

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Restrospect.**Asylum Reports for 1889.**(Continued from p. 428, Vol. xxxvi.)*

Argyll and Bute (1889-90).—As the result of the discharge of all out-county private and pauper patients, it has been necessary to increase the weekly charge from 8s. to 9s.

Only one case of general paralysis was admitted, and not one death was due to this disease.

Measles, which had for some time previously been epidemic in the neighbourhood, appeared in the asylum during last April. All the cases, except one, appeared in the male department. Seven patients and five attendants were affected, of whom one patient and one attendant died. It was found necessary to convert the tailor's shop into a temporary hospital in order to secure proper isolation of the sick.

The alterations on the female side of the West House for the purpose of providing increased hospital accommodation have been finished. The new section provides for 32 patients, and these are all either suicidal, epileptic, or recent admissions. It has now become possible for the first time to have the whole of the female epileptics under constant supervision at night. The old infirmary ward is reserved exclusively for bedridden and feeble cases. It is hoped that similar arrangements may be carried out on the male side.

The water supply is very deficient.

Armagh.—The dormitories in the older portion of the building are to be fitted with a system of circulating hot-water pipes.

In the terrible railway accident three valued attendants were killed and the matron seriously injured. Two cases of insanity were indirectly due to the same cause.

A mild form of influenza occurred, attacking a few patients and a larger number of the staff.

Berkshire.—Dr. Douty reports that three times during the year typhoid fever appeared among the female population of the asylum, viz., in March, May, and August. The persons affected numbered ten in all—eight patients, a hospital nurse, and a junior laundry-maid. These cases did not originate in any one ward, but, on the contrary, there was no ward on the female side which did not supply one or more cases. There were two deaths, the patients being both chronic lunatics and advanced in years.

We refer to Dr. Douty's report for particulars of what was done to improve the water supply, to rectify the drainage, &c.

Concerning the new Lunacy Act, he says:—

This Act imposes upon the superintendents of asylums a large amount of daily extra work in the shape of certificates and returns. One would think that the statutory duties of superintendents were already too numerous;

but the new Act makes them threefold what they are. Of the utility or otherwise of the Act, as far as it relates to private asylums, it is not for me to speak; but I confess that I entirely fail to see the slightest shadow of benefit to the patients, to the Government, to myself, or to the public which can possibly be derived from this mass of certificates and new duties with the corresponding penalties for omission imposed by this new Act upon us. Those who have framed the clauses of the Act relating to public asylums must, one thinks, have failed to recollect the fact that the superintendents of these institutions have in mind, as their chief aim, the cure and discharge of patients; and they must also have lost sight of the fact that all the hours to be spent in the future upon the vexatious duties newly imposed by this Act must be subtracted from those at present forthcoming for medical and surgical work.

Alas! Dr. Douty does not exaggerate the amount of work thrown upon the medical officers by the new Act.

Cambridge.—A culpable and stupid mistake has been committed in preparing the new buildings. The wings were expected to accommodate 40 persons each; but one can receive only 28 and the other 32! The Commissioners strongly and rightly condemned the condition of these additions when opened for the reception of patients.

Crichton Royal Institution.—As this asylum increases in years it appears to increase in the success of its work in all departments. The energy and enlightenment of its management are beyond a doubt, and the amount of benevolence extended to the poorer middle classes is worthy of the highest praise.

To Dr. Rutherford's report we refer those interested in the foundation and development of the institution; and we content ourselves by making the following extract:—

