

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

3. Colonial Retrospect.

BY FREDERICK NEEDHAM, M.D.

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

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

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

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

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

Year.	Population of New South Wales.	Total Number of Insane in New South Wales on 31 December.	Proportion of Insane to Population in New South Wales.	Proportion of Insane to Population in England.
			Per M.	Per M.
1873	660,275	1,526	1 in 367 or 2·72	1 in 381 or 2·62
1874	684,278	1,588	1 in 367 or 2·72	1 in 375 or 2·66
1875	696,652	1,697	1 in 357 or 2·80	1 in 373 or 2·68
1876	629,776	1,740	1 in 361 or 2·77	1 in 368 or 2·71
1877	662,212	1,829	1 in 362 or 2·76	1 in 363 or 2·75
1878	693,745	1,916	1 in 362 or 2·76	1 in 360 or 2·77
1879	734,282	2,011	1 in 365 or 2·74	1 in 357 or 2·80
1880	770,524	2,099	1 in 367 or 2·72	1 in 353 or 2·83
1881	781,265	2,218	1 in 352 or 2·84	1 in 352 or 2·84
1882	817,468	2,307	1 in 354 or 2·82	1 in 353 or 2·83

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

hospitals for the insane, for the years 1876 to 1882 inclusive, and including the licensed house from the year 1882.

Year	Admitted.			Transferred from other Hospitals, &c.			Discharged.			Transferred to other Hospitals, &c.			Escaped and not recaptured within 28 days.			Died.			Remaining in Hospital, 31st December in each year.			Average number resident.			Percentage of Recoveries on Admissions and Re-admissions.			Percentage of Patients based on Admissions and Re-admissions.			Percentage of Deaths on average numbers resident.																
	Admitted for the first time.			Re-admitted.			Re-covered.			Re-covered.			Re-covered.			Re-covered.			Total.			M.			F.			Total.			M.			F.			Total.										
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.														
1876	189	111	299	38	27	65	88	70	158	17	19	36	100	45	145	—	78	29	107	1072	833	1605	1063	536	1588	40	90	50	72	44	75	7	90	13	76	10	19	7	41	5	41	6	73				
1877	262	100	362	82	24	106	133	14	147	137	64	201	17	18	35	130	21	151	—	97	20	117	1147	548	1695	1130	529	1659	42	28	51	61	44	96	4	97	14	51	7	81	8	58	3	78	7	05	
1878	212	126	338	40	38	78	112	36	148	108	46	154	17	20	37	113	45	158	—	99	28	127	1174	809	1783	1175	579	1754	42	85	28	05	37	01	6	75	12	19	8	89	8	42	4	83	7	24	
1879	241	128	369	40	26	66	98	12	110	112	58	170	21	28	49	97	17	114	—	91	26	117	1232	646	1878	1188	620	1808	39	86	37	66	39	08	7	47	18	16	11	26	7	66	4	19	7	10	
1880	267	145	412	28	30	58	42	24	66	133	63	196	21	19	40	40	35	75	3	3	96	40	136	688	1084	1249	685	1914	45	08	36	00	41	70	7	11	10	85	8	51	7	68	6	01	7	10	
1881	284	134	418	35	27	62	31	9	40	133	73	206	16	14	30	34	19	53	5	5	84	26	110	1354	726	2080	1314	700	2014	41	69	45	34	42	91	5	01	8	69	6	25	6	39	3	71	5	46
1882	266	145	411	26	25	51	38	14	52	118	54	202	22	16	38	38	14	52	3	3	83	48	141	1430	577	2007	1392	854	2246	38	56	50	29	42	70	7	18	9	68	8	03	6	68	5	62	6	27

The percentages of recoveries to admissions, and of deaths to the average numbers resident, were for the seven years which ended in 1882, 42 and 6·7 respectively. From the table which gives the apparent or assigned causes of insanity in the admissions during the year under review, it appears that intemperance in drink was credited with the causation of the mental attacks in 67 of the 473 admissions, while hereditary predisposition was ascertained in 37 instances only; this being probably due to the fact that of the 2,743 patients under care in 1882 only 711 were natives of New South Wales—the previous history of the remainder being presumably unascertainable.

