

The father of her children, she said, died aged 45, of "asthma and fistula," the doctors telling her that they would not cut the fistula as he would die in any case. She further stated that he, her husband, was "quite insane for two days before his death."

This woman has been married again, and has another large family. Some of these children are over 20 years of age, and they are, she says, "all quite healthy, and have never had any fits nor any sickness of any kind to speak of."

It will, I think, be generally admitted that this history points directly to syphilis in the father. The first child died at 4½ months, of consumption. This was in all probability the marasmus so often seen in syphilitic children. The third and fourth being still-born points strongly in the same direction, while the mother's illness, as given above, can hardly be referred to anything else.

No post-mortem examination was allowed, but the patient's symptoms and his family history being so interesting, I became possessed of the brain on the 31st August, and soon after handed it to Dr. G. H. Savage, who has made the following note:—

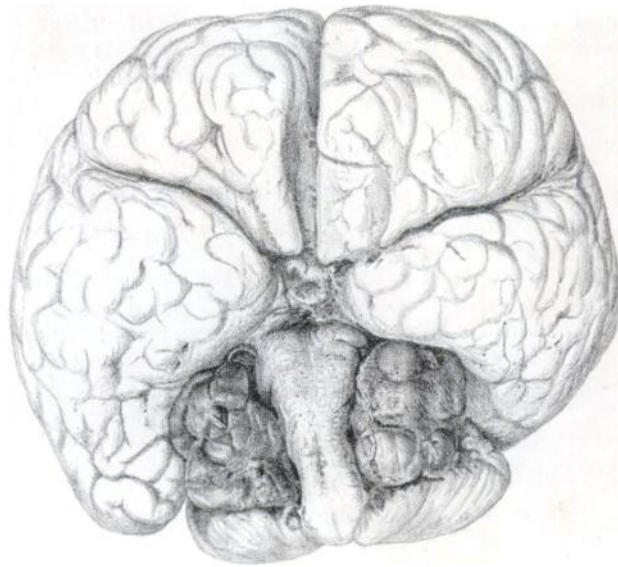
On each side of the medulla oblongata, lying against the under surface of the cerebellum, is an irregularly rounded and nodulated growth, firm and hard to the touch, about the size of a large walnut. That on the left side is rather the larger.

Each tumour has caused depression of the under surface of the cerebellum above it, of the posterior border of the pons varolii in front of it, and of the medulla at its inner side. The growths have no attachment to the cerebellum or pons or medulla, and are loosely connected with the membranes about them—lying outside the visceral layer of the arachnoid. Histologically, these growths are of fibro-cellular character.—(See *Lithograph*.)

OCCASIONAL NOTES OF THE QUARTER.

The Beer Dietary in Asylums.

There can be no doubt that there is a growing feeling on the part of the Medical Superintendents of our large asylums to take into consideration the question whether on the whole the discontinuance of beer as a beverage is not a moral as well as a financial advantage, and it is worth recording in this Journal that at the present time, to our knowledge, there are seven and twenty pauper asylums in England in which the Committees, with the approval of the Superintendents, have discontinued the use of beer as an article of ordinary diet. The question, we need hardly say, is a practical one, and has nothing whatever to do with "teetotalism;" the



From a Photograph.

Mintern Bros. imp.

TO ILLUSTRATE DR STRAHAN'S PAPER
ON SYMMETRICAL TUMOURS AT BASE OF BRAIN.

course pursued should be determined by what is found to be best for all concerned, and if beer at meals is useless—if it can be shown that the health of the asylum population does not suffer from its removal—and if, as alleged, there is a moral gain not only among patients but attendants, then we must acknowledge that common-sense and humanity would alike sanction its discontinuance. For the Medical Superintendent, the health of the patients and the good order of the household are the primary considerations; we must not allow the idea of saving money to interfere for a moment with these objects. If, however, on these grounds we can recommend this dietetic change, the saving to the ratepayers is not a small matter. They are always entitled to consideration, but more especially are they so at the present day. The Cumberland and Westmorland Asylum was, we believe, the first to make the experiment, at its opening, under the superintendency of Dr. Clouston, and the present Superintendent, Dr. J. A. Campbell,* regards it with great favour as an unquestionable success. When visiting the Lenzie Asylum, last autumn, we enquired of Dr. Rutherford what plan he adopted, and were informed that he did not give his patients stimulants, although so many are employed in out-of-door work. In December last, the Visiting Justices of the Devon County Asylum decided that at the commencement of 1883 the daily supply of beer should be entirely discontinued, and that in future neither it nor spirits should be allowed unless ordered by the medical staff. On going round the Derby County Asylum in October of last year, we found the energetic Superintendent of that institution had gradually diminished the use of beer, and contemplated its entire discontinuance. This course has now been adopted, and Dr. Lindsay is sanguine as to its satisfactory working. We transcribe the remarks made by him in his last Report:—"In a few years it will probably be found that in the majority of English pauper asylums, beer will not be given as an article of ordinary diet; the minority at present giving no beer will soon, I believe, be converted into a majority. I am of opinion—an opinion, I believe, shared by many Asylum Medical Superintendents—that the small allowance (half-a-pint) of asylum beer of the quality

