

We note that both the visiting Commissioners speak pointedly of the excellent food and clothing provided. Each describes the dinner seen by them. We also see that 96 attendants are on day duty, a proportion of 1 to 9½ patients, with 19 on night duty. Much open-air treatment for mental troubles is practised, this entailing a good deal of extra attention. It is a matter for surprise and congratulation, then, to read that all this is done for a maintenance rate of £20 19s. per annum, or a weekly rate of about 8s.

*The Egyptian Government Hospital for the Insane.*

The re-modelling of the old hospital buildings being now practically complete, Dr. Warnock takes the present opportunity of giving a fuller account than usual of the great work accomplished under his direction during the past thirteen years. The beds now number 877, but in spite of substantial increase in accommodation there is still overcrowding to a considerable extent. He has been at last able to thoroughly divide the women from the men in a separate annexe. Among the quite recent work is the provision of workshops for fifty patients, and new admission-rooms for each sex, photographic room, and dormitories for attendants. The provision of electric light, telephones, fire-alarm, and electric-clock system brings this asylum into line with our own institutions. At first there were only 2½ acres comprised in the grounds, with two gardens for the patients' use. Now there are 91 acres, over 39 of which the buildings, courts, etc., are spread, while there are 28 gardens. The staff has increased from 4 senior and 69 junior in 1895 to 26 and 245 respectively. During the same period the death-rate has been decreased from 33 *per cent.* to 9.56 *per cent.*—a shade lower than the rate for English asylums in the last year. The single rooms have a cubic capacity of 1,272 cubic feet, as against the 756 required by the English Commissioners. This, of course, is necessitated by the climate. The cost of the asylum now, including equipment, works out at about £107 of our money per bed. Dr. Warnock submits his proposals for increasing the asylum in the future. He is enabled to do this by the gradual rearrangements of the whole *ménage*, not an inconsiderable item being the removal of a railway from the premises. One thorn in Dr. Warnock's side is the number of criminal patients, who have been usually sent to another asylum at Tourah, but are now to go to him. We shall have more to say about these later. But the fresh arrivals necessitate higher walls and many more single rooms, the latter to prevent combination. Dr. Warnock recommends the institution of temporary observation sections in all the larger towns. A new asylum is being built at Khanka for quiet chronics who are not fit for discharge. We thus see in this distant land the genesis of ideas that are forcing themselves on us at home.

The maintenance rate works out at about £30 per annum, including clothing. A sum of £3,285 was received from the friends for the maintenance of patients in three classes. This brings down the net cost to the Government considerably, but Dr. Warnock doubts the justice and the policy of obtaining this money against the will of the

contributors, except from a husband for a non-divorced wife, or from a father for children under sixteen. He thinks that the cost drives friends to apply for the premature discharge of dangerous lunatics. The water supply has been a more than usually pressing question here, as the place is situated on the edge of the desert, and its insufficiency has made it impossible to employ many patients on the ground; while many trees are required to be kept alive for the protection of both staff and patients from the sun. Turning to the staff, Dr. Warnock has, we fear, much ground for discouragement. In the Hareem especially there is much trouble. The attendants are "ignorant, noisy and untrainable"; they take no interest in their work, and go off at a moment's notice. As to the assistant native doctors, though they seem to be well paid, Dr. Warnock regrets that he cannot say that all of them fully earn their salaries, partly because they exhibit but little interest in the work, and partly because they are so ignorant. The senior, Dr. Hamid Effendi Zahran, is a shining exception to the foregoing, having served conscientiously for thirteen years past. Offences by the staff are punished by fines, but Dr. Warnock very much doubts if any improvement follows the infliction of such punishment; he would prefer the bestowal of sums in reward for good service, and in this we could support him with home experience. He has been much troubled also by frequent errors in certificates, many, even of those signed by European doctors, being "both illegible and invalid as evidences of insanity." Twenty-two cases were admitted without certificates, being brought direct by their friends to avoid undergoing the usual application to the police. The latter procedure, as a matter of practice, is much objected to, and rightly, by Dr. Warnock. Voluntary patients are admitted.

Dr. Warnock has a class of twenty students to whom he gives a series of lectures. It is quite evident that native doctors require to have more knowledge of insanity than they possess. Five criminal lunatics were examined by local doctors before their crimes were committed, but their condition did not meet with efficient recognition. The consequences showed themselves in two murders, two attempts to murder, and a theft. Four patients were examined after the crime and certified as sane, though subsequent observation proved the contrary.