Such results show that insanity is a most curable disease (?); as curable as any other disease affecting a vital organ (?); but, like other grave diseases, it requires prompt and early treatment; indeed, it may be accepted as an axiom that its curability depends upon the period at which treatment is commenced. The first and most essential step in the treatment of insanity is removal from home and from the presence of friends whose injudicious kindness and attention often produce or keep up an excitement which, under other surroundings, does not occur, or if it does, speedily subsides. It constantly happens that patients reported as violent and unmanageable at home, or under the private care to which they had been sent in the anxious endeavour to dispense with asylum treatment, when brought to the institution become at once tranquil under the influence of its quiet routine and the care of an experienced staff. I consider that the early treatment of insanity can nowhere be carried out so well or so successfully as in a well-ordered asylum, and that everything which delays this, such as the placing of the patient under private care, or sending him on a voyage, or to travel, at the outset of mental disease directly diminishes his chances of recovery. The private care or the voyage might often be resorted to with advantage when the patient is convalescent, but not when the disease is beginning or progressing. Patients are sometimes sent by their medical advisers into lodgings in Dumfries to be attended privately, but I do not think that, in these circumstances, they have the same chances of recovery as in the institution, and generally they end by entering it, or one of its detached residences. Partly to meet such cases where there is a disinclination to entering an asylum, the Board of Directors has recently added two additional villa residences to the institution, into which suitable cases may enter as voluntary patients and have all the

advantages of asylum nursing and treatment without coming into the main building.

We venture to suggest that it is more correct to avoid the use of the word "curability," although the case may end in "recovery." Dr. Rutherford must be much less of a logician than we suppose him to be if he really believes that he has cured the patients who have recovered in the asylum under his care. He writes so definitely of "treatment" and its remarkable success, that we would gladly insert in the Journal the record of a series of recovered cases, showing that the happy result was *propter* and not merely *post hoc*. Dr. Clifford Allbutt stated at the Psychology Section of the British Medical Association held at Birmingham that he and another Commissioner had carefully examined the recovery rate in the overcrowded county asylums, and in the smaller ones where individual treatment was more practicable, and that the percentage was no higher in the latter than the former. The disorder ran its course to recovery or otherwise under the unfavourable as it did in the more favourable circumstances. If this be so — and it is very important that the statement should be confirmed—we ought to be cautious how we confound the *vis medicatrix Naturæ* with *curing*.

Dorset.—A large addition has been made to the estate by the purchase of about 199 acres with farm buildings. Some 99 acres of this are already in use by the asylum; and it is considered that the buildings on it can be utilized as a hospital for infectious diseases.

As is generally known, this asylum consists of two buildings about a mile apart. It appears to have been decided that the antiquated buildings at Forstons should be abandoned, and that those at Charminster should be greatly enlarged.

Dr. MacDonald touches on a great variety of topics in his annual report. Concerning the offspring of recurrent cases, he says:—

The subject of heredity in disease has received as much attention as any problem of equal delicacy and untold importance. But has it received the attention it deserves—I might almost say calls for—in connection with the offspring of cases of recurrent insanity? What can be said for the mental stability of the child whose mother or father has had two or three attacks of mental disease? It is quite the ordinary sequence of events to chronicle an addition to the family during the period between recovery and relapse. The child born after a first attack may never suffer from any mental trouble, yet there is always present the link in the chain of heredity. But a child born of a father or mother who has suffered from two or more attacks of insanity is not likely to be possessed of as stable a modicum of "brains" as is natural or physiologically necessary to survive the struggle for existence. I fear there is little or no chance of checking these tainted additions to our population. I am prompted to make these remarks because of the large number of married women admitted during the past year who have recovered and returned to their homes.

Dr. MacDonald's remarks concerning the new Lunacy Act are not favourable. He also regrets that much additional clerical work will

devolve on him, though his time is already fully occupied, and he can ill afford to have his mind and spare hours absorbed and taken up in writing and signing innumerable reports, the use and need of which are not apparent.

Dundee.—Concerning one department of asylum medical work, Dr. Rorie says :—

Post-mortem examinations continue to be made in all cases where the consent of relatives can be obtained, and the great importance of such examinations was shown in several instances. During the past year 36 such examinations were carefully carried out. A full account of the morbid conditions found is entered in the Pathological Record, and a summary of the more important cases was, as usual, submitted to the meetings of the Forfarshire Medical Society. The Pathological Research Room and Museum have now been fitted up, and afford ample provision for carrying out such researches.

