (of Buffalo), the President of the section, gave a very good address of the kind which was expected from him, as it was full of facts specially interesting both to strangers and to Americans, allowing the latter to take stock of their advance and of their dangers at the same time that strangers were enabled to compare their own condition with that of their hosts. Dr. Andrews first paid well-merited praise to the late Dr. Gray, of Utica, who was to have been President. Next he dealt boldly with the statistics of the insane in America. He showed how the numbers of those in asylums was rapidly increasing, and that the increase was greatest in the more settled and established parts; thus in the New England States there is one insane person to 359 of the population, whereas there is only one to 1,263 in the Western New States; and in the South this is also apparent, for on the Seaboard States there is one to 610, and in the extreme South one to 935. Among the negroes insanity is said to occur only in one to 1,097, but the President pointed out that among this race the increase of

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insanity is at present greater than among any other class of the inhabitants. The rapid increase in the number of asylums is shown by the fact that fifteen new asylums have been built since 1880. Other speakers will refer to some of these, and to their special advantages or defects. In America one is more struck than elsewhere with the separate State Laws of Lunacy, and it seems that sooner or later more uniformity must be established. There are but two States without asylums of their own, and there are but two in which special provision is made for criminal lunatics. New York alone has an asylum for the chronic insane. It was pointed out that at present the block-system of architecture modified in one way or another is the most popular, and that electric lighting has made great progress. The systems of heating differ, as the President pointed out, from ours in the use of metal radiators, and the ventilation depends either on fans for driving in or for extracting air. Assistant medical officers in some States have to pass examinations before the confirmation of their appointment, and Dr. Andrews said that the wicked system of political appointments is nearly, if not entirely, abolished. As might be expected, our American President spoke more openly of some modes of treatment than we are in the habit of doing. I doubt whether anyone in English asylums would talk of oophorectomy or castration as "accepted modes of treatment."

The address was thoroughly practical, and followed as it was by one from Dr. Hack Tuke on the various modes of providing for the insane and idiots in the United States and Great Britain, it was very suitable to begin the work of the section with.

Dr. Tuke, being an Englishman, he will pardon my passing over his paper, which was fully appreciated, with the remark that the only point which was really discussed was that of non-restraint, and it seems to me that we are very much at one with the majority of the American alienists, but that they having been accused of being behind their cousins have resented the impeachment, and are consistent in defending their action in this respect. There can be no doubt that restraint is very rarely used in the best asylums, but the feeling which actuates the two nations seems to differ. With us the latter has grown into a fully-organized feeling of humanity above law, but with the Americans it seems to be the result of their law-abiding and not organized humane feeling.

Dr. Hurd (of Pontiac) gave a carefully-studied paper on the various relations of religious delusions and their association with other morbid states of mind and body. It seems to us that he has got as far as the collecting stage, but not yet to that of the philosopher. The deep altruistic relations which connect religion and sexual desire deserve fuller study.

Dr. Spitzka (of New York) exhibited two very interesting specimens, the most interesting being the nervous tissues of a

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girl of 24, who had lost both father and brother with similar obscure nervous symptoms. The symptoms had begun when she was about 14, and had very closely resembled those of insular sclerosis. There was scanning speech, tremors, progressive inability to control her limbs, dropping of small things from the hands, with finally coma and death. Post-mortem : the disease was found to be spread through the brain and cord in the form of very numerous miliary aneurismal sacs. These were present in both white and grey matter. The dilatations were most numerous in the brain, but largest in the cord.

This case seems to merit special consideration, and it is well that it should be recorded. As Spitzka said, "First it illustrates how a multiple affection not involving coarse tissue change may ape the clinical picture of disseminated sclerosis to a certain extent; second, it shows how an apparent family type of nervous disease may be in reality but a manifestation of the tendency to degeneration of that system which is as profoundly under the control of hereditary influences as any other—I mean the vascular."

A very incomprehensible paper was read by Dr. Clark (of Toronto) on remissions and intermissions in insanity and on chemical, psychic, and vital forces, but it appeared to be a hazy semi-spiritualistic paper which, as far as I could learn, no one understood.

