

## PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.**Asylum Reports for 1882.*

To write a good asylum report appears to be a really difficult task for the average superintendent. It should not be so. He is favoured by his brother superintendents in this and other countries with their efforts in the same line, and if he has not the literary qualifications to write a neat, concise and grammatical report, he might obtain useful hints from them. The old-fashioned report was in many cases a most able essay, but perhaps wasted or nearly so, as reports once read are apt to be forgotten, and the facts and observations, often of great value, are unavailable for the instruction of a rising generation. If essays on asylum management, or records of interesting cases, are of transient value when they appear in an annual report, they can be published in our own or some other medical journal, where they will be available for reference when the present generation of asylum superintendents has disappeared. Whilst we are against the too elaborate essay of former days, we are more hostile to some of the crude productions of the present time. When the Visitors have read a few bald sentences containing nothing beyond what any intelligent person can understand by a cursory perusal of the statistical tables, these gentlemen are apt to conclude that their medical officer can write no better than a schoolboy, or that he considers it not worth his while to exert himself—either conclusion being most damaging to his position and reputation. What is worth doing is worth doing well; and any trouble taken in the production of a readable and instructive report, is well spent and is amply repaid by the approval of those to whom it is addressed. A neatly turned sentence has sometimes secured a good friend.

In preparing this notice, we have been in the habit of commenting on only those passages which struck us as specially deserving attention. Much to our surprise, we learn that some of our members feel that to be exempted from criticism or notice is nothing short of deliberate neglect. Now, we are above everything careful not to hurt anyone's feelings, and so in an attempt to please everybody we have set ourselves the task of saying something about every report which has been forwarded to us. Now this we have found really hard work, in some cases extremely so, but a determination to be conciliatory has overcome all difficulties; and even where we have felt compelled to mark a fault, how delicately has it been done, how gentle has been the criticism!

*Aberdeen.*—It is reported that "The Institution is at present

suffering from two serious disadvantages. The main building is greatly overcrowded, and the extent of land attached to the asylum is much too limited. These evils have now existed for a considerable time. Attempts have been made to relieve the overcrowding by successive additions to the building; but these have scarcely been sufficient to keep pace with the increasing demand for accommodation for pauper lunatics, and the present condition of the establishment has only been prevented from becoming much worse by the number of private patients having been reduced during the past three years from 171 to 147. No addition has recently been made to the amount of land attached to the asylum, and it is evident the insufficiency of its amount must have been aggravated with every addition to the number of inmates and the size of the buildings."

*Argyll and Bute.*—A determined effort was made in 1882 to keep down the accumulation of patients in the asylum by the discharge of 42 unrecovered cases. These were all sent to reside in private dwellings and very few were sent back as unsuitable. In spite of this the buildings are much overcrowded, and the additions are not ready for occupation.

One source of trouble has disappeared at Lochgilphead. It is reported by one of the Commissioners that "An important and very desirable change is about to be made in the relations of the farm to the asylum. It seems impossible that the existing arrangements could have long continued, but they have been brought to an end by the resignation of the Farm Manager. No further observations on this subject are deemed necessary, as the views of the General Board are well known as to the difficulty of obtaining a successful management with a divided responsibility." An asylum superintendent need not be a farm manager, but no person should reside on an asylum property who is not under his authority.

At Dr. Sibbald's visit the clothing of four men and four women, and also the bed coverings of three beds on the male side and three beds on the female side were weighed.

The following were the weights ascertained :—

Men's clothing	...	7½lb.,	8½lb.,	9½lb.,	10½lb.
Women's "	...	6½ "	6½ "	8¼ "	10 "
Male Bed coverings	...	15 "	16 "	17 "	"
Female "	...	16 "	16 "	16½ "	"

In Table III there are several mistakes in the percentages of deaths on the average numbers resident for 1882. They are so obvious that one is at a loss to account for them.

*Burnwood House Hospital.*—The management continues to be marked by great energy and enterprise.

The asylum farm has been taken over by the Committee and the results are already good. The additional accommodation provided for female patients is full, and applications for admission have frequently

to be refused. A villa with four acres of ground adjoining the asylum has been purchased, and can be readily made suitable for the reception of patients of the better class.