It may be mentioned in connection with this department that the Clinical Clerkship, recently sanctioned, has been taken advantage of by two gentlemen. This addition to the medical appointments in connection with the institution has proved beneficial and successful. It has been found to benefit the asylum from the help afforded to the medical assistant in completing and extending the Medical Records; but the principal benefit conferred is in enabling fourth-year students and recent graduates to acquire a thorough knowledge of the various forms of mental disease, and of the modes of treatment now adopted in large asylums, and which can only be satisfactorily acquired by actual residence in such institutions.

Earlswood.—Concerning the causes of imbecility, Dr. Robert Jones says :—

The cause or causes of imbecility remain as before—one of the unexplained mysteries of Nature. To us, as medical men, if not to the public also, it is a matter of the greatest concern, and it affords a vast field for research and theory. It has frequently been stated that the eldest child is more often imbecile than others in a family, and considering the influence of maternal impressions and the exalted emotional life of a young mother under new circumstances, such might almost have been expected. It would also be expected that boys should be affected in a larger relative proportion than girls, but neither is the case. In sixty-four cases admitted twelve were eldest children, with an equal percentage in both sexes, ten were second children, twelve were third, and ten fourths in a family, and then in a gradually diminishing proportion until a rise takes place after the eighth in large families. Careful inquiries are always made as to the nature of the birth, labour, etc.; but none of these inquiries elicit facts of causation, whereas the mental condition of the mother during pregnancy—*anxiety, fright, affliction, etc.*—are made to account for twenty out of sixty-four cases, or about one-third of all the admissions. Consumption in the family is not so frequent as in the statistics of the Royal Albert Asylum, Lancaster, the geographical distribution of the disease being more marked in the northern counties. Marriages of consanguinity appear to have little to do with imbecility, unless there be hereditary taint in the stock. Convulsions in infancy, as a factor, must not be overlooked.

It cannot be too plainly stated that imbecility appears not to be due to any one single or definite cause, but to a multiplicity of causes acting together. Where hereditary taint exists the unfavourable conditions may be brought about by anything which may interfere with the due growth and development of the offspring, having its existence either before or after birth.

Edinburgh Royal Asylum.—Dr. Clouston devotes a large portion of his report to the consideration of alcoholic insanity. To his report we must refer those who desire to read his remarks in full, but we reproduce the following rather lengthy extracts, as they treat of subjects of the greatest importance :—

The chief points in regard to which the treatment of insanity and the administration of the Lunacy Laws have special concern are :—

1. Will habitual drunkenness be considered and treated legislatively as if it were a form of insanity ?

2. Will the measures that attempt to control habitual drunkenness be available for the control of those bouts of drinking that so often cause actual insanity in predisposed subjects when such bouts can be clearly shown to have caused attacks of mental disease ?

3. Will our present asylums be used in any way for the custody and cure of habitual drunkards? And will the machinery provided by the Lunacy Acts be used in any way for this purpose ?

That such legislation might affect this and every other asylum in the kingdom, if it mixed up ordinary mental disease, as we now understand it, and drunkenness, is very evident. No doubt there is a real connection between the two conditions, but there are also differences that seem to me essential, and that should be well considered before legislation takes shape.

The chief points of connection between excessive drinking and insanity are the following :—

1. Alcoholic excess is the most frequent single exciting cause of mental disease, and it acts also as a predisposing cause in very many cases. During the past fifteen years we have had 837 admissions in whom drink has been put down as the cause, or 16·4 per cent. of all our admissions during that time. This may be taken as about the general experience of the country. Let us suppose that excessive drinking could have been put a stop to, would all those 837 persons have remained sane? It is certain they would not, but a large proportion would have done so. It must be clearly kept in view that such mental disease, so called, is not "dipsomania," and may have little in common with it, and the proper treatment of such insanity is already provided for under the present laws.

2. Excessive drinking and mental disease are closely connected hereditarily in many cases. The children of drunkards sometimes become insane, and the children of insane people still more frequently become drunkards.

