

The Microscopical Examination of the Human Brain. By EDWIN GOODALL, M.D.Lond., B.S., M.R.C.S. London: Baillière, Tindall, and Cox. 1894.

We accord a hearty welcome to this manual. Those who are acquainted with the author, either personally or from the Pathological Retrospect which has appeared from time to time in this Journal, would be certain that no book with the above inscription on the title page would be other than a most painstaking and accurate production. Such a reader will not find his confidence misplaced. It is, of course, up to date, but this means up to the date of as careful and skilful a microscopist as it is possible to have. There is an excellent index by Dr. Craig, who was formerly on the staff of Bethlem Hospital. A work of this kind does not admit of quotation, and we must therefore content ourselves with referring the reader to Dr. Goodall's book itself.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.*

Asylum Reports.

(Continued from p. 131).

Lancashire. Lancaster.—Additions are called for here, and it is intended to build blocks for nurses, for attendants, for working patients, and an isolation hospital. With regard to the latter the Commissioners in their Report express a hope that it will be of no large size, as the object is the immediate isolation of those first attacked, and not to deal with an epidemic. The admissions tell the same tale of hopelessness in a great proportion. The general paralytics only account for about 6 per cent., and intemperance for about 12 per cent. Dr. Cassidy does not approve of large transfers of patients from one asylum to another, as they upset a place for a time, and give no solid advantage. Three patients were discharged, their orders having lapsed. He justly stigmatises the arrangements under which this occurred as silly and childish.

Several features of relations are perhaps noteworthy. An uncle and nephew were admitted, an aunt of the latter being already a patient here. Two brothers came together, both acutely maniacal, and with the same or very similar delusions; two sisters, at different periods; a mother and daughter acutely maniacal and admitted together; aunt and niece in two instances; a daughter who found her mother here; in three instances, wives whose husbands were either here now or were recently here; and first cousins in several instances. We

have many patients here whose parents or grandparents were here formerly, but in that way history repeats itself in every old asylum. One man (T. E.) was said to have become insane through the effects of a railway collision which occurred 15 years ago. He received compensation from the railway company, but tells me that he suffered ever afterwards from nervousness and despondency. This is the second case of insanity following a railway accident shock after a long interval which I have come across. A girl (W. B.) became insane through the shock of the fire at the Barrow Jute Works, where she was employed. A girl (M. T.) was seduced by her father and had a child. She became insane after its birth, and no doubt the moral impression, combined with the physical disturbance, combined to produce mental disease. Three women were on their way to America, but became excited and lost their mental balance before embarking. Perhaps a little drink might have had a share as well.

Lancashire. Prestwich.—From this asylum alone, we believe, are patients sent out by contract to a workhouse under section 26 of the Lunacy Act. Forty of each sex have been sent to the Rochdale workhouse. It will be interesting to hear later on how this experiment has answered. It is a kind of compromise between those who object to the insane being left in workhouses and those who object to asylums being choked by chronic and harmless cases. As the Act permits the 4s. grant being paid by the County Council in respect of such cases, the Guardians who are interested are not likely to raise objections, while the arrangement has this advantage, that the suitability for transfer to the contracting workhouse is in the hands of the medical superintendent of the asylum sending the patients, who can recall individual cases at a moment's notice if necessary. There is this other point to notice:—That any workhouse can contract to receive patients from any asylum, of course under proper regulation of the Commissioners. In this respect there is more elasticity than is shown in Sect. 25, which only permits discharge (not transfer) of an individual patient to the workhouse of the Union to which he is chargeable. We cannot help thinking that eventually the procedure under Sect. 26, when sufficiently tried, will prove to be one of the successful ways of remedying the ever increasing block in county asylums. But we foresee this danger, that if workhouse authorities thus contract and make provision for a considerable body of patients, they may find the means so provided very handy for treating on their own account recent cases that should go to the asylum. We do not mean that they would treat them in the same wards, but it might occur that the presence of skilled attendants would help them to tide over the little trouble that so often is the only reason why patients are sent off to the asylum.

An average residence of over 2,300 with eleven admissions every week mean ceaseless activity to the medical staff, and it must be a source of satisfaction to Mr. Ley that he can show percentages of recoveries 53, and death 7·88. Of the latter (183) no less than 57 were due to general paralysis. More than one

half of the admissions were first attacks and less than three months' duration, while only one-fifteenth were of more than one year's standing. It cannot be said that workhouse dementals have rushed into the asylum; on the other hand, these figures amply prove terrible activity. About one-sixth of the admissions were due to intemperance.