Dr. Manning is able, with reference to his own sphere of work, to confirm the opinion of the English Commissioners as to this country—that the proportion of persons attacked with insanity is at present not on the increase.

The recent publication of the census returns has enabled him to give a series of interesting tables with reference to the nationality and ages of the insane in the Colony under care in 1881.

It is not necessary to give the tables themselves here, but the conclusions which he has drawn from them are both curious and interesting. He says “The proportion of insane men under care in 1881 to every 1,000 of population was 3·98, whilst the proportion of insane women was only 2·95, whereas in England the proportion of insane men was during the year 1881 2·38, and of women 2·52 to the population. The difference may be accounted for partly by the fact that for many years the proportion of males in this Colony was largely in excess of the females, and during all these years contributed a large annual quota to the number of insane now accumulated as chronic cases in the asylum, and partly from the stress of climate and of occupation falling more heavily on the male than on the female population. The drinking habits of a large part of the male population may also account in part for the difference. The proportion of insane to population born in New South Wales is only 1·40, and in other Australian Colonies 1·23 per 1,000, whilst the proportion born in Great Britain is 7·97 per 1,000, and in foreign countries 8·69 per 1,000 of the population. It appears that the number of insane born in England and Wales is 6·36 per 1,000 of population; in Scotland, 6·18 per 1,000; in Ireland, 11·63 per 1,000; in France, 12·06; in Germany, 8·37; in China, 6·46; and in other countries, 10·40.

“The very small percentage of Australian-born population is to be accounted for by the fact that insanity is a disease most common in middle and old age, and is rare in childhood and youth, to which period of life one-third of the population mainly, if not entirely, of Australian birth belong. The high proportion of foreign-born patients appears due partly to the admission of the waifs and strays of all nations to our hospitals, the ports of other Australian Colonies being to a large extent closed to them, and partly to the peculiar isolation of foreigners in an English-speaking community, an isola-

tion which tends to mental disturbance. The very large proportion of persons born in Ireland, which is twice as large as the proportion born in England and Scotland, is perhaps the most remarkable fact shown by these returns. The total number of insane persons of Irish birth under care in 1881 was 804, or nearly one-third of the total number, whilst the proportion of persons of Irish birth to the general population was only about one-eleventh."

The existence in New South Wales of an institution for the insane of a peculiar, and almost an unique kind, is recorded in the following suggestive remarks :—

Reception House for the Insane, Darlinghurst.

The Lunacy Act Amendment Act, which was assented to in December, 1881, opened the doors of this Institution to the many doubtful cases of insanity which are taken before the Police Magistrates sitting in Sydney, and remanded for medical treatment and further inquiry, and the patients now admitted to this Institution are of two classes —

1st. Those for whom either one or two medical certificates have been signed, and who are awaiting transfer to a Hospital for the Insane, and

2nd. Those who are under remand under section 1 of the Amending Lunacy Act.

Of the first class, three patients remained on 31st December, 1881, and 310 were admitted during the year; making a total of 313 under care and treatment. Of these, 24 recovered and were discharged; 285 were sent on to hospital, and one died and three remained on 31st December, 1882. Of the patients forwarded to hospital, 246 went to Gladesville, 37 to Callan Park, and one to Newcastle.

Of the second class, 227 were admitted, and of these 153 were found, after treatment varying from seven to twenty-eight days in duration, fit to be at large; 61 were certified as insane, and returned to the Reception House for transfer to hospital; four died, and nine remained at the close of the year.

Taking the two classes together, and deducting the 61 patients who appear in both classes, first under remand and second under certificate, the number of cases treated has been 479, and of these 177 were discharged recovered.

The work done by the Institution has therefore been large and important. It enables scientific treatment to be applied under favourable conditions at an early stage of the malady, and so stops a number of cases from passing into a more advanced stage, and affords a temporary refuge of the most fitting kind for cases which from their nature must go on to hospital for further and more lengthened treatment.