3. The same causes often tend to produce both, and in the same kind of people, viz., those of a too nervous constitution, whose power of control is innately below the average, or whose cravings are above it, of which causes the following may be taken as examples—viz., bad conditions of life, bad air, living too monotonous lives, over-work, over-anxiety, ill-health, injuries to the head, certain diseases of the brain, sunstroke, and, in some cases, the physiological crises and functions of life.

4. There are some cases of drinking that present some of the very same symptoms as many cases of mental disease, viz., periodicity, impulsiveness, suicidal and homicidal feelings, loss of the natural feelings of affection towards wife and children and relatives, incapacity to do continuous work, mental or bodily, etc.

5. Many cases of actual insanity are accompanied by the drink-craving. For such no new legislation is needed, however. The greater includes the less. In them the insanity is the disease, the excessive drinking is merely one of the symptoms.

6. Above all other resemblances we have this one, viz., that lack of the controlling power is the symptom most common to mental disease and drunkenness,

and constitutes, along with a dominating morbid craving, the disease itself in "dipsomania."

7. Mental disease always results from a pathological condition of the brain, and is a true disease, therefore precisely of the same essential nature as many other diseases; and I think it is proved that habitual drunkenness often also results from a pathological condition of the brain, and is therefore in those cases a true disease. It is only when it is such a true disease that it is proper to call it *dipsomania*. This word is used at present very loosely and inaccurately, and often misleads.

The differences and distinctions between ordinary mental disease and habitual drunkenness, or even true dipsomania, are then well stated, but our space does not allow of our extracting further from this excellent report.

Glasgow, and Lanark.—Dr. Campbell Clark considers :—

That patients may be allowed to remain too long in asylums. After a certain stage is past, prolonged residence in an asylum means, for some cases, a deepening mental degradation, and these should be tried at home or under care in private dwellings. At the worst it can be but a failure, if due care is taken in selecting cases and guardians, and they can ultimately be brought back to the asylum if necessary.

The following gives the results of Dr. Clark's treatment of puerperal insanity :—

No type of insanity is so distressing as the insanity of child-birth, and for such cases the very best hospital equipment is usually required; for they are cases as much of bodily disease as of insanity, and the death rate is relatively high. Against this must be placed the advantage that, if quickly put under special treatment, the chances of recovery are better than in the average of insane cases. Since the opening of the asylum we have admitted 52 cases of this class; of these seven have died, 40 have recovered, two are convalescent, one has improved, and two incurable cases remain. Of these seven suffered from consumption, 11 from serious blood poisoning, one requiring surgical treatment, 14 from inflammations and abscesses, four requiring surgical treatment, one from scarlet fever, one from typhoid fever, one from suicidal wound, one from heart disease, and all without exception required medical or surgical treatment of some kind or other. The record of the last two of the admissions will close in a few weeks, and we will then have for 52 cases a recovery rate of 80·7 per cent., a death rate of 13·4 per cent., and an incurable residue of 3·8 per cent.

Gloucester.—In concluding an unsparing criticism of the new Lunacy Act, Mr. Craddock says :—

A review of the essence and scope of the Act results in the inevitable conclusion that it has the cardinal defect of a tendency towards increased centralization. Its provisions are sanctioned by a ring fence of pains and penalties which will render more harassing and irksome than before the already sufficiently trying task imposed on all conscientious persons engaged in the care and cure of the insane; its proposed safeguards are, as has been shown in at least one important respect, visionary, and many of its enactments appear to have for their object little more than an increase of an already unconscionable amount of red tape. I look forward confidently (without being necessarily a Home Ruler) to the time when the management of county asylums and pauper lunatics will be really, instead of nominally, in the hands of the Committee of Visitors appointed by the County Council, and the functions of central boards, Government auditors, and other officials, who now merely have to do over again (at the ratepayers' expense) what has already been thoroughly done by the County Councils' own officers, will be relegated to and confined within their proper sphere.

The above paragraph must not be taken as expressing our views: it is merely given as an example of opinion on some very controversial questions.