Drs. H. Wardner and Bower (of Bedford) read papers on occupation of the insane, and though interesting as showing what can be done on a small scale, I still think they have not solved the problem of employment for the larger hospitals where patients of the middle classes are received.

In a paper by Dr. Fisher (of Boston), "Monomania" was discussed, and, though nothing new was brought forward, reasons were given for retaining the old word and not accepting in full the German term, paranoia. As time pressed, no discussion took place on this paper; and here I may say that the real difficulty of this, as with most Congresses, was that the subjects were too many and too diffuse to allow of fair, let alone full, discussion.

No Congress would be complete without attempts to classify, and this one was marked by two elaborate attempts to arrange the disorders of the mind into more or less natural groups by Drs. Channing and Hughes (of St. Louis).

I do not think that any good will result from giving you the details of the suggested classifications, for they, like the rest, do not get beyond the market gardener's stage, and certainly do not approach nearer than other forms of arrangement—the natural orders of the botanist. Dr. Hughes did not do justice to himself or to his subject by the ill-arranged way in which his paper was brought before the section.

Dr. Hughes pointed out the unsatisfactory method of looking upon all idiots as alike, though the causes and conditions of arrested

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mental growth may vary almost infinitely. This is true, but, in classifying, we have in the first place the ruin to examine and not the causes of the disease.

Dr. Mendel (of Berlin), who by his genial presence did much to make our section attractive, read a paper on the origin of the facial nerve, giving a new or hardly described root; his paper was in German, and most of those present felt that justice could not be done to it without studying it *in extenso.*

Dr. Homans (of Helsingfors) read a very interesting paper on the result on the nervous system in dogs, of amputations of the several limbs at different parts, so that the different degrees of secondary wasting could be traced.

Dr. Homans thinks he has discovered a special set of sensory cells. He gave interesting details of the peripheral degeneration as seen in the divided nerves, and these are of great importance in tracing the so-called secondary changes and seeing whether they are direct transmissions of degenerations or if they are simultaneous changes occurring in the two ends of the nerve chain.

Dr. Ottó read a description, in German, of his method of staining with aniline dyes. The three last papers were illustrated by specimens and photographs.

Dr. Langdon Down presented a short paper on the meaning of the prow-shaped skull and its relations to the neurotic type of mind.

Dr. Bishop (of Chicago) read a very interesting paper on a subject which deserves more special study from our point of view. He looks upon hay-fever as a true neurosis, and not as depending on pollen. For years past I have taught that this affection is most common in members of neurotic families, and, again, that it may alternate with neuroses, a patient when insane not having hay asthma; but though this is true it does not follow that it is to be looked upon as a neurosis. I believe that the experience of some who discussed the paper is not uncommon—that hay-fever may be developed in later years, and under conditions of nervous weakness. In this case it may, if you like, be called an acquired or inherited nervous weakness.

A paper, not needing notice here, was read by Dr. G. Eliot on "The Treatment of Neuralgia in Private Practice."

The next paper, on "Border-Land, Early Symptoms, and Early Treatment of Insanity," by Dr. Russell, was chiefly interesting from the very vigorous protest raised by Dr. Gundry against assuming insanity in every case where a single symptom, which may be associated in some cases with insanity, has occurred in the lives of great men. He ridicules the evidence of insanity in Cæsar and Napoleon, and also does not think there is evidence of insane hallucinations in Luther. We are quite in accord with him in thinking that the border-land has been too much used. There is a border-land which patients may pass through in going into or out of an attack of insanity, and there is a border-land in which

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some neurotic people always dwell, but there are many symptoms which occur with insanity which do not necessarily point to its presence in any individual case by their presence alone.

Special attention is called to the interest of the paper by Dr. Cowles (of the McLean Asylum, near Boston) on "Nursing Reform for the Insane." This paper deserves very careful study, but, as Dr. Blandford will probably refer to the whole system of the training of nurses as followed by the officers of the McLean Asylum, I shall say no more.