It is exceedingly satisfactory to learn that the Committee have continued to keep constantly in view the charitable and benevolent objects of the Institution. Fifty-five patients have been maintained at reduced rates throughout the year, most of them for payments largely below the actual cost of their maintenance. Many of them have also been supplied with clothes, wine, and other extras at the charge of the Institution.

The rules were revised and the Visitors took advantage of the opportunity to insert one for the pensioning of old and faithful dependents. They thought it would be wise to follow the principle laid down in the statutory regulations of county asylums.

Dr. Needham in his report deals somewhat in detail with the sanitary arrangements of the building. He also refers to a case in which a gentleman, seized by a sudden impulse, threw himself from a window and sustained injuries from which he recovered, but which might have been fatal.

*Bedford, Hertford and Huntingdon.*—An attendant sustained almost fatal injuries in an attack by a patient. As he is likely to be a confirmed invalid and quite unfit for further duty, the Committee granted him an annuity of £26.

Unless a very good reason can be given to the contrary, we are of opinion that the entry by the Commissioners should form a part of every annual report.

*Berkshire, &c.*—The attendants and nurses are now allowed uniform in addition to their wages.

Dr. Gilland reports that there is a growing tendency to pass pauper patients through workhouses on their way to the asylum. Thirty-six were so treated during the year. He adds, however, that it is so far satisfactory that fully one third of the number were detained in the union for a few days only, and were removed to the asylum within a week.

Out of the total admissions for the year, 138, no fewer than 27 refused food so persistently that they required artificial feeding. This must be considered an unusually high proportion.

*Bethlem Hospital.*—For the first time this report appears without the documents referring to the King Edward's School, a charity administered by the same Governors.

There is continued evidence that every effort is made to render the hospital as beneficial as possible to the poorer middle classes.

*Apropos* of feeding, Dr. Savage remarks :—"Some superintendents say they never use the stomach pump or the nose tube ; I can believe them, but I question whether they may not be sacrificing something to this hobby of non-feeding. I feel with forcible feeding as I do about restraint that I should never use it as a mere saver of trouble ;

but if patients are likely to suffer by being held down, or if they would suffer from not taking enough food, or if they would be more harassed by spoon-feeding than by the use of the stomach-pump or nasal tube, I should in the one case restrain, and in the other feed. Forcible feeding has not, in my experience, the dangers or evils which have been credited to it. I have never seen a case in which food was sent into the air-passages instead of into the stomach. I have not found patients lose any self-respect after feeding; and though there is some danger of getting persons into the habit of being fed, I have myself never found this a danger which could not be avoided. I make it a rule, that if patients are not taking as much food as I think they should, and if they are losing flesh, to have them fed artificially for a time; by this means one can judge if the wasting is due to physical disease or simple starvation."

Dr. Savage is averse to the removal of Bethlem to a rural situation.

When the Commissioners visited in September, there were ten patients paying £2 2s. each per week.

*Birmingham, Winson Green.*—Many important structural improvements have been effected during the year, but they need not be detailed though some of them were urgently required. Asylum chaplains will be greatly alarmed to hear that "voluntary services have been given on Sunday afternoons by ministers of different denominations, and have been much appreciated by the patients." Conservative clergymen will think this inserting the thin edge of the wedge and they can have no difficulty in foreseeing the disestablishment and disendowment of their Church. Ah, Birmingham is certainly a terrible place.

Till we read it we did not believe that any asylum church was so far behind as to have in it a barrel organ. What can the services have been like, accompanied by such an instrument of torture. An American organ is bad, a harmonium is worse, but a barrel organ!

*Rubery Hill.*—This new asylum seems to be getting into thorough working order. From Dr. Lyle's report it is evident that he is adopting all the most approved methods of administration. The proportion of epileptics is large.

We would point out that in Table III the average number of women resident is given as 117, instead of 177 as in Table I.

No report by the Commissioners on the condition of the Birmingham asylums is given.

