and without the familiar argument of favours bestowed or expected, is, in truth, a rare gift, but it is the true test of a good attendant. This power may be gained in some degree though experience, but never thoroughly; it is a gift, not an acquirement; a true attendant, not less than a poet, is born, not made. Many excellent servants never acquire this faculty at all; while they do their own specified duty admirably, they are useless in getting others to do theirs, and are therefore unsuited for asylum work."

The asylum is evidently in a highly satisfactory condition.

Gloucester.—The perusal of this report makes it evident that the new Medical Superintendent, Mr. Craddock, has many difficulties to encounter in his work, and we will content ourselves by wishing him every success, and that peace of mind which comes of honest work.

Hereford.—A laundry block has been completed at a cost of £1,248. No patient who can walk is now confined to the airing courts. Dr. Chapman is to be congratulated on the death rate, which was unusually low—4·98 per cent. on the average number resident. Only three women died, and for more than eight months there was no death on the female side. Such an occurrence is, unfortunately, very rare.

(To be continued.)

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2. *American Retrospect.*

By D. Hack Tuke, M.D.

American Journal of Insanity, July and October, 1883.

The numerous journals devoted to Psychological Medicine in the United States defy the attempt to retrospect them with any approach to regularity or completeness, regard being had to the corresponding literature emanating from the European Continent. It is not possible then, with the space at our command, to do more than touch in the briefest manner upon the articles which appear, although many deserve discussion and citation to a large extent.

Dr. Callender contributes to the July number of the above Journal an interesting record of the Association of Medical Superintendents of American Asylums in the form of a Presidential Address. It is a history of forty years, the same period which the writer of the Retrospect had occasion to review on a similar occasion at the annual meeting of our own Association in 1881.

We find that it originated in a conference, in the year 1844, between Dr. Samuel B. Woodward, of Worcester (Mass.), and Dr. Francis T. Stribling, of Staunton (Virginia), both Superintendents

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of Asylums. Our Association originated, it will be remembered, in 1841, in a circular letter addressed to all concerned, signed by Dr. Hitch, of the Gloucester Asylum.

The consultation between the two American doctors was communicated to Dr. Kirkbride and Dr. William M. Awl, of Columbus (Ohio), and through their zealous co-operation, a meeting of Superintendents was held at Philadelphia, October 16th, 1844. Of these, three survived when Dr. Callender delivered his address; now we regret to add there are only two, consequent upon the recent death of Dr. Kirkbride. The survivors are Dr. Pliny Earle and Dr. John S. Butler. A deserved tribute is paid to those who were more especially distinguished, namely, Dr. Luther V. Bell (Mass.), Dr. Amariah Brigham (New York), and Dr. Ray, whose name is justly venerated on both sides of the Atlantic by those devoted to the department of medicine he so much adorned. Dr. Bell was for twenty years the Superintendent of the McLean Asylum; a brilliant man in various lines of thought and work, as well as in his special sphere. To him we owe the first and best description of mania with extreme exhaustion and delirium, often called after him, "Bell's disease." Dr. Brigham founded the American Journal of Insanity, and was the first Superintendent of the New York State Lunatic Asylum at Utica. Of Dr. Ray, appointed Superintendent of the Maine Hospital for the Insane in 1841, it is unnecessary to say more in this place. Passing reference is made to the names of Galt, Awl, Fonerden, Benedict, Booth, Cutler, Waddell, Landor, Chipley, Green, Tyler, Ranney, and Walker, among those, who, having passed away, deserve honourable mention. Although not a member of the Association, the well-known name of Miss Dix is very warmly alluded to, one who has consecrated a life to the welfare of the insane, and has been the means of establishing a number of excellent institutions for their care and treatment. Of the subjects discussed at the early meetings of the Association, Dr. Callender remarks that in their scope they leave little if anything to be added after the lapse of forty years, "in which science in all departments, and all forms of skill and appliance, have made unexampled progress." This observation is open to possible misconstruction, for although all that is intended, is, we presume, that the object in view, and the humane feeling and good sense brought to bear upon it, were the same then as now, and have never been exceeded in earnestness of purpose (which is quite true), it will very likely be interpreted to mean that these early pioneers saw adequately the true scientific bearings of medical psychology. That they took a broad view, however, of the direct and collateral questions to be discussed under this head, is shown by the subjects enumerated by Dr. Callender as having claimed attention and elicited reports.