Dr. Mendel read a short paper in which he objected to the term moral insanity, and thought that all cases of moral insanity so-called might better be classified under the heads of paranoia or weakmindedness. The general feeling, however, was that till we had a complete system of classification, we must be content to use terms which bear a fairly definite relation to groups of cases. I had the honour of reading papers and maintaining a discussion on the relationships of insanity with syphilis, in which I was ably assisted by contributions from Drs. Shuttleworth, Beach, Wiglesworth, Mitchell, Warner, and others.

This discussion would occupy too much time and space to be reconsidered here, but I trust when the full report of the Congress appears it may not prove altogether unworthy as representing English psychiatric study.

One rather strange example of the uses of the section may here be given. A man suffering with loco-motor ataxic symptoms made application to the President of the Congress (Dr. Davies) to have his case examined and finally settled. The President sent the patient to our section, and our President deputed Dr. Mickle and me to examine and report on him. This we did, with what result I know not.

Dr. Mendel showed some dogs' brains in which adhesions between brain and membranes had occurred. These were from Portugal, and we had not full details, but they were said to have been caused by constant rotatory movements which were conveyed to these dogs. I must say without further observation I am not prepared to accept these brains; and so my task is done. We who went had hearty welcome, much good fellowship, and we believe that our time was well spent. I need not enter into the subject of dinners, receptions, and other entertainments which did so much to contribute to our pleasure and to the upsetting of our digestion.

The PRESIDENT said that it was very gratifying to find that their own section of the Congress had been so successful.

Dr. BLANDFORD said he fully endorsed all that had been said as to the success of the psychological section of the Congress, and would add that the gentleman who contributed chiefly to the success of that section was Dr. Savage himself.

The speaker then read the following paper:—

I have been asked to give you my experience of American

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Asylums, and, although this is very small, I do so with pleasure if only to bring back the memory of the warm welcome with which I was received at those institutions. I must commence by saying that I did not visit them with any idea of making a complete inspection, neither did I make any notes with the view of writing on the subject. The whole number visited was only six, my time in America being but brief. My companions not being psychologists I was not so free as if I had been travelling alone. I greatly regret that I was not able to visit more asylums, to many of which I had invitations from the superintendents to which I should have been glad to respond. Now, of the six asylums visited four were for paying patients, answering to our hospitals, such as Barnwood House and those at Northampton, Cheadle, &c. These were the Bloomingdale Asylum at New York, the Pennsylvania Hospital for the Insane at Philadelphia, the Friends' Asylum for the Insane at Philadelphia and the McLean Asylum at Boston, which is a branch of the Massachusetts General Hospital—as the Bloomingdale is a branch of the New York Hospital, and the Pennsylvania a branch of the Pennsylvania Hospital. The two for the lower classes were those at Washington and at South Boston, which is the asylum for the city of Boston. It is to be noted that three of these were under orders to move further away from the cities near which they are situated, though I did not hear that there was any prospect of these changes being immediately carried out. As with us, such moves are talked about for some time before they are brought into effect. From this it will be seen that the asylums I saw were for the most part of somewhat ancient date and built on the one block or conjugate plan, with a central administration building and wings; but in addition to this several of them had detached buildings or villas in the grounds for quiet patients and for those wishing better accommodation than the asylum-wards. I was greatly pleased with a house lately erected at the Bloomingdale Asylum for such patients by Dr. Nichols. There is one also at the McLean Asylum, and one is being built at the Pennsylvania Hospital, and at many hospitals which I did not personally visit. I read that the system of detached blocks, connected by corridors, is being adopted. At the fine asylum at Washington, so ably presided over by Dr. Godding, the main building is supplemented by various detached blocks, some of which have been built economically for the reception of quiet patients; one is for people of colour, of which there are great numbers at Washington, and one is for working patients who are to live by themselves and go to and come from their work without disturbing others. When we enter the wards, we find that they consist for the most part of long corridors or galleries, with dormitories opening out of them on both sides. The light comes from the end or ends of the room, and the result is that there is not much of it. We all