Turning to the statistical tables, we find that the admissions in 1907 were 613, the discharges and deaths 467, and the remainder at December 31st, 896. Of the admissions, 23 were re-admissions of those discharged in the year. The forms of insanity were principally as follows: Insanity from hasheesh, 60 male and 4 female; from alcohol, 35 and 1; pellagrous insanity, 69 and 20; epileptic insanity, 15 and 6; general paralysis, 29 and 1; adolescent insanity, 34 and 1; mania, 85 and 46; melancholia, 40 and 21. As to alcohol, 454 Mohammedan admissions yielded 19, and 114 Christian 17 instances. Of 18 Greeks, 5 were paretics. Dr. Dudgeon, the Assistant-Director, states that all the paralytics came from towns, 15 from Alexandria, 6 from Cairo. His observations bear out the experience at home—that sea-side towns yield the largest percentages of this fell disease. Twenty-five of the thirty had symptoms or histories of syphilis.

As to the causes of the insanity, the table of forms sufficiently indicates the majority: mental stresses brought about 31 admissions,

and senility 17; 217 had no cause assigned. The hasheesh patients came mostly from Cairo itself, Alexandria only sending 9 to the 27 of the former town. Discussing the influence of the opium habit, Dr. Warnock states that many of his admissions have used it, as shown by their avowals or by the drug being found on them. But he has never been able to trace any case to its use. He quotes for the information of the Egyptian readers considerable portions of the recent report made by a Royal Commission on its use in India, with which he generally concurs. Of course his remarks are entirely away from the cases of morphinomania, which occur in Egypt. The 79 deaths were attributable as follows: 20 to general paralysis 13 to exhaustion from mania and melancholia, 9 to tuberculosis, 9 to pellagra, various small numbers to other agencies, and finally one to plague. As to this last terrible visitation, it is supposed that the disease was contracted while the man worked in the provision stores barefooted, where cereals were handled and probably walked upon by him. These were possibly brought from Upper Egypt, where the plague was severe at the time. The patient was taken with a slight rise of temperature and malaise on June 2nd and died on the 6th, bacteriological examination having amply confirmed the diagnosis. Another patient was working with him under similar circumstances, but neither he nor anyone else in the place was affected, very stringent precautions being taken. The length of residence of those who were discharged as recovered was very much the same as it is with us, the majority leaving between one and three months, and next between three and six months. The occurrence, however, of one-third of the total deaths after less than one month's residence tells an eloquent tale of the character of the admissions as a whole.

Dr. Warnock has a somewhat sad tale to tell of the "accidents" that have taken place in the year—especially of those caused by the direct violence or murderous impulse of patients. It is neither our business nor our practice to allude to such matters unless some point can be gained thereby. Here we think that it is not difficult to put the finger of experience on a very weak spot, with a certainty that, unless this point receives adequate attention, there will be no decrease in such regrettable incidents. To begin with, the wards of the male patients seem to be overcrowded. Next, a large quantity of criminal lunatics, who used to be sent elsewhere, are now confined at Abassieh under Dr. Warnock, and the quantity is to be increased by virtue of a new order on the subject. Then the great majority of the wards are not prepared for such cases. The woodwork is rotten in many places, so that desperate men can kick out the panels of the doors, can wrench off pieces of wood or locks to make weapons, and so on. But the great source of danger is in the unsatisfactory character of the male staff. Here and there are exceptions, notably a charge attendant, who twice bravely acted so as to prevent further mischief at great personal peril. Dr. Warnock laments the negligence and want of alertness on the part of the attendants, and many of them have no experience. We here have, in years gone by, had the same experience. Until a really responsible body of officers was got together, similar accidents were happening, or were only prevented by inordinate use of mechanical restraint.

Restraint has necessarily had to be used at Abassieh to an extent

that is most distasteful to Dr. Warnock, without whose personal order no application of it is permitted to be made. Besides the amount necessary for surgical reasons, to prevent the removal of dressings, there was a record of over 2,300 hours required, partly to prevent self-injury or mutilation, partly because without it desperadoes could not be made safe in the poorly-provided single rooms during their paroxysms of murderous thirst for life. This total may be compared with last year's practice at Broadmoor, where with but a little smaller population no restraint whatever was used, because there existed a staff that rendered such treatment unnecessary. We know, too, how much the whole tone and character of the treatment is affected by the necessity to rely on such methods of treatment. The structural condition of the wards can easily, and no doubt will be, remedied, but no lasting good can be done with an unreliable staff. So much splendid work in the scientific amelioration of the lot of the Egyptian insane has been done by the Government already, under the enthusiastic advice of Dr. Warnock, that there is every reason to expect the authorities will apply themselves to the solution of the difficult problems submitted to them in connection with the improvement of the staff. Dr. Warnock offers some excellent advice in this direction.