A clinical clerk is in residence at Winson Green, and it is proposed, at least the Visitors are quite agreeable, that the students attending the Birmingham medical school, should be instructed clinically in mental diseases in the wards of the borough asylums.

Beer is no longer an article of diet.

*Bristol.*—If additional land could be acquired, this asylum would be immediately enlarged, as it is now overcrowded.

Dr. Thompson holds out against the recommendation of the Commissioners that the epileptics should be under supervision at night. In thus refusing to do what is generally approved, we think he is, for his own comfort, wrong. "We can only repeat the remarks made by our colleagues in the previous entry, that should any patient die unattended from suffocation during an epileptic fit the Medical Superintendent will be directly responsible for a death which might have been prevented." When the Commissioners express such an opinion, we advise Dr. Thompson to give way. There is no use in presenting your adversary with a cudgel wherewith to break your own head.

*Broadmoor*, (1881).—The total admissions for the year were 64, and of these no fewer than 15 men and 6 women had taken life. Commenting on this fact, Dr. Orange says:—

"The first question that naturally arises in the mind is whether, out of so large a number, it would not have been possible to take measures beforehand, in some of the cases at least, to avert some portion of this serious loss of life. The majority of these 21 persons, who had committed homicide, had given indications of being mentally deranged, and of being, in consequence, dangerous persons to remain at large; and yet, either because of mistaken kindness, or through disinclination to run the risk of incurring the inconveniences which sometimes attend the adoption of the statutory means for placing persons in asylums, matters were allowed to run their course, and innocent lives were thus sacrificed. Another point of interest lies in determining the degree or extent to which these homicidal acts were the result of inebriety. But, interesting as this point undoubtedly is, it is one that is by no means easy of accurate settlement; and, in any investigation into this matter, it is necessary not to confound sequence with effect. That intemperance plays an important part in the production of insanity, either in the persons themselves who give way to this vice, or in their descendants, there can be no room whatever to doubt; but that it does not account for every case of insanity is certainly equally clear. Considering, first, the cases of the six women included in the list of homicides, it appears that there is no evidence of inebriety on the part of any of them; but that, on the other hand, causes, which appear to be adequate, and which were of an entirely different character, were found to have existed. With respect, however, to the 15 men, there was a clear history of intemperance in the cases of five; but it must be added that in the cases of four out of this number, there existed also insanity arising from other causes, such as hereditary predisposition, cranial injuries, or harassing and exhausting circumstances. One instance, therefore, only remains, of the 15 men, in which, apparently, the homicidal act was to be ascribed to a mental condition resulting from inebriety and from that alone. But, with respect to the four cases in which inebriety existed in combination with previous insanity, of different degrees of severity, resulting from other causes, it might be asked whether the homicidal

acts would have been committed if the perpetrators of them, although more or less insane even when sober, had not added the delirium of intoxication to the previously existing state of things. Whether this question could, or could not, be answered with a decided negative, it may, at any rate, be safely affirmed that whenever anyone, whose conduct has already given ground for suspecting the existence of mental derangement, begins to drink to excess, the danger to the community is, thereby, most certainly increased; and, therefore, all the greater promptitude should be used in placing such a one under restraint, without waiting to give him the opportunity of being arraigned on a charge of murder. The principle of respect for the liberty of the subject is a good one; but it is capable of being pushed too far, and it would certainly appear that this is done when it is carried to the point of non-interference with insane persons who have also become intemperate."

The report from which the above is an extract was delayed in its preparation by the serious assault committed on Dr. Orange. We can never think of this outrage without recalling the correspondence which appeared in the London papers as to the mental condition of the assailant. Perhaps those who so loudly declared their belief in his sanity, and, if we recollect rightly, offered to champion his case in the law courts, are now thoroughly convinced that they were mistaken in their diagnosis. It is greatly to be desired that such subjects should be discussed in the medical press alone, nor can it be doubted that the blunder which was made in this case, and which was so thoroughly advertised in the daily papers, must have done great damage by further shaking public confidence in the opinions of experts in mental cases.

*Cambridgeshire, &c.*—It is satisfactory to learn that improvements of various kinds continue to be carried out. The patients have so much increased in number that it has been necessary to transfer eight males to Northampton.