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recollect asylums built on this plan in our own country. A dark room in America, however, is not such an unmixed disadvantage as it is with us. You must remember that they have a summer in which the heat is almost tropical. To every window throughout the country are shutters to shut out the sun and render the room dark. Every house has its verandah, or, as it is called, piazza, to afford shade. Not only have they shutters to keep out the sun, they are obliged to have wire doors and wire windows to keep out the flies, mosquitos, and other winged abominations which infest their country. So that when we are inclined to condemn their rooms as dark we should remember that light connotes heat and flies, while darkness gives coolness and rest. The end window of the gallery is frequently partitioned off by a wire trellis work so that the patients cannot approach the glass, and this interval is often filled by plants, birds, and the like. In the older asylums we meet with metal window-frames, and windows are much guarded by wire-work such as was in vogue here in former times. Each gallery or ward is complete in itself; the patients live there, eat there, sleep there, wash and bathe there. Each has its dining-room, and I found the table neatly laid for its occupants, probably twelve to twenty in number, the service suited to the class of patients, and often flowers to brighten the whole. I did not see a common dining hall, so far as I remember, in any asylum. Now, this method of administration, like most things, has its advantages and disadvantages. A small number of patients is more easily looked after than a large, and the eating of each individual can be better noted. But the monotony of the perpetual life in one ward is not relieved by the change to a common dining hall, which is a disadvantage. The distribution of food, too, is an important matter, but the Americans are so clever in all mechanical details with their tunnels, tramways, elevators, dumb waiters, and the like, that this seems to them no difficulty, and each ward receives its food in due order from the kitchen department. Yet I find in a paper by Dr. Seip, of the Danville State Hospital, giving an account of a visit to European asylums, that he approves of the system of associated dining rooms. He says that the patients march to the hall, and the meal, effectually supervised, having been served, they return to the wards; the working staff go to their places, and the full complement of attendants are left to occupy the patients instead of spending never less than two hours after a meal in dish-washing, as is the rule in such asylums with ward dining-rooms. He applies the same argument to baths. In the American asylums each ward has its bath, lavatory, and closets. Dr. Seip thinks that time is wasted by this method, and says that five or six hours are spent on a bath-day in a ward of thirty patients, and that this amount of time is largely reduced by the wholesale treatment in a large bath-room. For the class of patients I saw, a bath-room in the ward appears to me far more

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comfortable, and it is not necessary that the whole number should bathe on the same day. The system of baths and the supply of hot and cold water are very good, as is everything mechanical. The same remark applies to the ventilation and warming. You will recollect that after one of their almost tropical summers they have to endure all the rigour of an almost arctic winter, a winter such as we at our worst never experience, with the thermometer at 20° below zero, and deep snow lying in their grounds perhaps for months. Such cold necessitates apparatus for warming beyond anything we require, and in every asylum we find a system of steam boilers, engines, and machinery on a very costly scale. For in the asylums, and, in fact, throughout the country, the temperature indoors is maintained at not less than 75° F., which we should consider very high, in fact, oppressive, but which may be beneficial to some melancholic and demented patients. You will, moreover, understand that it is difficult to take patients out of such an atmosphere into intense cold when all the place is covered with snow, and I gathered that they go out very little in the winter, and are, in point of fact, very much confined to the house. So that what with the great cold and the great heat, when it is too hot to be out of doors, patients are much less in the grounds than they are in our asylums, where we can keep them often almost all day in the open air. The Americans are not fond of out-door exercise or of going for a walk in the sense of a constitutional. In-door amusements and occupations were well promoted. There are good recreation halls, which are sometimes used as chapels. Here entertainments, drill, calisthenics, and music are liberally provided by the asylum staff, and tea parties are given by the matrons frequently. I gathered, however, that there is not much social meeting of the two sexes of patients, and that of this there is probably less than with us. Of officers, certainly of medical officers, I should say the supply exceeds that of our own. At the Pennsylvania Hospital for the Insane, where the daily average was last year 393, there are five medical officers; at the McLean Asylum, where they average 169 patients, there are three; at the State Hospital at Norristown, Philadelphia, where the average is 1,426, there are three gentlemen physicians for the male department and three ladies for the female, besides a lady who is the resident pathologist, and a gentleman ophthalmologist; at the Danville State Hospital, averaging 798, there are four medical officers, all gentlemen. I mention these because I am able to give the numbers. I have not the statistics of others which I know to be as well officered. The number of attendants also seemed to be liberal, especially at night. Thus at the McLean Asylum, which, as I have said, numbers 169, there are fifteen attendants, seven men and eight women, on night duty. This is the asylum which has a training school for attendants, where either men or women can have a two years' course of training in