The relations of the Association to Canada possess an interest for us, and we find that at the second meeting held at Washington, in 1846, the Dominion was represented by a delegate named Dr. Walter

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Telfer, Superintendent of the Toronto Asylum. We are told that from that time the specialty in our Colonies in Canada "has been thoroughly incorporated in the work of the Association. Its long line of representatives, some of whom have retired from active duty, and others who have passed from the scene of life, are remembered for the zeal, ability and erudition they displayed in the debates of the body, and those now in service are always greeted warmly and cherished for similar qualities. Eminent among these, the venerable Joseph Workman, of Toronto, stands yet among us by long service, large learning and wise counsel, one of the members of the body at whose meetings he is frequently present. Thrice in its history the Association has held its sittings in the capitals of the Canadian provinces, and had the privilege of inspecting some of their admirable institutions and enjoying intercourse with that refined and hospitable people."

The tone of much of this address is apologetic, and is intended as a reply to criticisms which have been freely launched of late against the elder generation of American Alienists and the proceedings of the Association. It is to be hoped, and judging from parallel events in the course of other movements, we should say it is to be expected that critical reformers, however unfair and injudicious they may be in their philippics, will ultimately be of service, precisely as in the English Parliament, an Opposition however carping and hypercritical it may be— and injurious as it may to that extent prove—is regarded as, on the whole, a necessary and by no means unmitigated evil. But, at the same time, it surely becomes a younger generation of men, while infusing new blood into the scientific study of insanity and the treatment of the insane, to tread lightly on the shortcomings and faults of their predecessors, and to avoid placing themselves in violent antagonism to them. We are not quite sure that the Rabbi was right, who, in commenting upon the passage, " Your young men shall see visions, and your old men shall dream dreams," inferred that the former are admitted nearer to the Divinity than the latter, because vision is a clearer revelation than a dream. If, as Bacon says, men of age object too much, consult too long, adventure too little, and young men in the conduct and management of actions embrace more than they can hold, and fly to the end without consideration of the means and degrees, it is equally certain that the compound of the two is good, because the virtues of either may correct the defects of both.*

The October number contains the report of a case of Moral Insanity, by Dr. W. B. Goldsmith, the Superintendent of the Danvers Lunatic Hospital (Mass.). The patient was a girl of 18, whose father laboured under melancholia, and committed suicide. She was a healthy child

* It appears that while there were only 20 asylums in the American States and Canada in 1844, there are now in the United States and Canada 130 (accommodating 41,000 patients), and the 13 members of the original Association are now represented by 115.

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until seven, when she had scarlet fever, severely attended with convulsions and delirium, which continued several weeks. From the time of this illness a mental change was observed. She could no longer be made to obey, and was easily excited. About this time her father's suicide occurred, and on seeing the corpse, she became hysterical and lost her self-control. Shortly after she went to school, but she was sent back as she caused so much trouble: "There must be a screw loose somewhere" said her teacher. At home she displayed violent paroxysms of temper and violence. She told lies and erotic feeling was early developed. Medical advice was obtained then and subsequently, with the result that she was sent to an asylum from the age of 9 to 13. Dr. Godding, who was then the Superintendent, failed to detect any intellectual defect, and regarded her case as one of true moral insanity. Her morbid peculiarities developed as she grew older, and she was next placed in the Worcester Asylum for twenty months, under Dr. Quimby, who deemed it best to treat her as a wilful child, and whipped her with the mother's consent. The effect at first was excellent, but on repetition it lost its effect. Still self-control somewhat increased. Dr. Quimby, "after repeated and careful examination, was unable to discover any intellectual impairment." She was, on the contrary, "especially bright." She keenly distinguished right from wrong, and "*only* seemed lacking in the power or will to control herself." For four months she remained at home, exercising self-control admirably. Then, about a week after scanty catamenia and dysmenorrhœa, she began to complain of her head, and was nervous. A few days after, in consequence of chagrin, she jumped from the roof of the verandah, and was found on the walk below screaming and maniacal, a mental condition which continued in an intense form for two days. She was removed in consequence to the Danvers Asylum (Oct. 14, 1880), where she has remained, and "engaged the sympathy and exhausted the resources of treatment, mental and moral, of everyone who has come in contact with her." The attacks not unfrequently occur during menstruation; she complains of dull pains in the iliac regions, especially the right, and also of headache. She is at first distressed and apprehensive, then violent, and screams till she is hoarse. Mostly the attacks are excited by moral causes, as disappointment, or she apparently desires by her conduct to attract attention and sympathy. She rarely uses bad language, or is obscene, but a tendency to eroticism manifests itself. With the exception of ovarian tenderness, nothing abnormal was discovered on examination.

