

omitted in all. We hope this attempt to meet an important desideratum will be encouraged as it deserves. We would suggest that in a future edition, which no doubt will be called for, the meaning of some terms should be given in a little more detail. Thus under "Verrücktheit" it would be essential the translator of a work on Medical Psychology should find more help than he would derive from the definition "Madness, Insanity." No mention is made of "Primäre Verrücktheit," or "Secundäre Verrücktheit," terms so puzzling to the reader of German psychology. "Narr" and "Narrheit" are omitted, and, therefore, the modification of meaning which has occurred in the use of these words. "Zwangsvorstellung" is rendered "idea or notion of compulsion, or of being constrained," but the patient who suffers from this form of insanity is not necessarily possessed of the idea that he is compelled or constrained. It is implied by the term, as used by German psychologists, that he is the subject of involuntary ideas or thoughts—an obsession. "Blödsinn" is not translated so as to help the translator to understand its relation to dementia, nor are "angeborener Blödsinn" and "erworbener Blödsinn" introduced.

No doubt, as is inevitable, this dictionary admits of additions and the introduction of finer shades of meaning, but this fact does not prevent our commendation of the labour expended by Dr. Barnes upon it.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.*

Asylum Reports for 1879.

It is the habit of some to talk of this annual notice of the reports as a review. It in no way deserves such a title, for it is simply a notice, and is intended to rescue from oblivion any fact or statement which may interest or instruct the readers of the Journal. For obvious reasons it is not desirable that any very severe literary or other test be applied to these publications. Most of the writers are members of this society, and would not like, supposing they are but ordinary mortals, that their annual effort in composition should be roughly handled in a journal which they help to maintain. Besides, most superintendents are compelled to write a report, whether they feel able for it or not, and their consent is not asked for its publication; they

therefore appear year by year as authors against their will. They are consequently entitled to every consideration, and their position is quite different from that of the man who writes a book or even ventures on recording a case.

Taking the reports as a whole, they are very much like those which have appeared in former years. A large proportion of them are simply statistics tacked together by a few very simple remarks. Some of the writers having written such reports for a number of years, are obviously like the Irish Commissioners, who are honest and make no secret of their unhappy plight, very badly off for a new method of turning their sentences, and thus giving their work a new face, though in substance it remains the same. Elaborate reports are almost extinct—a decided step in the right direction. The pains expended on them were really wasted, and can now be devoted to more profitable employment. Medical details have disappeared, and committees are now seldom asked to listen to long accounts of accidents, curious cases, and the like.

It is obvious that in Scotland the "open door" system continues to gain ground, and that it is now one of the most important questions in asylum administration. English superintendents are afraid to try it; and their visitors and commissioners look with severity on suicides and accidents. It might, however, be tried experimentally in say two English asylums. If it succeeded in one of the Lancashire and Yorkshire asylums, it might be universally adopted. In the meantime it would be necessary to explain to coroners and their juries that the new system is only a trial, and like all new things, not quite in working order at once; and that therefore a few murders and suicides must not cause uneasiness about the ultimate success of *the* proper system of asylum management.

Argyll and Bute.—Here a difficulty is successfully overcome by employing male private patients in active out-door work. As the consent of the relatives is obtained to this arrangement, it might be adopted with advantage in other institutions, for nothing strikes a visitor so much as the listless idleness of most private patients. It may not appear very dignified for a melancholic baronet or a demented member of parliament to be delving in a garden, or planting out cabbages, but he could not be better employed.

A very evident error has appeared for at least two years in Table 3. In 1868 the number of deaths is given as 9, the average number resident 135, and the percentage of deaths 15. In 1869 the numbers are respectively 20, 143, and 6. There may be other mistakes, it is not necessary to look for them, but this is a good illustration of the fact that no man should use asylum statistics for scientific purposes without having proved their correctness.

Ayr.—The average number of male patients resident was 122, but the staff of attendants was only five, one of whom acted as messenger.

The absence of locks seems to have led to disagreeable consequences in the case of a female patient, about whom the Visiting Commissioner, Dr. Mitchell, made a special enquiry. When it is remembered that even sane people will abuse their privileges and opportunities, we need not be surprised that lunatics and imbeciles experience some difficulty in restraining their appetites. No doubt this is one of the most disagreeable consequences of the "open-door" system.