The rate of maintenance continues high—11s. 2½d. per week.

It is impossible to read this report without regret that Dr. Bacon was not spared to see the fruits of his labours. We all know how he struggled to establish a rational system of management at Fulbourne; and just as his efforts were beginning to bear much fruit, death removed him from the scene of his labours.

*Carmarthen.*—It is a perpetual puzzle to most superintendents to discover the secret of maintaining an asylum in creditable order and the patients in sufficient comfort at a weekly cost of 7s. 10½d. The Commissioners state that the dietary is low, but that it is not dangerously so is shown by the low death-rate which has existed for the past six years.

A second assistant medical officer has been appointed.

It is exceeding satisfactory to learn that every woman who can walk goes beyond the courts for exercise.

Dr. Hearder is in favour of discharging patients on probation. We see no advantage in the method. If a patient can be sent away from the asylum, he may as well be discharged outright. If the asylum authorities had any control over the patient during the period of probation, some benefit might possibly result, but as things are at present managed they are responsible for the patient and for the folly and ignorance of the relatives, and that is a burden quite unnecessary to be borne.

“ An official inquiry has been made during the past year as to the working of the capitation grant, which was made in 1874. In several counties it has apparently had the effect of causing the removal to asylums of many cases which might, and would otherwise, have been cared for in workhouses. But it does not appear to have in any way influenced the character of the admissions from your district. Thus we find, that while in 1868 there were 25 lunatics in the workhouses of the three counties, in 1874 this number had increased only to 29. By January, 1875, however, immediately after the grant took effect, the number in workhouses rose to 46 ; and we further find that there has been since 1875 a continuous increase up to January, 1882, the latest date for which we have returns, when the number in workhouses was 95. During the same period the cases received here which might properly have been treated in a workhouse have been very few, as almost every case admitted into your asylum has been sent on account of violent or suicidal tendencies which have rendered special care an absolute necessity. During the fifteen years now under consideration the number of lunatics chargeable to unions within the three counties, including the boroughs of Carmarthen and Haverfordwest, has increased from 626 in 1868 to 905 in 1882. The number in your asylum has grown from 190 to 450, while the number residing with relatives and others has slightly decreased, having been 400 in 1868, it was 397 in 1882. Thus while less than 9 per cent. of the total lunatics of England and Wales are resident with relatives or others, in your district the proportion still amounts to over 40 per cent.”

*Cheshire. Chester.*—The proportion of unfavourable cases is high. Of 75 deaths no fewer than 25 were due to general paralysis, five being women. Of 197 cases admitted no fewer than 45 died within the twelve months, while as many as 14 of these succumbed within one month.

*Cumberland.*—Dr. Campbell reviews his statistics for the past 10 years, and arranges his remarks under the following heads:—Is insanity increasing in the district? Is the type of insanity changing? Is it possible to diminish insanity in the district? We must content ourselves by remarking that he clearly shows that sudden prosperity in a district increases the cases of lunacy, especially amongst the uneducated and previously destitute.

*Denbigh.*—A large portion of the drains has been reconstructed on

an improved system. A hot-water heating apparatus has been introduced and works well, adding materially to the comfort of the patients.

Two members of the staff resigned on account of age and infirmity, and were granted superannuation allowances for life.

Since this report was written Dr. Williams has resigned, and has been succeeded by Dr. Llewelyn F. Cox.

*Derby.*—There are several subjects in this excellent report to which we would gladly refer did space permit; but it is enough to say that they all indicate thorough efficiency and a determination to keep up with the times. To obtain room for recent cases, several imbeciles and dements were sent to workhouses, but Dr. Lindsay reports that several have been sent back to the asylum on the ground that they were too troublesome in the workhouses, and required more supervision than the limited arrangements of the workhouse enabled them to get. The experience of the past year only tends to confirm his opinion that workhouses, as at present conducted, with their inadequately paid nursing staff, deficient arrangements and insufficient supervision, are not the most suitable places for the care and treatment of even harmless chronic and imbecile asylum patients, who often deteriorate in mental and physical condition, habits and conduct when removed from the better diet, exercise, discipline, more frequent supervision and better surroundings of the asylum to the workhouse.