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general nursing, with special reference to the care of cases of nervous and mental disease. They are employed as assistants in the wards of the asylum, they attend lectures and demonstrations given by the medical staff, the superintendent of nurses, and head nurses. They receive during the first year, the women £30 and the men £55; during the second year the women get about £36 and the men £60; while, after graduating, the women are paid some £60 per annum and the men can rise to upwards of £70. These seem high wages to us, but the cost of labour, as you know, is very high in the States compared with England. At the Pennsylvania Hospital lectures are given to the attendants on anatomy, chemistry, physiology, hygiene, and on their special duties. Dr. Andrews told us at the Congress that "in the State of New York, attendants and all *employés* in public asylums have been placed upon the Civil Service List, and are subject to examination before a Board organized for the purpose. This makes them State appointments, and renders them entirely independent of political influence both in appointment and continuance in place." And he goes on to say that "an extension of this system would do away with the present evil existing in some States which arises from the positions of attendants being considered places of patronage for the party in power." Our superintendents would be much aggrieved were they to lose their old attendants on a change of the Ministry. Passing from officers and attendants we come to the patients. These appeared to me to be much the same as any that we should meet with of the same rank in life in our own asylums. Not more seemed excited, not more demented. I saw some recent and acute cases, some, not many, restrained by means of a strait waistcoat; and this brings me to the question of mechanical restraint, one which has been truly a "burning" question in America as in England. I believe that in America mechanical restraint has greatly decreased within the last ten years in the best asylums, and is decreasing; probably in such asylums there is less than we should find on the continent of Europe. Our President at the Congress said that he believed that the opinion in England and America was practically the same, viz., that restraint might occasionally be necessary, but that non-restraint should be the rule, restraint the exception. I have but one remark to make on the subject. In no asylum that I visited did I find a padded room, and Dr. Tuke, I think, only found one. There seems to be an objection to them, an objection, I cannot help thinking, founded considerably on sentiment, as is a great deal of the objection to mechanical restraint in that extreme view taken of it here to which the name of Conollyism has been given. There seemed to be an objection to placing a patient in solitary confinement such as a padded-room or seclusion-room, and I saw several in restraint in the wards, who, in my opinion, would have been better if alone, or alone with an attendant, and not exciting other patients or excited by them. In

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the leading American asylums I believe mechanical restraint to be now used but little, but I have no doubt that it is used far more in the poorhouses and almshouses which exist in large numbers throughout the States, and contain large numbers of the insane. The patients, however, are being gradually removed, at any rate in some States, to the State Hospitals. In this respect they are going through much the same experience as befell us here when County Asylums were first established for the reception of the pauper classes. As regards treatment, I found that all the best known drugs were freely used in the asylums I visited—hyoscine and hyoscyamine, paraldehyde, chloral, the bromides, and morphia. I did not find that treatment by means of baths was carried out, whether by the prolonged warm bath or by shower baths. The latter I did not see anywhere, and I believe that they do not exist. The pathology of insanity and brain disease is not neglected in America. At the Washington Asylum there is a most excellent pathological laboratory, fitted up with every convenience for post-mortem examination and for illustrating the histology and morbid anatomy of the brain. Not only here, but in other asylums is there a special pathologist, and the reports generally show that this department is not neglected.