Govan.—One man, who had been an inmate of the asylum for upwards of 16 years, had so far recovered as to warrant his discharge to the poor-house, where he has been regularly employed in responsible and remunerative work.

With the view of better testing the fitness of patients for discharge, either to their own homes or to be boarded in the country, Dr. Watson has made a more extended use of the power possessed by Scotch superintendents of liberating on pass for a period not exceeding 28 days. Eight men and 11 women were so dealt with. Of the former, all did well with the exception of one man. Of the 11 women, two were brought back in two and five days respectively, there having been in both cases a recurrence of excitement.

We observe that some of the statistical tables are not those recommended by the Association.

Ipswich.—In their report the Commissioners say:—

Some of the patients, though not technically secluded, were so in reality, as a nurse or patient was placed at the shut door to prevent egress. We mentioned our disapproval of this mode of treatment to Dr. Rowe (who, owing to the lamented death of Dr. Chevallier, has been recently appointed superintendent), and he agrees with us that it is seclusion, and if resorted to ought to be carried out thoroughly and recorded as seclusion. Our experience shows us that a patient secluded is much less liable to be irritated and excited than one who is kept in his room by manual force; and seclusion is the only proper course to pursue.

About the truth of this expression of official opinion there can be no doubt.

Kent. Chartham Downs.—Of the 69 deaths no fewer than 11 are attributed to exhaustion from mania, and eight to old age.

The number of cases in which a post-mortem examination was made is not stated.

Kent. Barming Heath.—Dr. Davies states:—

An important change has been made in the leave granted to attendants. Several years ago you sanctioned my recommendation to grant them the whole of every tenth day as a holiday, in addition to 14 other days as annual leave; at the time this change was made it was a vast stride in advance of what had been our custom. Lengthened experience convinced me, however, that we might with advantage go further, and I accordingly advised you to grant leave of absence to each attendant for the whole of every seventh day, in addition to the annual leave above-mentioned; you adopted my suggestion, and the result has so far proved most satisfactory. Work in an asylum is very depressing, and the hours of labour extremely, if not indeed excessively, long.

I regret I cannot see my way to suggest any diminution in the number of hours an attendant is on duty each day; the difficulty is one of expense only, but I feel strongly that it would be a very good thing for the patients if means could be devised by which no individual attendant remained on duty for more than eight consecutive hours.

Lancashire. Lancaster.—Having referred to the now notorious but exploded proposal of the London County Council as a "most

praiseworthy attempt" in the direction of adopting new and improved methods of cure, Dr. Cassidy proceeds :—

In justice to us who are engaged in asylum practice it should be remembered that we are precluded from practise outside our asylums, and therefore precluded from treating that stage of derangement of body and nerves when the mind is balanced between sanity and insanity. The early stage of insanity is almost invariably past before the patient reaches us, and more than one half of the cases admitted are incurable *ab initio*. The stages which I have alluded to when treatment would be most desirable, are now observed and treated by physicians and general practitioners, or in the out-patient department of hospitals. To the specialists go their failures. In my view an out-patient department should be attached to all public asylums, and patients should be admitted as voluntary boarders, perhaps into special departments separate from other parts of the asylums. The existing situation, however, if it cannot be remedied, is amply met by our public asylums. They have advanced by a natural process of evolution, from the Bedlams of old, and every year we are making advances and improvements to meet new wants and new views. Without for a moment supposing that we have arrived at the stage of perfection, I hold that asylum medical officers are alive to the progress of science, and quick to adopt the most advanced treatment or means of cure, and our new Committees of Visitors will, I am sure, support us in every proposal we may make with that end in view.

The great drawbacks, therefore, which affect us would equally apply to the proposed hospital in London, with its further serious disadvantages of an unfortunate situation in the midst of a great city, and of being over-doctored. I feel a compassion growing within me for the inmates of that hospital of the future; they are not only to be studied and physicked by six physicians; they are also to be demonstrated and otherwise utilized for the instruction of classes of students, and for those who require his services, the special pathologist will be in waiting!