Such a case may be set down as one of hysterical mania, but with this peculiarity, that although mentally affected before nine years of age, and almost always requiring asylum care, "there is an unusual symmetry and completeness in the development of her intellectual faculties, and her mental capacity is markedly above the average. She never has shown a semblance of a delusion or hallucination, has

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no peculiarities in her likes, dislikes, habits of life or tastes; when calm, is generous and affectionate to her attendants. . . . She is capable of giving judicious advice to them concerning their hospital duties or private affairs, and is much relied on by them. She reads a great deal, mostly light literature, and excels in neatness and despatch in accomplishing all kinds of work with which her life has allowed her to become familiar." Curiously enough, she admits her responsibility at the beginning of the attack, but says she cannot control herself when once started. Dr. Callender administered bromides, hyoscyamine, chloral, &c., without benefit. A padded-room appeared to be the best palliation. Various forms of mechanical restraint were applied and demolished. In short, force proved to be no remedy. Finally, in despair, and as a last resort, the ovaries were removed (August 12, 1883), the patient recovering well from the operation. Here the case ends for the present, and we look with interest to a future report. The apparent connection of the attacks with ovarian excitement certainly justified the experiment. The change of character, however, consequent upon scarlet fever, and the unfortunate heredity, present a complication anything but favourable in considering the prognosis.

The Journal of Nervous and Mental Disease, October, 1883.

The first article in this Journal is an important one by Dr. G. L. Walton, of Boston, on the "Neglect of Ear-symptoms in the Diagnosis of Diseases of the Nervous Symptoms." Dr. Walton has enjoyed excellent opportunities for observation of nervous affections in the hospitals of Paris, Berlin, &c., and has availed himself of them in a way calculated to advance our knowledge of diagnosis by concentrating his attention on special points of interest rather than by diffusing it over many. It is, indeed, a remarkable fact that aural symptoms are almost entirely passed over by neurologists and psychologists. From time to time, however, our attention is forcibly directed to the close relation existing between ear and cerebro-mental disorders by the rapid recovery of insane patients after the removal of obstructions in the meatus. Auditory hallucinations, again, not unfrequently stand in important relation to deafness, and, on the other hand, patients will sometimes describe their sense of hearing as preternaturally acute. Fürstner has reported cases in which auditory hallucinations, apparently due to anæmia, induced mental depression. Dr. Walton has done well, then, to study otology in connection with neurology, and to place his researches on record. As hysterical blindness has been rescued by Charcot from vague generalities, so hysterical deafness has been found to be no less marked by regular characters and definite laws. Thus, for example, audition through the bone disappears in hysterical and senile deafness before that through the meatus, and high tones are lost before middle tones. Dr. Walton has found such knowledge useful in diagnosing functional anæsthesia.

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It is usual to explain loss of hearing in advancing life by impaired bone-conduction, but as the like defect occurs in young women, the explanation has to be sought, in both instances, in the fact that the auditory centres themselves are less tenacious of high tones and of sounds passing through bone. Other examples of the importance of studying ear-symptoms are seen in lesions of the pons, medulla-oblongata, and cerebellum, as also in Menière's disease and loco-motor ataxy. We cannot doubt that in future much more accurate observations will be made upon the auditory sense in nervous and in mental affections; in short, that "reports of cerebral disease ignoring the condition of the hearing and the examination of the ears will be considered as incomplete as they are at present without record of the condition of the eyes."

A discriminative tribute to the memory of Dr. Wilbur is written in a kindly tone by "W. W. G.," who thus expresses himself :—

> We felt that his criticisms of our methods were certainly not generous, hardly just; but the trouble was, there was too much truth in them. It was good, wholesome truth for us to hear, at any rate, for the Association of Medical Superintendents of Institutions for the Insane had become too much of a mental admiration society for healthy growth. More than thirty years ago he had been introduced to the Association by one of its founders and welcomed by it, had amicably co-operated with us for many years, attending most of our meetings; and then becoming exclusive, we unwisely and rudely, it seems to me, drove the superintendent of idiot asylums out of our synagogue Was it to be expected that he would be very indulgent to our methods after that? . . . Perhaps, after all, we were a little too sensitive of comparison with the English, fearing that our methods might not be properly appreciated, by any outsider, and so too easily we took offence where only fair criticism was meant. I at least am convinced by my correspondence with him that his convictions were honestly held, and much as I may regret that he could not see some things differently, now that I can no longer join issues with him—standing uncovered in the presence of that silence which has fallen over all our strivings—I feel it is due to him to say that he was more sinned against than sinning.