One of the female admissions was an interesting case. Of her Dr. Skae says:—"Among the admissions may be mentioned one woman who had been indicted at the Circuit Court of Justiciary, held at Glasgow, in December, 1867, for the murder of her child; but insanity having been pleaded in bar of trial, she was committed to the general prison at Perth, where she remained until February, 1873, when, having apparently recovered her sanity, she was liberated by a warrant of the Home Secretary, on condition that she resided with her sister in Kilmarnock. This she did, and appears to have continued quite well until the end of March, 1879, when symptoms of insanity again exhibited themselves. She was at once sent here under a sheriff's warrant, and within a week of the date of her admission was recommitted by an order of the Home Secretary to the general prison. During her short stay in this asylum her insanity chiefly exhibited itself in a strong homicidal propensity, with great excitement and violence; but at times she was quiet, and occasionally melancholy, and often referred to her crime with expressions of deep remorse. Even in her calmer moods, however, she could not be trusted, owing to the suddenness of her dangerous and violent impulses, over which she seemed to have no control whatever. She was also exceedingly cunning, and would appear to be most amiable and gentle to the attendants, to whom she might be talking, when in a moment, and without the slightest warning, she would kick at the belly of one, seize another by the throat or the hair of the head, and try to gouge out the eyes of a third. On these occasions she would say she did not care what she did, as she could not be punished. Hers was a case of puerperal insanity. She had been sent to the Glasgow Asylum as a private patient, from which she was removed by her husband before she was completely recovered, and strongly against the advice of the Medical Superintendent. She very soon relapsed, became deeply melancholic, and evinced a strong suicidal tendency, for which she had to be carefully watched. She, however, poisoned her child with laudanum, and attempted to take away her own life by the same means."

Barony.—Dr. Rutherford reports—"Mainly through fully occupying the patients, and thereby counteracting the tendency to manifestation of their insane ideas, it has been found practicable to carry out the open-door system of treatment. All the doors in the Asylum open with ordinary handles, and only the chief attendants are in pos-

session of a key. I am not aware that this system is so fully carried out in any other large public asylum. No untoward event has yet occurred to lead me to change my opinion, that by the diminution of apparent restrictions upon liberty, greater quietness and contentment are secured, which has its effect in promoting recovery and improvement. This is the first asylum that has yet been erected without walled airing courts, and the want of them has never been felt to be a disadvantage. From the experience gained here, it is unlikely that any asylum will now be built in Scotland with those formerly considered necessary adjuncts."

It cannot be denied that this is a most important statement, making all due allowance for pardonable enthusiasm. Such a method of management is evidently compatible with thorough discipline, for Dr. Mitchell says—"The recent burning of one of the towers scarcely affected the appearance of any part of the house, and in no way interfered with the usual daily life of the inmates. It is very creditable to the management that, even when the fire was at its height, the wants of the patients received their customary attention, and perfect tranquillity was maintained. No confusion occurred in any part of the establishment, and neither patient nor attendant received any injury. The importance of possessing a trained and regularly-exercised fire-brigade, was made very apparent. By their exertions the spreading of the fire was prevented."

According to the ideas of the Scotch Board, this is a model asylum, for the same Commissioner continues—"It is recorded with satisfaction that the Asylum does more than merely maintain its high character. In various directions there is evidence of a healthy progress, and a thoughtful and energetic management. There are few asylums of which such things can be said as those which appear in this entry."

For a Scotch asylum the weekly charge is high.

Berks.—Though open only about 10 years, the Asylum is unable to accommodate the lunatics of the district, who are boarded out until the necessary enlargements make their reception possible. The buildings are nearly complete, but their erection has made the management unusually difficult, as might have been expected. Dr. Gilland's report is highly satisfactory, though we would venture to suggest that the following sentence might have been omitted. It refers to a detail of medical work which need not be brought under the notice of county magistrates:—"The stomach-pump was consequently brought into requisition 356 times during the year in the treatment of those 21 patients, the majority of whom had only to be thus fed but a few times; but one female was thus operated on 43 times, and one male 79 times."