At present this Institution is all but unique; the only similar Institution of which I am aware being at Paris, near the large Asylum of St. Anne, and receiving all the cases from the Department of the Seine. In England the wards of the poor-houses have, up to this time, done part of the work carried out here by this Institution, but the want of a separate Institution is much felt, and Sir H. W. Gordon, a Justice of the Peace for the County of Middlesex and Visiting Magistrate for one of the largest County Asylums, in a letter published in the *Lancet* of the 21st October, 1882, recommends the establishment of a Receiving House for the County, and urges that all lunatics should first be sent to this Institution and detained there under supervision until each individual case has developed itself, when the patient would be either discharged or drafted to such Asylum as the Medical Officer might consider best suited for the particular case; and the "*Lancet*," in commenting on this letter, points out that this is identical with a proposal made by the "*Lancet*" Commission on Lunatic Asylums, in 1876-7, as "likely to effect a solution of the difficulty of dealing with doubtful cases."

This Colony is in this particular very decidedly in advance of the Mother Country, and the establishment at Darlinghurst, as well as the work done in it, may be viewed with satisfaction. I have had particular pleasure, both during the past and former years, in showing the Institution to visitors from other Colonies interested in the treatment of insanity.

Dr. Manning gives at length the entries which he has made on the occasions of his frequent visits to the several Asylums which he inspects. And it is obvious that, although there are some overcrowding and other defects resulting chiefly from the transitional state of the buildings, their general condition is satisfactory, and the treatment of the insane in the Colony creditable to those who are responsible for their care.

We are, unfortunately, unable to give so satisfactory an account of the treatment of the insane in another Colonial possession of this country, the report of whose Asylum is now before us.

The Colonial and Criminal Asylum of Trinidad, on the 31st December, 1882, contained 39 patients in excess of the accommodation.

The average number resident during the year was 292; 112 patients were admitted, 40 discharged, and 51 died!

The recoveries were at the rate of 33·9 per cent., while the deaths amounted to 17·4 per cent. on the average numbers resident, the death-rate of the last 10 years having averaged 15 per cent.

That Mr. Seccombe, the Medical Superintendent, who was formerly at Caterham, fully realizes the defects of the asylum of which he has recently assumed the control, is obvious from the *resumé* of

them which he places before the Colonial Secretary in the following indictment :—

“ I take this opportunity whilst making my first report to draw His Excellency’s attention to the points in which this Asylum from various causes fails in its object, namely, the care and cure of the Insane.

“ The site, unhappily chosen on the side of a steep hill, comprises some six acres, and on this confined space are dotted about various blocks which immediately suggest to one’s mind the difficulties that must attend the administration of the Asylum. Of course this irregular arrangement of the blocks is, in a measure, due to the attempts which have been made at various times to meet the ever-increasing demand for extra accommodation.

“ Nearly all the blocks, which have both internally and externally a prison-like appearance, are unsecure, many positively rotten, offering to the patients facilities for their escape, and in addition the blocks, from their faulty construction, afford the inmates ready means for their self-destruction. This I need not remark is undesirable ; communication from one block to another is carried on in some cases over steep, dangerous declivities, rendered more difficult and dangerous during the rainy season.

“ The two sexes are not sufficiently kept apart. Some of the Male patients sleep in a block on the Female portion of the Asylum, and six of the Male Attendants have accommodation provided on the same section of the Institution. I need not enlarge on the unpleasant results which might follow these faulty arrangements.

“ The Water Supply, which is never abundant, seldom sufficient, is often so scanty that for days we have not enough water in the Asylum for cooking purposes. This necessitates water being carried from a ravine on the mountain side, distant over half-a-mile from the Asylum. When this dearth of water exists, the daily bathing of the patients, which is so necessary in this climate, is prevented, and the work in the Laundry is at a standstill. I may add the same baths and the same water are used for bathing and laundry purposes. The source of our Water Supply is situated on the lowest point in the Asylum premises, the Cook and Bakehouses on one of the highest. It is unnecessary to detail the extra labour, &c., thus resulting.

“ The Closet accommodation is most meagre. On the Male side we have two Closets on the earth and charcoal system for the use of 185 patients ; the Females are equally unprovided for. This I would simply note as among the very many difficulties with which one has to contend in administering the Asylum.

“ On the Male side there is Day-room accommodation for about two-thirds of the patients, on the Female side we have no Day-room. The meals are served to the Females in a small confined Gallery, where they while away the tedious monotony of their every-day exis-

tence in ceaseless quarrelling, the result of overcrowding; I have been speaking of able-bodied. In the Infirmaries, both Male and Female, the patients are in even a worse condition; the wards are so overcrowded as not to admit of tables being used on which to serve the food; the patients take their meals in anything but an orderly manner, and the spectacle presented is not such as one cares to witness, so different from what is seen in the well-regulated Asylums in the United Kingdom.