The following remarks on phthisis are important, but it should be remembered that prevention is better than cure, and it is to be feared that there are many shortcomings in this direction :—

This disease is constantly found, more or less, among the insane; they live on a lower level of vitality, their nutrition is impaired, and their habits and mode of living conduce to respiratory and cardiac diseases. I think, moreover, that in communities living together within a narrow area for prolonged periods, disease germs, and therefore the germ diseases, have a tendency to acquire an increased infectiveness. The modern belief that phthisis is due to a tubercle bacillus is now sufficiently well established, and on this I have acted in separating consumptive patients from the others. They are now isolated in small separate infirmary wards, where the atmosphere is kept charged with vapours of oil of peppermint and eucalyptus, and their various utensils are disinfected with hydro-naphthol or other agents believed to be destructive of the tubercle bacilli. Treatment by Rosenberg's method of intralaryngeal injections of oily solution of menthol has been attempted, but in the case of the insane it is attended with great difficulties, and is practically impossible. By these and by general hygienic measures and treatment I hope to limit, if possible, the spread of this disease; though, when a virulent and wide-spread epidemic, such as that of influenza and pneumonia, through which we have lately passed, attacks us, all precautions are apt to break down, and, as a matter of fact, have been broken down. The effect of the recent outbreak was as the lighting of a fire, and those predisposed to pulmonary disease rapidly became affected, and many died of phthisis. The influenza, however, did not occur within the period embraced in this report, and I merely mention it as *à propos* to the question of phthisis.

Lancashire. Prestwich.—We miss Dr. Ley's report. At the time that it should have been presented he was on sick leave, suffering from the serious assault committed on him by an attendant.

Lancashire. Rainhill.—The following is Dr. Wigglesworth's contribution to the question of the day—the medical treatment of the insane :—

If the constant and rapid accumulation of chronic cases is to be checked at all, it can only be done by increasing the recovery rate, and the question as to whether this is feasible is one which demands the most anxious consideration. And it is the more necessary to look this matter in the face, as of late years the opinion has been gaining ground that our asylums, however admirable as institutions for the *care* of the insane, do not, perhaps, pay sufficient attention to the cure of those who are gathered within their walls. It is not indeed that this question is by any means lost sight of, but it is more than doubtful whether the progress that has of late years been made in our knowledge and treatment has been at all commensurate with that which has been recorded in other departments of medicine. Doubtless in times past, advance has been retarded by the erroneous views which prevailed as to the nature of mental disease, but the old belief in the spiritual nature of insanity is dead, and we now know that insanity is a disease of a bodily organ—the brain—and that it is of all diseases the most obscure and abstruse, simply because it is the expression of the abnormalities of that organ, which is, of all others, the most complex and the least understood. But difficult as is the problem, it cannot be supposed that it is too great for the human mind to grapple with, and the progress of medical science may be expected in time to unravel many of the mysteries which, at present, surround the disease, and to inaugurate improved and more successful methods of dealing with it. But there is no royal road to knowledge, and it is by laborious and patient research alone that it is possible to wring new secrets from nature; and if our knowledge of insanity is to be increased and an improved treatment to follow thereupon, it can only be done by a more detailed and systematic study of individual cases than has hitherto been either customary or practicable. And it must be admitted that the present practice of building colossal asylums, and of dealing with the insane in large masses, is one but little favourable to that individual study and attention which, in insanity of all diseases, is the most needed. Our endeavours rather should be to bring our asylums—those at least which deal with the *curable* insane—more into line with general hospitals, and to officer and equip them in such a fashion as to permit of more time and study being devoted to each individual patient; and it is by developing our asylum constitution in accordance with this idea that we may hope to supplement the means already in use for the cure of those entrusted to us, and to contribute our quota towards stemming the tide of insanity at present at the flood.

Lancashire. Whittingham.—Dr. Wallis also has some sensible remarks on medical work in asylums.