Bethlem.—To be a medical officer in this Asylum is to enjoy perhaps the most desirable post in England. The opportunities for work, teaching, self-improvement are so great that most county asylum men are left hopelessly behind. With only the barest comment we excise the following paragraphs from Dr. Savage's report, to show what he

is doing to utilize his great advantages for the benefit of his patients and of the profession generally.

Regarding the hospital, he says—"The function of Bethlem is not only to receive the cases that are suitable, but to advise friends of patients what to do with those who have developed signs of insanity, and it will be seen that many hundreds every year apply to the officers for advice and assistance. By this means a large number of cases come before the medical officers, and hitherto the cases were disposed of and no record kept, but now we hope to gain useful information about insanity by collecting the chief facts in each case that presents itself.

"No more important duty rests on Bethlem than the free advice given to such cases, and I hope that some day a definite out-door department, for persons suffering from nervous diseases, may be established there. Mental disease is so intimately connected with other general diseases, that my endeavour has always been, and still is, to encourage other practising physicians to visit the wards of the hospital. In this I have in part succeeded, and occasional visits have been made, both to the advantage of the patients and myself. If anything is to make mental disease better understood, and more early and satisfactorily treated, it must be in the removal of secrecy in asylums. If the asylum is visited by strangers intelligent and kind-hearted, abuses cannot exist, and the patients feel themselves still part of an active moving world."

A pathological laboratory has been established, where histology of the nervous tissues more especially is followed, and it is expected that this will in time prove a powerful influence both in treatment of patients and the advancement of science. Dr. Savage is strongly in favour of clinical clerks; his experience of them has been thoroughly satisfactory. He repeats that the presence of students in the wards in no way injures the patient, but keeps the medical officer actively alive to the requirements of advancing science.

"The system of granting leave of absence is, in my mind, of great benefit, giving confidence to friends, who will receive a relation much more readily when they know any relapse only needs the return of the patient without any further trouble; this fact also acts as a check on the patient, and helps to self-control. During the year 212 leaves of absence from one night to one month have been granted, not all to separate patients, as many have had extensions of leave, and others have had to be tried on leave several times before we were satisfied that they were fit for home. Some other cases, though chronically insane, have been able to spend periods of quiet with their friends. All such mixing of insane with the sane is to be encouraged, leading in many cases to cure of insanity, and in most to a more just knowledge of the disease by the uninstructed."

The following remarks on employment are worthy of attention. Where out-door work cannot be obtained, *daily* drill and gymnastics may be the best alternative. "The greatest difficulty in a hospital

like this is to find occupation for the men; the women can work with their needles, play the piano, draw and be content; men, on the other hand, roam hopelessly about the galleries or airing-courts, often smoking more than is good for them, and fretting at the enforced idleness; they cannot dig, and are not fit for mental labour. Rest is an essential in most cases of mental disease, but ennui is not rest; yearly I regret to see cases drift into chronic insanity because I cannot find employment that will stem the tide; a patient comes to lead a more and more subjective life, a life that fosters the morbid growth of hallucinations and illusions. I do not believe, on the other hand, of trying every moment in the life of an insane patient to teach and lecture him, either on natural science or self-control. . . . What is needed is the daily influence of some employment. I propose to try drilling and gymnastics this year."

As nurses, young active women of the lower middle class are preferred, and the proposal to have lady nurses is not favourably entertained.

It is recorded that a patient admitted in 1844 was discharged recovered in 1879. Such an event cannot fail to suggest many uneasy thoughts as to the treatment of so-called incurable lunatics. It should also teach great caution in vaunting the triumphs of the medical treatment of insanity.

Birmingham.—It may be useful to point out that Dr. Green uses the term "readmitted during the year," in a sense different from what it usually carries. In Table 1 the figures are—Admitted first time during the year, 116, 120; readmitted during the year, 1, 4. In his report, however, he states that "5 were readmissions, and besides these 42 have been in the asylum at some former period." Under the denomination "readmitted during the year" should be placed all patients who have at any former time been in the asylum. This is the usual and correct method.