Dr. MICKLE said that he saw very little indeed of the American institutions during this trip, having arrived at Washington in a very dilapidated state and with a very severe sore throat. The place was then in intense heat. He was very much interested in the pathological museum. There were to be seen there a number of skulls of soldiers dying of their wounds in the civil war, and among them some of very special interest, in which bullets, striking the head, had not damaged the external table of the skull, but, although externally the skull appeared to be intact, its internal table was fractured opposite the point of impact of the bullet, and the fragments in some cases were driven into the meninges and brain. Among other objects of interest he saw there was the spinal column of John Wilkes Booth (the murderer of President Lincoln), who was shot in the spinal cord by one of the soldiers pursuing him. Then, as illustrating the perpetuation of error from generation to generation for lack of independent original investigation, and therefore of some psychologic interest, was a manikin which, for many generations, had served to demonstrate anatomy in Japan, and among other peculiar arrangements of that specimen was this—that the lungs were carefully wrapped round the stomach to keep it warm! By the kindness of Dr. Godding he, like others, went to the Washington Asylum and was much interested in what he saw there. One thing which particularly struck him was the very large number of different races found among the patients—patients from all quarters of the globe, including the native red man and the semi-naturalized negro. The Washington Asylum was splendidly situated, commanding a fine panorama of the surrounding country for many miles. The pathologist of the institution exhibited a number of brains prepared according to a method of his own. The brains, after being placed for a short time either in alcohol or in a solution of chromic acid or of chromates, were placed in a chloroformic solution of Japan wax, and the result was very good, the outlines being in a number of cases preserved very well. The pathologist, who evidently is one of whom the profession will hear again, also exhibited a number of microscopical slides. Dr. Witmer, another of the assistant-physicians there, had devoted an enormous amount of time to promoting the convenience, comfort, and interests of the foreign members of the Congress, and personally he

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was much indebted to him in this respect, and he was indebted to Dr. Witmer for seeing a case which had been one of ear disease with mania, and in which the patient, after mental recovery, remained perfectly deaf, but was able to understand every word uttered by those she knew by watching the motion of the lips. Dr. Savage had not said much about the entertainments, but it might be said that the proceedings of the psychological section of the Congress wound up with a very enjoyable banquet given to the foreign members by the American members of the section, and at that banquet not only was there a most *recherché* bill of fare, but, the labours of the section being closed, there was a feeling of lightheartedness among the members, which was the very soul of conviviality.

Dr. BOWER corroborated what had been said by Dr. Savage and the other members who attended the Congress.

Dr. SAVAGE, in reply, said that one or two things had struck him in the course of the discussion. One moot point had been that of an observation ward for suicidal cases, and he had seen something of that sort particularly novel in the asylum at Worcester. At the end of each wing there was built out a large circular building with just one entrance from the main ward. This was the case on two floors—day-room on the ground floor and bedroom on the upper floor—and in that very large circular chamber the one attendant was able to sit near the door, and the whole of the building would be under his eye at once. It was splendidly lighted up, and the attendant was provided with a lamp which could be used as a reflector. He believed he had urged objections to observation galleries, but that one large chamber was as nearly free from danger as anything could be. As regards airing-courts, unquestionably they saw none, or scarcely any. Probably the explanation given by Dr. Blandford was a true one. The Americans seemed developing at such a rate that they would soon be without feet or hair or teeth. Dr. Hack Tuke had, in his book on his own American trip, mentioned "night medical officers" being employed as well as night attendants, so that one assistant medical officer would be on duty the whole night. It was rather onerous work, no doubt, but had its advantages. Another point which suggested itself was—What is the relative value of the *female* medical officers? He was sorry to say that when he put this query in America the answer always was: "Well, do not introduce them into England. You know they are very kind and very sympathetic, but we do not get such an equivalent of work out of them as was expected." I said, "But my friend, Dr. Tuke, is disposed to look upon them as presenting some advantages." The answer was, "Well, yes, Dr. Tuke is very kind and sympathetic, but he has not to work with an assistant medical officer who is a lady!"

Dr. SAVAGE, in reply to Mr. C. M. Tuke asking when the members of the Association would have an opportunity of reading some of the papers considered at the Congress, said that the papers were really the property of the Congress. The whole of the papers would be published within twelve months. He believed that their own section would be extremely well edited, because the secretary of the section was the editor of an American journal. He thought, from what he heard, that it was likely that the sectional meetings would be published separately, but he might state that the American journal published at Utica contained a very good *résumé* of the proceedings of the Congress, and the superintendent of that asylum was rather anxious that members of the Association should know this, and if gentlemen wishing to have copies of the American journal would send in their names through him, copies should be ordered for them.