Dr. Lindsay again returns to the subject of asylum provision for the poorer middle classes. He seems to favour middle class asylums rather than the admission of such cases to county asylums. This is of minor importance, accommodation somewhere is wanted, and we wish Dr. Lindsay all success in his efforts to interest his visitors and others in this most important subject.

*Devon.*—Beer has been given up as an article of ordinary diet, with satisfactory results.

Four charts have been prepared by Dr. Saunders, and they indicate by the graphic method various subjects of interest. By appealing to the eye they certainly show more readily the rise and fall in numbers than does the old method of figures. No. 1 shows the number of patients in the asylum at the end of each year from the opening. No. 2 shows the percentage of deaths on the average number resident. No. 3 gives the percentage of recoveries on the admissions from 1847 to 1882. No. 4 shows the weekly cost of maintenance.

Little success appears to have attended the efforts made by the Visitors to get rid of chronic and harmless cases, and thus to make room for the recent and curable. The asylum is full, and the question of providing further accommodation is under consideration.

Among the admissions there were no fewer than seven who were found "not insane."

*Dundee.*—It is to be regretted that the Directors find themselves in serious financial difficulties. This is the more unfortunate as, during



the year, all the patients were transferred from the old to the new asylum. In proposing to raise the rate of board as the only means of escaping their present difficulties, the Directors give a short account of the weekly charges, going back so far as 1820.

As might be expected, Dr. Rorie has much to say anent the change of residence, the new buildings, and so forth. All his remarks are in praise of the change, though he has to report the occurrence of a few rather severe cases of erysipelas, and an outbreak of diarrhœa.

*Edinburgh (Royal).*—There are many paragraphs in this report which we would reproduce did space permit, for they contain valuable truths clearly and forcibly expressed. It is an essay on some points of insanity and its treatment, for lay readers. As such, it is an admirable production, and sure to excite the interest of the intelligent portion of the public. Were it not that no Board of a Scotch or English county asylum would care to print such a lengthy paper, we would recommend Dr. Clouston's report as one of the best we have ever seen, and one well worthy of imitation. There are a good many points of vigour about it which are usually conspicuous by their absence in the average asylum report.

Concerning the causation of insanity, Dr. Clouston writes:—  
 “Turning to the physical and bodily causes of the disease, the usual enormous predominance of these is found. Drink alone upset 44 cases; accidents or injuries, 15; child-bearing, 16; the periods of puberty, the climacteric, and old age, 39; and various bodily diseases and disorders, 68. But we must always remember that there are some brains so unfortunately constituted that very slight causes indeed, from within or from without, will upset them. Such brains are from the beginning so formed that they are bound to lose their balance some time in life. If one thing does not produce this effect on them another will. And between such unstable organs and the tough brains in which no cause whatever, no matter how disturbing, will upset the reasoning and controlling power, there are every variety. There can be no doubt that, as at present constituted, there are only a small minority of the human race who can be made insane in the ordinary sense. By starvation, or poison, or fever, they can be made temporarily delirious, and their mental functions may be destroyed by organic brain disease, but true insanity cannot be produced in them by any cause known to us. Some sort of direct or indirect predisposition or peculiarity of brain constitution, is needed for this. One of the great problems—as yet unsolved—for medical men is how this predisposition to insanity can be avoided, and, when present, how it can be got rid of. The preventive aspect of medicine in all its departments is perhaps the most hopeful of good to humanity. Beyond laying down general maxims as to living according to the laws of Nature—cultivating bone, muscle, and fat and letting brain lie fallow, making the educational process one of true natural development on physiological lines, going back to Nature, in fact, in all directions—we are as yet un-

able to do very much in preventing the development of insanity with scientific certainty. There is not the least use denying, however, that this liability is one of the penalties of a high brain development, especially if this is continued for several generations. There are few families who have produced more than their share of very extraordinary men or women that have not also produced more than their share of insane members. This seems to be one of the penalties of greatness. It is not the fools alone who become insane. But neither a sound physiology nor a scientific sociology can accept such a fact as a necessary part of Nature's laws. Both the one and the other must necessarily conclude that the fact is a demonstration that Nature's laws have been broken in some way in the lines of the ancestry of those families, and one of the aims of both will be in the future to find out how the bad result has come about, as well as the good. No doubt we shall in time solve the problem for humanity, how to combine the greatest mental strength with the greatest speed."