Bristol.—Mr. Thompson directs attention to a great evil, against which it would be well if our Association remonstrated, and took steps to remove—the passing of patients through workhouses on their way to the asylum. He says—"Nearly one-half of the patients admitted passed through one or other of the workhouses, having been detained there for some time previous to admission. From these cases one hardly looks for many recoveries."

He very rightly brought under the notice of the Secretary of State the case of a man discharged from prison in a hopeless state of dementia. His illness began during his confinement, and it was properly pointed out that if he had been removed to Broadmoor, and subjected to skilled treatment, he might have recovered.

Cambridge.—The perusal of the Committee's report to Quarter Sessions makes the reader thankful that he is not their servant. A most minute interest appears to be taken in the affairs of the asylum; the most trivial matters come under the notice of the Committee, and are referred to sub-committees; but in one respect at least the result

is not creditable to the magisterial management—the average weekly cost for 1879 was 11s. 4½d. For years those familiar with asylum administration have laughed at the perversity of the Cambridgeshire visitors; and the present report proves that they do deserve some of the hard things that have been said about them.

The asylum has long required enlargement. Instead of making the additions as speedily as possible, the visitors, with, we might suppose, the express intention of increasing the cost and inconvenience, decided to spread the work over a number of years, and this they have done in spite of the remonstrances of the Lunacy Commissioners.

In objecting to four patients having been admitted, the visitors caution all parish authorities and justices of the peace not to authorise the admission of patients unless they are wandering at large, or are paupers legally chargeable to some union in the county, &c. “Irregular admissions create much inconvenience.” To whom? It is decidedly objectionable—and we are astonished that county gentlemen could do such a thing—that the names of the patients, to whose admission objection is made, are printed in full. A general statement, or initials at most, would have answered all purposes.

The Committee suggested that the Commissioners should communicate with the chairman as to the date of their intended visit. This the Commissioners very properly declined to do, as thereby one of the objects of visitation would be defeated.

The Commissioners point out that of a total of 29 nurses and attendants, 12 have been in the asylum service less than 12 months and 6 between one and two years.

Carmarthen.—Dr. Harder recommends that the practice of sending criminal lunatics to county asylums should be amended as follows:—(1) Criminals becoming insane should not be sent into county asylums. (2) Insane criminals who, after conviction, are sent for treatment to the special asylum at Broadmoor, should not, on the expiration of their sentence, be transferred to county asylums. If special care is required during the period of their sentence, it is surely unreasonable to act as if the particular need ended with the conclusion of the penal term. (3) The insane who, through neglect, are allowed unlimited freedom of action, and commit some breach of the law as the result of their diseased state, ought not to be regarded as members of the criminal class, and should not be sent to the Criminal Lunatic Asylum.

On the vexed subject of wine and spirits in disease Dr. Harder has very strong views; indeed, views with which the majority of the profession do not agree. We reproduce them, however, and they may be accepted for what they are worth. As to the use of beer in ordinary diet, we do not hesitate to say that we agree that it is, as a rule, quite unnecessary in county asylums. “The use of wine or spirits in the management of diseased conditions has now been practically discontinued in your asylum for a period of three years, and it is with confidence asserted that no case has been under treatment which would

have been benefited by the exhibition of alcohol. Yet, occasionally, a daily allowance of wine has been asked for by patients suffering from lingering diseases, and in such cases it has always been granted; and in two or three acute cases, as a result of consultation with others, wine or spirit has been administered, but in no instance with beneficial results. With the year 1879 terminates the use of beer in your asylum as an article of diet. Its value as a food is very small, and out of all proportion to its cost, while the ordinary dietary is ample without it. All the inmates have been allowed half-a-pint of beer with dinner, and the working patients have received in addition the same quantity at ten a.m. and four p.m. The class to which the vast majority of the inmates belong does not and cannot procure malt liquor thrice daily. Those who are sent here for treatment may, however, with much show of reason assume that, having been recognised as a necessary beverage by the authorities of a public hospital—for such, indeed, is every county asylum—and supplied to them as an article of daily food, it has in reality the high value with which they are willing to credit it; and, after leaving the asylum, it is certain they will not be able without a strong effort to break with the habit, which has been confirmed during a residence here of possibly many months. The most serious argument against the use of beer as food, in such institutions as this, is to be found in the fact that excess in drink is undoubtedly the most potent cause of insanity. Stronger evidences cannot be required against a practice which may in any degree tend to foster or lead up to habits of intemperance. The disuse of the beer allowance affects the attendants and servants as completely as the patients, and the perfect willingness with which the *employés* agreed to the change should be fully recognised."