Death has a wonderful influence in softening the bitter feelings and rivalries arising during life between fellow-workers in the same field.

The American Journal of Neurology and Psychiatry, August, 1883.

This number contains an article by Dr. Spitzka on "The Alleged Relation Between the Speech-disturbance and the Tendon-reflex in Paretic Dementia," elicited by a paper read before the American Neurological Association, by Dr. Shaw, on the tendon-reflex in general paralysis, in which he advocated a direct connection between difficulties of speech and exaggerated tendon-reflex, as also hemi-paretic attacks, such relation being demonstrable by pathology. It is hardly necessary to say that the presumption is against any such connection. Dr. Spitzka has, however, tabulated cases of general paralysis in which the speech-disturbance and the tendon-reflex were noted, and so far as eighteen cases prove anything, they prove that clinical observation does not bear out Dr. Shaw's conclusions. Thus out of eight instances in which the knee-jerk was exaggerated, the speech

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was markedly affected in only one instance, whereas, in two instances in which the reflex was abolished, the speech was much affected. It is a pity that similarly careful observations are not instituted in all cases in which statements of this description are made.

The simulation of insanity by lunatics is a very important practical subject, and to its elucidation Dr. Bluthardt contributes an article. He cites a considerable number of examples, and reports a striking case.

An elaborate article by Dr. Hoffmann, on the normal and pathological anatomy of the grey substance of the brain does not admit of condensation. Fifty pages would seem rather a disproportionate allowance for one paper in a single number.

The consulting physician to the Inebriate Asylum, Fort Hamilton (L.I.), Dr. Mason, contributes an article on Alcoholic Insanity. He makes the usual division into acute and chronic; the sub-divisions of the form being:—(1) Acute alcoholic mania (mania a potu). (2) Acute alcoholic delirium (delirium tremens). (3) Alcoholic epileptiform mania; and the sub-divisions of the latter being :—(1) Chronic alcoholic mania—maniacal type—homicidal tendencies. (2) Chronic alcholic melancholia—suicidal tendencies. (3) Alcoholic dementia. (4) Dipsomania or oinomania.

In the first form, the paroxysm occurs in the midst of a debauch, and is not common in the habitual drunkard. It usually lasts only a few hours, but if febrile action is set up, may last for some days. An alcoholic maniac may commit any crime in the calendar. Unlike other forms, it is not preceded by delusions. Imbeciles and epileptics, as everyone knows, become fearfully dangerous.

Acute alcoholic delirium (D.T.), is divided by Dr. Mason (who criticizes the reference to tremor in the popular term) into three forms, the simple, non-febrile one, in which convalescence quickly follows; the second, in which recovery is slow, the delusions persistent and the relapses common; while in the third, "Febrile delirium tremens," the pulse and temperature are high, and death frequently occurs in a few days. A good analysis is given of the symptoms in acute alcoholic insanity, including the pantomimic state in which a tailor for instance will thread an imaginary needle, and stitch an imaginary cloth, like Sir Jacob Kilmansegg washing his hands with invisible soap and imperceptible water. Two divisions suffice for the chronic form, the maniacal and homicidal, and the melancholic or suicidal. In both the suspicions and dread of persecution are prominent symptoms. Marital unfaithfulness is a particularly common delusion. Some striking cases illustrate Dr. Mason's paper, which is very clearly expressed.

Dr. Mason dwells on the points of diagnosis between chronic alcoholic mania and the acute forms, general paralysis, syphilitic insanity and traumatic insanity associated with intemperance. No difficulty is experienced in recognising the beery delirium, insomnia and restlessness of the acute form as separating it from chronic alcoholism, in which the sleep may not be disturbed, and the delusions become

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fixed and monomaniacal. More difficulty is felt in cases of general paralysis in an early stage, complicated as they often are by fits of intemperance. The general rule, no doubt, holds good that there is here exaltation, but the diagnosis may be wrong when depression and hypochondriasis exceptionally take its place. Further, alcoholic insanity may merge into true general paralysis, and there may be a stage during which no physician can speak positively as to the nature and future course of the affection; at any rate, if he does diagnose in haste, he is as likely as not to repent at leisure. No doubt, as pointed out, grandiose ideas are more logical and plausible in the alcoholic than in the paretic patient.