I take this opportunity of thanking the Committee of Visitors for their ready consent to allow me to replace the former junior medical officer by a skilled pathologist at a salary of £200 a year. The gentleman appointed to this post will devote himself solely to pathological research, and I hope much good will result from this arrangement, for under the old system, no really sustained work in this direction was possible, so many demands having been made upon the junior medical officer's time. I look upon this departure as the most important event of the year, but there are other questions equally pressing, and I would pass on to one or two of them. I am more and more convinced as time goes on that more ought to be done in the direction of individual treatment than is done at the present time. For this purpose we must have special

hospital wards for the recent cases, and more medical officers and a larger proportion of attendants. There are special wards (admission wards) no doubt in every asylum, but I fear they are not sufficient in number so as to admit of a proper classification and sub-division of the recent admissions. At any rate, in this institution I have from time to time recorded my conviction that our accommodation in this respect is absolutely insufficient. . . . Further, our medical officers have at the present time an average of six hundred patients each to look after, and in my opinion three hundred would be more than enough for the careful and thorough attention which cases of insanity assuredly need, so changeable are they from day to day. A hundred cases of recent insanity would occupy the time of a medical officer most fully, were he to study them exhaustively, and in their wards the proportion of attendants should be no less than double the present proportion. We have to refrain from employing many recent admissions when we feel that some special employment might be most advantageous, because we have not, and cannot well ask for (as a curative measure) the implements necessary for the work. Our existing modes of employment may be unsuitable, or the individual case cannot be entrusted to the tenth part of an attendant, *i.e.*, one who has to look after nine other patients. You may wish to send out another inmate for country walks, whose sense of confinement is very intolerable and injurious, and yet whose mental state is critical, so that two attendants may be required to provide against any emergency. This under existing circumstances is an impossibility, so that here is a case of insanity sent to an asylum for cure, remaining unprovided with perhaps the most important element of treatment possible. To treat all our recent admissions, or, at any rate, all those in whom any chance of recovery existed, with a free hand, and without stint, would result in a very sensible increase in the cost of maintenance all round, whilst the present tendency in asylums is in the opposite direction; more's the pity. As I have said in former years, I have a sincere respect for economy, and know it is my bounden duty to practise it as far as possible, but it is no less binding upon the consciences of all concerned in the care of the insane, to see that they shall suffer no loss or detriment by any unwholesome striving for economy, only to be maintained at the expense of efficiency.

We may be excused if we remark that there appears to be no valid excuse for not employing the extra attendants required for the adequate treatment of the cases mentioned by Dr. Wallis. As to expense, that is nothing. The weekly cost at Whittingham is only a fraction of a penny above 8s. If the patients laboured under acute bodily disease, extra attendants would be engaged readily enough; why not in mental cases?

Lincolnshire.—The sanitary improvement of this asylum is continued. During the progress of the work numerous serious defects in the drains, &c., were discovered.

Leicestershire and Rutland.—Dr. Higgins reports that in several wards the wooden window frames have been replaced by iron ones, in consequence of several escapes having occurred. We would indicate that this step is in the opposite direction of what has been done in most asylums. It is far better to trust to careful supervision than to what are really iron bars. If the staff of attendants had been increased, this retrograde step would not have been required. The Commissioners remark that the staff is not too strong—a rather gentle way of stating the fact. The danger from fire has been much increased by the alteration made in the windows.

Leicester.—The accommodation has been increased by building for seventy patients. Twenty-two single rooms have been provided, and a large dormitory for epileptics.

London. County.—It is with much satisfaction that we observe in the report of the General Asylums Committee that —

The question of the pay, hours of duty, and leave of the male and female attendants, has been considered by a special sub-committee, and their deliberations have resulted in a carefully-prepared scheme, involving material improvements in the pay and relaxation from duty of these persons, and uniformity for the future in these respects in all the asylums. The recommendations of this sub-committee have been adopted.