Cheshire, Upton.—The only fact calling for attention in this report is the severe outbreak of typhoid, due to the complete failure of a new system of drainage. At the time, the occurrence was noticed in most newspapers. Whilst the epidemic lasted the condition of affairs was very serious.

Cheshire, Parkside.—Through the carelessness of a union medical officer, a patient was admitted whose child had died of malignant scarlatina only a few days previously. She fell ill of the fever in the asylum, but most fortunately the infection did not spread.

As is well-known, there is a large amount of surplus accommodation at Parkside, which is utilised by the reception of out-county patients. The Commissioners remark that "a complaint was made to us by a woman (and we felt much the justice of her complaint), who urged upon us the hardship of her lot. She was one of those sent here from the Abergavenny Asylum, and, before she was drafted here, she had been sent from Abergavenny to the Dorset County Asylum. As she said, she was far away from her home and friends, sent to distant parts where she knew no one, and she added—'This is visiting day, but no one comes to see me; but if I were at Aber-

gavenny my friends would come there.'” With that woman’s position all must feel sympathy. It is an undoubted hardship that poor people should be sent beyond the reach of their friends because the county authorities are too lazy or too parsimonious to provide the accommodation necessary for the insane poor.

The average number resident was 609, and the Committee have appointed a second assistant medical officer.

Cornwall.—It is evident that a great public want is supplied in this county by the reception of private patients of limited means into a hospital—the Carew Building—under the direction of the county officers. As is known, this arrangement works well in Scotland, and might be extensively adopted in England, and thus private asylums would cease to exist if they could not stand the competition. The public will use that which it likes best, and which best meets its wants. “Of the 53 private patients, 12 are received under 15s. per week; from 15s. to 21s., 25; from 21s. to 31s. 6d., 6; from 31s. 6d. to 42s.; whilst there are only two who pay above 42s., but not exceeding 63s. per week. The Carew Building, as far as it goes, fulfils a great public want, by providing excellent means of care and treatment for the insane of small means. We learn that upwards of 20 applications have been refused for want of room this year, and we should rejoice to hear that the Committee could see their way to enlarging this branch of the establishment. It is at present quite separate from the pauper part, excepting that there is but one lodge, and a common entrance for both classes.

Crichton Royal Institution.—This is the last report presented by Dr. Gilchrist, and now Dr. Adams reigns in his stead.

Amongst the pauper patients in the Southern Counties Asylum a curious epidemic of lung disease occurred. It is thus referred to by Dr. Gilchrist:—“The mortality during 1879 largely exceeded the usual rate, being nearly eight per cent. on the numbers under treatment. Only twice during many years has this rate been reached. It may be said to be entirely due to an epidemic of lung disease during the extreme cold weather of last winter and spring. The prominent forms of the disease were congestion of the lungs, bronchitis, and especially pneumonia, often complicated with other diseases. The severity of the attack may be judged from the fact that of the 35 deaths 24 took place in the months of January and February, and 11 during the remaining 10 months. Its fatality excited much anxiety; the diet, the water supply, the drainage, ventilation, heating arrangements, clothing and bedding were all examined with sedulous care, to ascertain, if possible, the source of evil, but none such was detected. The patients who succumbed were chiefly but not entirely the aged—the healthy as well as the sickly, the active as well as the inactive, those daily exposed while working in the garden as well as those who had never left the comfortable quarters and well-heated apartments of the infirmaries. It was only when rumours reached us from other

asylums of similar, though perhaps not so severe attacks, that we divined the real, though already suspected cause—the low temperature.” It is more than probable that the attack was one of influenza, with unusually severe pulmonary complications.

Cumberland.—Extensive enlargements and structural improvements are in progress. On the day the Commissioners visited the asylum 19 men and 46 women were in bed, the majority suffering from influenza. This epidemic occurred in March, at the end of severe frost. Whilst the frost continued there was a remarkable exemption from ordinary colds.