As is well known, Dr. Clouston is a great advocate of fattening up as a method of cure, in melancholia especially. It is possible that he may overdo it, but his results encourage him to continue. He says—"The great importance of proper diet and abundant exercise in the fresh air in certain cases, to which I last year alluded, has been more and more impressed on me this year of my experience. It is very surprising the effect of putting some nervous patients on a diet containing what would have seemed to me formerly an excess of milk and eggs. The gain in weight that is possible, when a previously thin and highly nervous patient is put on about a dozen eggs a-day and six or seven pints of milk, with plenty of walking exercise in the fresh air, is most surprising; a gain of two or three stone is quite common, and usually there is an immense advance along with this in nervous stability, in contentment and in self-control, even if a complete recovery does not take place. I think such good results even make up for the increased cost, and compensate for the £56 worth of eggs which, in one quarter of this year alone, we got through, as compared with the same quarter of a year before, and which naturally surprised our Finance Committee when they came across it. I admit that at present one has to apply dietetic rules in a somewhat haphazard way; we cannot as yet tell the exact cases in which certain diets are good and curative. But this can only be ascertained by experiment; and I don't suppose anyone will object to such 'experiments on living beings' on any ground but the cost."

*Glasgow District.*—This is a new asylum under the charge of Dr. A. Campbell Clark. The report is satisfactory in every respect but one, that exception being in regard to post-mortem examinations. In an entry by one of the Commissioners the following occurs:—"Of only two of the seven patients who died was a post-mortem examination made. This is probably due to a resolution of the Asylum Committee, that no such examination of the body of any patient shall be

made without the written consent of the nearest known relative of the deceased, and the written authority of the Committee or Convener. It is clearly right that the consent of relatives should always be obtained, but it seems impossible that the authority of the Committee could be obtained, and it is difficult to see how the Committee or Convener could possess any knowledge which would qualify them or him either to authorise or forbid such an examination. It seems only reasonable that such a matter should be left to the discretion of the Medical Superintendent, who is in a better position to judge of what it is desirable to do in the circumstances than any other person can be. In suggesting that the Committee should reconsider this resolution, it is perhaps right to point out that post-mortem examinations do more than advance our knowledge of the nature and causes of insanity. If they did nothing else this would surely be a sufficient reason for making them, but they frequently lead to the discovery of injuries which patients have sustained, and the inquiries following such discoveries often prove practically beneficial to the patients."

In answer to these remarks, the Committee published the following minute:—"The Committee further, on the motion of the Chairman, agree to record that they do not consider it necessary to recall their resolution as to post-mortem examinations. It was passed after full inquiry, attention having been directed to the matter by the Commissioner reporting, in September, 1881, that the number of deaths had been large, and that 'in the case of every patient who died a post-mortem examination was made.' The Lunacy Acts provide for the care and treatment of lunatics, and for the establishment and maintenance of the necessary buildings. On the death of a lunatic the Medical Superintendent closes his professional duty by making an entry of the death in the register, and sending a copy of such entry to the person or parish interested. The Committee have no power to 'authorise' or to 'forbid' properly authorised post-mortem examinations, but it appears to be their duty to guard against such irregularities as have occurred in other places, and to know that in every case of death, the body of the patient will be dealt with in a becoming manner and according to the ordinary usages of society."

The folly of such a minute is so palpable that no comment is necessary.

*Glasgow (Gartnavel).*—In such an asylum as Dr. Yellowlees has under his care, where there is a large number of private patients, it must always be a difficulty to secure the services of properly qualified attendants. We, therefore, sympathise with him when he writes:—"There is always difficulty in getting exactly the right persons for attendants. Their duties are very trying and difficult, and to discharge them well requires high qualities of head and heart. The power of influencing others against their wish,

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