Dr. HACK TUKE said he should like to express his obligations to Drs. Savage, Blandford, and Mickle for the very interesting accounts they had given of the Washington Congress, which had been more especially so to himself, as he had visited America three years ago, and reported upon asylums there. The result of more recent inquiries seemed to be upon the whole very satisfactory. During the past three years it was evident that still further development had been made in the direction which he had indicated in his book, of having either entirely

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separate buildings, or blocks connected by corridors with the main asylum, so as to break up more and more that congregate system which had been so long in use in American asylums. In regard to mechanical restraint, it appeared that even less was now used than a few years ago. As regards the training of mental nurses, he had been very much interested in that matter when he was in America. Dr. Cowles was, so far as he knew, the only superintendent in America who strongly advocated having female attendants on the male side of the asylum, considering that it had an enormous influence in promoting refinement and self-control among the patients. The employment of female attendants in this way was one thing, their training for their own sex another—the former was beset with difficulties, but the latter was no doubt a most valuable thing. As he had remarked to Dr. Cowles, when writing to acknowledge the photographic group of his nurses, the difficulty would be to retain fifteen nurses in service who were so good looking. As regards lady physicians, he was well aware there were two sides to the question, and had spoken of their employment as an experiment.

Dr. SAVAGE exhibited a machine called "The Allen Surgical Pump" (Truax and Co., New York), and explained its manipulation. The inventor claimed for this pump that it could be used to aspirate and to inject, also as a stomach pump, uterine dilator, urethral dilator, and tampon, for litholapaxy, embalming, direct transfusion, transfusion of defibrinated blood, and as a syringe or douche. If the opening of the tube should become clogged a backward turn of the crank would free it. As an aspirator, it was stated to be superior in several ways; thus, there were no connections requiring air-tight joints, and no bottles to empty. In the common aspirator the air was exhausted from the bottle, the connection opened, and a force often excited which would draw in the tissue. With the apparatus exhibited just the force required was exerted. If the pus should be thick and flow slowly, a powerful force would be got, while if the pus was lighter, flowing freely and fast, it would supply the tube, and the force would be proportionally less. In rinsing the bladder the force could be regulated by the operator by a slow motion of the crank. The apparatus was at the same time a force and vacuum pump.

Among other exhibits were photographs of nurses and probationers at the McLean Asylum in Boston, and the spinal cord from a case of acute general paralysis of the insane, showing bony plates in arachnoid.

SCOTTISH MEETING.

A Quarterly Meeting of the Medico-Psychological Association was held in the Hall of the Royal College of Physicians, Edinburgh, on the 10th Nov., 1887.

Dr. Howden was called to the chair; the other members present being Drs. Blair, C. M. Campbell, J. A. Campbell, Clouston, Ireland, Carlyle Johnstone, Keay, Macdowall, Maclaren, R. B. Mitchell, G. M. Robertson, Ronaldson, Rorie, Turnbull, Batty Tuke, Urquhart, Watson, and Yellowlees.

The minutes of last meeting were read, approved of, and signed.

Frank Lang Collie, M.B., C.M.Aberd., Clinical Assistant Medical Officer, Perth District Asylum, was elected a member of the Association.

Dr. HOWDEN showed the plans of the proposed detached infirmary building for Montrose Royal Asylum. It has been designed to accommodate 100 patients, 50 male and 50 female, at an average cost of from £130 to £140 per bed. Provision was made for a section with all necessary appliances, capable of being entirely cut off from the general sick-rooms, and intended for use in specially repellent cases, such as gangrene, &c. The plan of independent ventilation for each department has been adopted.

Dr. RORIE read a paper on "The Present State of Lunacy Legislation in Scotland."

Dr. CLOUSTON said he was sure they were all obliged to Dr. Rorie for his historical review of lunacy legislation and practice in Scotland. In 1857 they

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