Regarding syphilitic and traumatic insanity, Dr. Mason refers to reports of cases of alcoholism, in which the history was obtained, and it was found that one case in four had syphilis, and one case in six had received injury to the head. To determine the real cause of the attack, it is absolutely necessary to examine minutely into the history of the case, so as to avoid confounding causation and a mere symptom.

Dipsomania is defined as an irresistible impulse, "driving a person to get drunk at stated or irregular periods preceded by melancholia, insomnia and restlessness, the debauch itself causing hallucinations, tremors and gastric derangement. Dr. Mason does not dwell further upon oinomania, but passes on to the symptoms of chronic alcoholism or the effects of chronic poisoning by alcohol, which may co-exist with any type of alcoholic insanity. We need not, however, refer to these well-known symptoms.

On prognosis, Dr. Mason does not speak more hopefully as to a radical cure than we should expect. It is the old story of frequent recovery from the particular attack for which he comes under care, and no end of relapses. The treatment recommended by the writer, inebriates must be glad to learn, does not necessarily exclude alcoholic drinks. "The method of treatment will include the use of alcoholic stimulants. Whether or not these shall be used, will depend much on each individual case; some may be very much benefited by the use of stimulants, and others positively harmed [an apparently unexpected result!] As a rule, I have found that when stimulants are indicated, the malt liquors are preferable to spirituous liquor—Bass's ale, Guinness's stout, or lager-beer when a milder form is required. The quantity as well as the form of the stimulant used, and whether or not it is to be used, each case must determine for itself." This might mean that each patient is at liberty to decide the quantity as well as the form of alcohol consumed, but even taking the alternative and narrower meaning of the paragraph, we must say that Dr. Mason would be a very charming physician to be under, and that the Inebriate Asylum at Fort Hamilton, must in the eyes of a dipsomaniac, be robbed of the terrors with which he might not unnaturally have regarded it before admission. We should rather like to know whether the Doctor's generous board is at all exceptional in the American inebriate asylums, and if it is, and answers well, whether

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the Dalrymple House, whose opening we recorded last quarter, ought not to follow suit. Dr. Norman Kerr, however, might have something to say on this matter, and suggest unpleasant doubts about the danger of keeping up the drink craving, and might possibly prognosticate that asylums for inebriates would, under such circumstances become but too truly inebriate asylums—especially as Dr. Mason observes, when speaking of patients who have *left* the asylums, that, "even that which might in a healthy person be regarded as a moderate use of alcohol, will undoubtedly bring on a relapse."

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3. *Colonial Retrospect.*

By Frederick Needham, M.D.

Annual Report of the Inspector General of the Insane. New South Wales. 1882.

In Dr. Manning's interesting report we are presented with another year's record of the operations of the Lunacy Department, over which he presides with so much energy and ability.

It appears that the burden of insanity which has so heavy an incidence in this country, presses with little less severity upon one of the largest and most important of its colonial dependencies.

The number of insane persons in the various asylums, and otherwise on the registers, on December 31st, 1882, was 2,307 as compared with 2,218 at the same date in 1881, giving a percentage of 2·82 per thousand of population, or 1 in every 354, as against 1 in every 353 in England.

The gradual rate of increase in the proportion of insane to population in New South Wales and this country respectively is shown in the following table :—

Year.	Population of New South Wales.	Total Number of Insane in New South Wales on 31 December.	Proportion of Insane to Population in New South Wales.	Proportion of Insane to Population in England.
			Per M.	Per M.
1873	560,275	1,526	1 in 367 or 2·72	1 in 381 or 2·62
1874	584,278	1,588	1 in 367 or 2·72	1 in 375 or 2·66
1875	606,652	1,697	1 in 357 or 2·80	1 in 373 or 2·68
1876	629,776	1,740	1 in 361 or 2·77	1 in 368 or 2·71
1877	662,212	1,829	1 in 362 or 2·76	1 in 363 or 2·75
1878	693,745	1,916	1 in 362 or 2·76	1 in 360 or 2·77
1879	734,282	2,011	1 in 365 or 2·74	1 in 357 or 2·80
1880	770,524	2,099	1 in 367 or 2·72	1 in 353 or 2·83
1881	781,265	2,218	1 in 352 or 2·84	1 in 352 or 2·84
1882	817,468	2,307	1 in 354 or 2·82	1 in 353 or 2·83

The general movements of cases and the results of treatment in the Colony are set forth in the following table which gives the admissions, re-admissions, discharges and deaths, with the mean annual mortality and the proportion of recoveries, &c., per cent. in the

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