* Dr. Campbell writes:—"I use really good liquor for those who need it, and give it when I think it useful. I have always thought it foolish to give demented, criminals and imbeciles, beer as an article of diet. If you do give it call it by its proper name, a luxury." (May 23, 1883.)

(about 6d. per gallon) given to patients, contains so little nutritive or stimulant property as not to be entitled to serious consideration from a strictly medical point of view. It cannot now-a-days be maintained that beer is necessary for the purposes of health, nor can it be shown that beer has formed part of the daily diet of most of the Derbyshire patients prior to admission to the asylum, for, as far as my enquiries have gone, it would appear that the large majority of patients, especially females, had not been accustomed to the daily use of beer prior to admission. The most, therefore, that can be said in its favour is that it may be an agreeable and so far wholesome beverage (certainly better than bad or tainted drinking water), but a luxury that may be done without. To my mind the chief objections against its use are of a domestic and disciplinary nature connected with the working of the establishment. It is frequently wasted altogether, given away to or taken by other patients of gluttonous and intemperate habits, who thus get more than their allowance, and it is often the source of loss of time and of diverse troubles from misuse and quarrelling. In short, the supposed advantages from its use are not proportionate to its cost, and are more than counterbalanced by the disadvantages attending its use and misuse. I am not disposed to attach undue importance to the question of the use of beer from a temperance point of view, although I believe every Asylum Medical Officer of experience must admit that even from this standpoint something can be said against its use; for it is a practical and important point to bear in mind that its abuse must also be considered, the excessive use of even light beer being attended with disadvantages, whilst its daily though moderate use no doubt tends to keep up and encourage the drink-craving in those of intemperate habits—the rock on which many have been wrecked prior to their reception into the asylum, intemperance having been in a considerable proportion of cases a partial factor, at least, in the causation of their insanity. The financial or economic aspect of the question, although of secondary importance to the health, welfare, and interests of the patients, is also worthy of consideration. In carrying out the new arrangement of the entire disuse of beer, I was prepared to encounter some difficulties, but in reality I have met with none, and it appears to work very smoothly and satisfactorily; in fact, better than I had anticipated at so early a stage, for I never had any doubt of its ultimate

success. In accordance with a growing conviction entertained by the Medical Officers, the use of stimulants in the treatment of disease and of the sick in this asylum has been greatly diminished for the last year or two, more reliance being now placed on milk, arrowroot, beef-tea, and other nutritious articles of food. The amount of stimulants has now, I think, been reduced to a minimum. On 31st December there were no stimulants (beer, wine, or spirits) on the sick diet lists for female patients, and for male patients the quantity on sick diet lists was very moderate, viz., four ounces port, four ounces brandy, and two ounces gin. On the same day, at the morning visit of the Medical Officer, there were no female patients confined to bed, and in the male division six patients were in bed, which shows the favourable state of the general health of the inmates at that time."

At the Wakefield Asylum the experiment began by beer being given to men only. Recently, however, we find that a clean sweep of the beer has been made throughout the establishment. In his last Report Dr. Major says that water has been substituted. It is too soon to express a definite opinion on the experiment, but Dr. Major observes that "so far I have reason to feel satisfied with the change, which on my recommendation you authorised, and its introduction has been unattended with any practical difficulty whatever." Beer has not been included in the dietary of the new asylum for the Borough of Birmingham, near Bromsgrave; and the Committee of the Oxfordshire Asylum has the question under consideration. Dr. Pringle, in his Report of the Glamorgan County Asylum for 1881, stated that beer was never given as a regular allowance to patients, but as a reward for work to those who so earned it. Milk was substituted, and among the attendants the females accepted a money equivalent, and the males a uniform. Dr. Pringle observed, "several of the more intelligent patients acknowledge the change with gratitude, and seemed pleased that what had in many cases proved their ruin should no longer tempt them here, and keep up the craving which, on regaining their liberty, they would be apt to indulge. In raising the tone and discipline of the servants, generally, I believe much good will result." A year later Dr. Pringle wrote in his Report, "The conduct of the attendants and servants has been on the whole excellent, and another year's experience of the abolition of beer as an article of diet for their daily use has strongly