There is one paragraph in Dr. Campbell's report which deserves the attention of some. It refers to evils which are on the decline, but have not entirely disappeared. An annual report is a purely official document, and, as such, should avoid all medical details, and, what is even worse, all sensational and ornamental matter such as used to appear in former days. He says, “In my yearly reports I have always purposely endeavoured very briefly to give an account of the principal doings of the year, but chiefly the results. I hold that this is a business document, and that modes of treatment and interesting phenomena, observed at postmortem examinations, should, if worthy of it, find their proper place in the Medical Journals, and that chronicling the eccentricities of patients in a sensational manner, or enlarging in detail on the amusements, or such trivialities, are equally out of place.”

Denbigh, &c.—The only point calling for notice in this report is that Dr. Williams proposes to abolish beer as an article of diet. At the same time he will rearrange the dietary tables.

Derby.—Dr. Lindsay points out that it is most desirable that imbecile children should not be sent to county asylums, where no special arrangements exist for their improvement, but should be collected in an institution where they might be taught both in mind and body.

Amongst admissions was a woman who, after a few weeks' residence, was discharged as “not insane.” She confessed that she simulated insanity whilst in prison, and was so far successful that she was sent to the asylum.

Hereditary predisposition was found to exist in nearly 25 per cent. of the admissions, and intemperance was the assigned cause in nearly 18 per cent. The recovery rate was above the average, but so was the death rate, the latter being 16.9 per cent. on the daily average number resident. It is a curious fact, calling for investigation, that since 1861 the death rate has only been once below 10 per cent.

Many important structural improvements were carried out during the year, but to these it is not necessary to refer further. The report contains seven pages of medical notes. The results of trials with Sumbul, Potassium Bromide, Zinc, Arsenic, Amyl Nitrite, and Nitro-glycerine confirm those obtained in other asylums. The bromide alone was

found to be reliable, though in a few anæmic cases nitrite of amyl and nitro-glycerine did some good in diminishing the frequency of the attacks. In the epileptic status the inhalation of chloroform saved the life of one patient. The inhalation was pushed to insensibility, and renewed when the twitching of muscles indicated a fresh seizure. The same method of treatment has frequently succeeded elsewhere, but much more frequently failed. Of late years chloral, administered per rectum, has been largely used, and with great success. But the truth is, we have not yet discovered the rational treatment of epilepsy, and cannot foretell what drug will prove best in any given case.

A few brief notes are added on three cases of severe injury (of the skull) evincing few or no symptoms during life; on brain weights, and on skull mapping.

“The autopsy records of this asylum for the last eight years show the brain weights in 420 cases. The average weight of the brain in 250 male lunatics was $47\frac{1}{2}$ ozs., about 2 ozs. less than the healthy average, according to Quain. The maximum male brain was 60 ozs., and occurred in a case of general paralysis. The minimum male brain was 30 ozs. in an epileptic idiot.

“The average weight in 170 female lunatics was $43\frac{3}{4}$ ozs., being only $\frac{1}{4}$ oz. less than the healthy average, according to Quain. The maximum was 53 ozs., and occurred in a case of melancholia. The minimum was 25 ozs. in an epileptic idiot.

“The total average brain weight for all ages and both sexes was 45 ozs.”

(*To be continued.*)

2. *French Retrospect.*

By M. MORET, Secretary to the Société Médico-Psychologique, Paris.

Charge of Public Outrage to Decency. Condemnation. Fits of spontaneous and provoked somnambulism. Irresponsibility. Appeal. Judgment annulled and discharge of the prisoner. Medico-legal report.

In its audience of January 26, 1881, the Court of Appeals of Correctional Police annulled the judgment of the lower bench, condemning Emile D— to three months' imprisonment as guilty of public outrage to decency. This man had been arrested the 18th October, 1880, at half-past eight in the evening, by agents of the *Service des Mœurs*, who were on watch near one of the public urinals, Rue Sainte-Cécile. These agents affirmed to have seen many things while noticing that D— had remained over half-an-hour within the urinal. They even pretended that D— had incited one of them with an immoral purpose, without being, however, able to state that other persons had been objects of such solicitation.