“ This overcrowding, which has been steadily increasing during the past year, is now taxing our resources to the utmost; we have 39 patients over our number, and we ought to consider the future, as, with an increasing population, we must expect an increase of the Insane. I am sorry to report that the overcrowding is affecting the health of the patients, causing an increase of disease and death, and we must still further expect an increase of our mortality whilst the numbers exceed the accommodation.

“ We have no airing Courts; in the Home Asylums every section has its own airing Court, where, under the supervision of the attendant, a patient may roam at will within its limits. With us patients are necessarily confined to a certain position, on a certain bench, to wander from which means to wander from the view of the attendants. Patients naturally resent being kept in a fixed position, and unseemly struggles between the attendants and patients frequently ensue, to the detriment of the patients.

“ When I first took over the charge of this Asylum, scarcely a patient was employed beyond a few women in the Laundry, and those of both sexes told off to clean the respective blocks and carry water. This year I hope, partially, to remedy this state of affairs, by employing patients at several trades, such as Tailors, Boot-makers, Carpenters, &c.—in fact to make the Institution, as far as possible, self-supporting. It is by employment, and by employment chiefly, that we may hope to render these patients useful members of society. In this direction one's efforts are unfortunately limited, owing to the confined site on which the Asylum is erected; we have a large number of Coolies, both male and female, the majority of whom might, with advantage, be employed in the cultivation of the land, rearing stock, &c., all of which means of employment have been long recognised in the Home Asylums as potent agents in the cure of Insanity.

“ We have little or no amusements for the patients, and dances, musical entertainments, &c., are almost out of the question, as we have no suitable building in which such forms of recreation could be held.

“ One would have to go back forty years in the History of the Insane to find another such Asylum at Home. I would call His Excellency's serious attention to the pressing necessity for the immediate construction of a suitable Asylum on a suitable site. To further

delay means simply to increase the expenses of construction whenever it is taken in hand, as our numbers are daily increasing, and, instead of the Asylum being a Hospital for the treatment of the Insane, it is rapidly becoming a Refuge for the chronic Insane, the patients lapsing, owing to the want of means for their cure, into hopeless forms of Insanity, in which state they will be life-long sources of expense to the Colony."

It is to be hoped that Mr. Seccombe's energy will overcome the obstacles which now exist to the proper care and treatment of the insane under his charge. In this connexion it is unfortunate that the income of the Colony is at present exceeded by its expenditure, but he has our best wishes for his success.

4. *German Retrospect.*

By WILLIAM W. IRELAND, M.D.

Hypertrophy and Sclerosis of the Brain in Idiots.—Dr. Oscar Brückner ("Archiv.," xii. Band, 3 Heft) has made a curious study of the symptoms and pathological appearances found in the brain of an imbecile woman who died in the asylum at Halle. She came of a family visited by phthisis, but free from any neurosis. She was weak-minded from birth, began to speak at two years of age, and to walk about four. She was sent to school at seven years of age, but it was found that she could not learn. There were no epileptic fits till the ninth year, when she experienced a very severe one. After this she had frequent spasms of one or other of the extremities, like the motions of chorea, accompanied by momentary loss of consciousness. There was also a jerking character about her ordinary movements, which had not been noticed before. Her mental powers at the same time became duller. She was more apathetic and indolent. In a few years the convulsions ceased, and the mental faculties became brighter. In September, 1876, after being teased by some children, she passed into a state of maniacal fury, which necessitated her entrance into the asylum. In a short time she passed into a state of dementia. She spoke little, would not dress herself or comb her hair, and was sometimes dirty in her habits. After a year the epileptic movements returned, and she was shifted into the poor-house as incurable, where she died of phthisis in 1880.

On examination there were found general hypertrophy of the brain and numerous hard masses of hypertrophy of the neuroglia scattered over the surface of the cortex, and also affecting the corpora striata, the optic thalami, and the cerebellum. The sclerosed matter was found to be composed of the connective tissue at the expense of the nervous elements. Very few vessels were seen traversing the sclerosed