We have left to the end a few remarks about the interesting subject of pellagra. As we have noted from year to year, Dr. Warnock's observations show a very close and important connection between it and insanity. Neither he, nor Dr. Dudgeon, can apparently assign a direct pathological relation, but it is known to be a most debilitating disease acting, therefore, as a strong predisponent. The actual source of pellagra itself is in doubt, though most accept Ceni's observation that it is traceable to a mould, attacking the maize which is the staple food in many parts of Egypt, Italy, Austria and neighbouring countries. Poverty is, in Dr. Warnock's opinion, a concurrent predisponent. Its occurrence is much attributed to fright or fear, while it is noted that the rich are practically immune in regard to it. Good diet seems to be a preventative. The whole subject has been discussed at several congresses in Italy, but the ætiology, as well as the social requirements for meeting the trouble, seem to be very far from being accurately known as yet. Recently, however, treatment from the medical side has received a wonderful stimulus by the success of atoxyl. This success cannot but prove to be useful to the study of pathology. Atoxyl, we may remind our readers, is an organic arsenic compound, containing about 37 *per cent.* of arsenic. It is relatively non-toxic, considerable quantities being injected hypodermically in cases of skin disease. In Roumania the following experience was obtained. Twelve cases were taken for treatment. Of these there were six mild cases, five of whom got well in a few days' time after treatment; sleeplessness was a prominent symptom. In the sixth, æt. 60, with arterio-sclerosis, confusion and sleeplessness, apparently no very great good arose, as the last note is "brain symptoms not improved." The next two cases were severer. Both were noted as having confusion; the first got nearly well and then relapsed; the second got well and kept well. In both improvement was very speedy after the administration of the drug. In the last four cases the attack of pellagra was severe. In

the first of this series, admitted on May 21st, 1907, the state on admission is reported—"Acute mania; attacks of fury; abscess in sacral region." The patient had been pellagrous for four years. On May 30th, when there was no improvement, atoxyl was injected. The abscess opened spontaneously. On May 31st, "Sudden cessation of diarrhoea and mania." June 11th, "Intellect almost normal." June 13th, "Intellect clear." June 20th, "Good health." The next case was admitted April 8th. Ill for five years. "Very insane." Atoxyl for the first time on June 6th. "The very next day the diarrhoea ceases, the mind returns." June 12th, "Mind normal." June 15th, another dose of atoxyl, followed by some excitement. June 20th, "Calm, without symptoms of pellagra." The next case proved to be a general paralytic. Atoxyl had no effect on his mental state. The last case was a child *æt.* 7. Ill six months. Admitted June 4th; was "Stupid, won't speak, weeps and cries day and night." On the 6th a full dose of atoxyl. On the 11th is the following note: "Marvellous result. Mind very clear, even lively. The child, who has not spoken for some weeks, gives exact descriptions of her illness." On June 20th she was quite well. The Roumanian doctors who bring these cases forward do not speak with certainty as to the ultimate result, but they obviously can claim striking present effects. As to the general paralytic, they suggest that they had not to deal with a case of pure pellagra, but only with one, perhaps, of pseudo-pellagra *des alienes*!

In taking leave of Dr. Warnock's report, we feel bound to say that it seems to us to be most worthy of close study, not only because each page supplies evidence of his own fitness for the great responsibilities attached to his distinguished position of adviser to the Government of Egypt, but also because the whole report is the most convincing proof of the soundness and vitality of those principles of dealing with the insane, which were born to us and bred up by us many years ago. In proper hands such principles will triumph under all difficulties.

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## Part IV.—Notes and News.

### THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

A QUARTERLY MEETING of the Association was held at 11, Chandos Street, Cavendish Square, London, W., on Thursday, the 19th November, 1908.

Present—The President (Dr. Mercier) in the chair, and the following fifty-nine members:—Drs. T. S. Adam, C. Aldridge, H. Aveline, W. H. Bailey, G. F. Blandford, F. Bodvel-Roberts, C. H. Bond, D. Bower, A. N. Boycott, D. F. Briscoe, C. Caldecott, C. Chapman, R. H. Cole, H. Corner, H. Devine, T. O'C. Donelan, T. Drapes, F. W. Edridge-Green, F. A. Elkins, C. H. Fennell, S. J. Gilfillan, E. Goodall, G. Braine-Hartnell, J. W. Higginson, C. K. Hitchcock, D. Hunter, G. H. Johnston, T. Johnstone, Robert Jones, H. Kerr, R. Langdon-Down, N. Lavers, H. C. MacBryan, P. W. Macdonald, T. W. McDowall, W. F. Menzies, J. Merson, W. J. Mickle, J. Middlemass, A. Miller, W. F. Nelis, H. Hayes Newington, M. E. Paul, W. Rawes, H. Rayner, G. H. Savage, G. E. Shuttleworth, R. Percy Smith, J. S.