London. Banstead.—Concerning criminal lunatics, Dr. Clay Shaw reports :—

Ten criminal lunatics were admitted during the year 1889, and between January 1st and March 31st, 1890, seven more, so that in the fifteen months we have had seventeen of this class of patients. I cannot honestly say that they have given us much trouble. There are many patients in the asylum who have, at one time or another during their lives, been in prison, so that it is difficult to see why such strong objections are so often made against the reception of criminal lunatics in asylums. As a rule they are either imbeciles or general paralytics, and from my experience they are neither worse nor better than most of the others; certainly the worst patients here are not the criminals. One noteworthy feature among these persons is that they prefer the prison; they say that it is much easier for them when discharged to get another situation from the prison than from the lunatic asylum, hence they are extremely anxious to be sent back to prison, instead of being discharged through the workhouse.

London. Cane Hill.—A limited outbreak of typhoid fever occurred, Dr. Moody reports that in one instance mental recovery took place as a consequence of the disease. In one of the cases who died the patient became quite rational before the end.

London. Claybury.—An asylum for the accommodation of 2,000 patients is in process of erection. The estate extends to 269 acres, and cost £37,895. The contract price of the building is £337,945.

London. Colney Hatch.—The introduction of hot water pipes into some of the dormitories and single rooms has greatly added to the comfort of the patients.

Every attendant is now allowed leave of absence for two whole days and three half days in each month, one of the whole days being, if possible, a Sunday. The annual leave has been increased to 12 days for attendants under two years' service, and 14 days for those who have served a longer time.

London. Hanwell.—In his report Mr. Richards states :—

Of the forms of insanity in those admitted, the most noteworthy feature is the gradually-increasing number of cases of those suffering from melancholia. This form of mental disease has undoubtedly been on the increase of late, and this I believe has been the experience of those who have the care and treatment of the insane. Formerly, the disease most prevalent was mania, accompanied for the most part with excitement, but now one is struck with the very large

proportion of persons who are admitted into asylums labouring under the depressing forms of mental disease, and I may add, from my own experience here, that of the recent and acute cases which come under treatment, by far the greater proportion are acutely melancholic, many having actively suicidal tendencies.

Concerning rest in bed, Dr. Alexander says :—

The average number daily in bed—about six per cent.—is larger than what obtains in most asylums. This is accounted for by the large number of far-advanced general paralytics we have, and by the great store we place on confinement in bed as a therapeutic agent in the treatment of cases of melancholia with refusal of food, and of certain cases of epilepsy ; attaching as we do so much value to bed treatment in these cases, we do not strive to “break the record” of the smallest number of patients confined to bed in any asylum. In connection with this question it is a matter of fair speculation as to the share that our bed treatment has in the production of the low death-rate that usually obtains in this asylum.

Newcastle.—A patient sustained a fracture of the fibula in an unusually easy way. When playing at cricket he was struck on the outer ankle by the ball. He continued his innings, and it was not until he attempted to walk from the field that he experienced any great pain.

Mavisbank.—Dr. Keay mentions two cases which are of interest. It might be useful if he published them in the *Journal*, giving special prominence to the “active medical treatment” employed.

One case will appear in a future number of this *Journal*.

(*To be continued.*)

2. *Therapeutic Retrospect.*

By HARRINGTON SAINSBURY, M.D., M.R.C.P., Physician to the Royal Free Hospital.

The use of cocaine is so widespread that a few words of caution against its indiscriminate employment may not be superfluous. From time to time cases in which alarming symptoms have followed the use of cocaine are noted, but they do not attract much attention. Dr. Edmund Falk, of Berlin, is the more to be thanked for having collected and tabulated 176 cases of poisoning by therapeutic doses of cocaine. The dose employed, with its method of employment, and the results following the use, are carefully set down. Dr. Falk excludes from his table not a few cases of syncope which have been set down to cocaine, but which he considers may be referred to the operation itself. He is also of opinion that a majority of cases have not been published, and further that a large number of cases of insanity are to be found in the asylums, which have arisen from the prolonged use of cocaine. The 176 cases which he has tabulated will, therefore, fall very short of representing the real toxic dangers of cocaine. Ten fatal cases are to be found in the list. Two of these fatal cases followed the use of a