confirmed the view I formerly expressed as to the improved tone and discipline likely to result. Nor have the patients been in any way injuriously affected by the change made in their dietary by the substitution of milk for beer to the workers." That the change must have been very great to some on admission, is indicated by the fact that several acknowledged that they had been in the habit of drinking daily fifteen or sixteen pints of beer, which was confirmed by their friends. It is due to Dr. Pringle to add that he regards alcohol as most useful as a medicine, and that he gives it to the sick or the feeble as liberally as in an ordinary hospital. A reference to the Reports of the Kent Asylum, Barming Heath, shows that in 1878, Dr. Pritchard Davies allowed less beer in the dietary, with the result that in his opinion "the patients certainly benefit by the alteration." In the Report for 1879, it is stated that the experiment has been found to work so well of only issuing beer to workers, that on Dr. Davies's recommendation, beer had ceased to be an article of ordinary diet from December 1st, 1879, being only issued from the surgery as a "medical extra." Money was allowed to the attendants and servants in lieu thereof. No extra diet was given to the patients. The change had fully realized the Superintendent's expectations. In the next year's Report Dr. Davies says, "I do not think any unprejudiced observer could question the good results which have followed the total abolition of beer as an article of ordinary diet. The wards are much quieter than they have ever been before, the patients are cheerful without being noisy, and they certainly work better. Their general health has been good, and there is a marked diminution in our death rate, to which, however, I do not attribute much importance, as it may be explained in other ways. However, for the improved condition of the patients generally—the diminution of violence, destructiveness, and noise, I think the abolition of the issue of beer is mainly to be credited." Dr. Davies says, "although the abolition of beer as an article of ordinary diet has been the means of saving a large sum of money, I wish to state that it was not with this object that I advised the step you have sanctioned. From careful observation of the effects of alcoholic stimulants upon the patients under my care, as well as from a knowledge of the cause of a large number of them being here, I became convinced that it was

not advisable to continue to supply exciting beverages to them, which I felt sure had a tendency to prolong their malady, and by keeping up a taste for intoxicants in those inclined to over indulgence in them, directly conduce to a speedy relapse after they were discharged." In the Report for 1882, Dr. Davies says that not a single patient has objected to work in consequence of the change, and that the general health has not suffered. Milk is not substituted. Writing May 16, 1883, Dr. Davies says, "I cannot express my satisfaction at the result of the change in language too strong."

Dr. Cassidy, in his Report of the Lancaster Asylum for 1881, states that he has abolished the use of beer as an article of diet, and adds that he never took any step which he afterwards saw less reason to regret. At the Monmouth Asylum Dr. McCullough has discontinued beer entirely as an article of diet. The dietary of the working patients has been improved, and the attendants and servants receive a money allowance. He reports favourably as to the effect of the change. We observe that Dr. Wade, the lately appointed Superintendent at the Somerset Asylum, says in his annual Report, "The experiment initiated by my predecessor of abolishing beer as an article of ordinary diet has continued and worked well. I should not recommend any return to the alcoholic beverage, nor should I propose any more nutritious substitute for the beer than that already given, as I consider the nutritive qualities of the ordinary asylum beer to be almost *nil*, while your ordinary dietary is at present most liberal, and amply sufficient for all ordinary requirements of the patients."

We shall watch with interest the movement which has thus made so considerable a progress, and whatever may be the final verdict, we consider that those who are making the experiment ought to be encouraged to give it a fair trial. If on the other hand there are any who have tried the experiment and found it in any way injurious, we should be glad to be in possession of their views.

The Monasterio Case.

Although it is certainly no part of our duty to discuss the charges brought against lunacy doctors abroad, while, indeed, we think that as a general rule it is in much better taste to mind our own business, there is the legitimate