Lancashire. Rainhill.—Decoration has been completed in the annexe, which several members of the Association had the opportunity of inspecting during the meeting at Liverpool last year. Vast building as this is, as vast as the parent asylum, yet both are quite full. Dr. Wigglesworth makes the following remarks about general paralysis, which caused 17 per cent. of the admissions and 30 per cent. of the deaths.

There seems reason indeed to believe that not merely is this disease more frequent now than formerly, but that it is also tending to appear at an earlier age than has, until lately, been thought possible; thus one of our female cases last year was only 18 years of age at the time of death, the disease having commenced about four years previously. General paralysis is essentially induced by overstrain of the nervous system, whether such strain be brought about in the pursuit of wealth or pleasure, or in the keen struggle for existence entailed upon so many of our race. And whether or no the disease be actually on the increase, there can, it is to be feared, be little doubt that with the constant straining effort which modern civilization entails, we are not likely soon to see a diminution in the sufferers from this fatal malady.

By alcoholic intemperance 43 per cent. of the admissions were caused. Great interest is taken here in the training of the nurses and attendants.

Lancashire. Whittingham.—Dr. Wallis hopes, in his report, that any legislation directed against drink will include provisions for ensuring the wholesomeness thereof. The quality of the liquor now sold is frequently as bad as it can be. For reasons stated with force and shared by many of his colleagues, he would like to see either the reduction of the grant of 4s., or the making of a small allowance to the Guardians for those cases of chronic insanity that may be kept in workhouse wards specially constructed for the purpose. There has been a notable increase of pulmonary tubercular consumption. He would like to have every case isolated as soon as recognized. He thinks that possibly the increase may be connected with the presence of tubercle in the cows which supply the asylum with milk, and fresh arrangements have been made at the farm in order to get rid of the disease there.

The passing of the plans for our hospital extension by the County Asylums Board is a most gratifying circumstance, and the plans, which have been approved by the Commissioners, will shortly obtain the consent of the Home Secretary. I hope we shall soon be at work on the foundations. The buildings, when completed, will give the recent cases every chance of recovery possible, and enable us to classify our patients in the most satisfactory manner. I have commented so frequently and at great length upon the necessity for this extension and its good features that I need say nothing further here than this:

that every large asylum ought to have a separate department for its recent cases. Moreover, I wish to record my conviction that the great and, to my mind, the only objection to a large asylum, say, of 2,000 or even 3,000 inmates, would be removed were the buildings so disposed that the community was broken up into small sections.

The recovery-rate and death-rate are 20·49 and 9·19. As to the former we note that, as is usually the case, an abnormal number of admissions has had a lowering effect. Drink caused the trouble in 113 out of 483 admissions. General paralysis was found in rather less than 10 per cent.

Leicester. County.—General paralysis occurred in four out of the 125 admissions, and intemperance was assigned in thirteen cases. Two-fifths of the admissions were first attacks, and of less than three months' duration.

Leicester. Borough.—The low death-rate of 4·4 in 1891 was followed by 5·6 in 1892, and, as Dr. Finch points out, this means an increase in aged and debilitated cases. Proof thereof is found in Table VIII., by which it appears that out of 494 residents 209 are over 50, 105 are over 60, 43 over 70, and 8 over 80, the mean age of all residents being 47. The Commissioners urge that as small-pox is very rife in the borough, new cases should be isolated, and also that all cases not bearing good marks should be vaccinated or revaccinated. But we are afraid that Dr. Finch's hands are much tied in such a matter by the peculiar views of Leicester about vaccination.

Lincoln.—As at Denbigh, the satisfaction of the urgent claim for more asylum accommodation is delayed by variance of opinion between five contributing parties ending in a dead-lock. So the partnership is dissolved, and each party can make its own arrangement. There are not now many such combinations remaining, but in case of similar difficulty arising this instance shows how readily a reluctant minority can be passed by. Rates of recoveries and deaths were both well on the right side of the average. 41·0 per cent. of the admissions were suicidal, and nearly half of these had made recent attempts at self-destruction. One patient was admitted who turned out to be the property of another asylum from which he had been freed on probation. He had thus the unique honour of having two sets of legal documents attached to him.

London. County.—The report of the London County Council, dealing as it does with a regiment of officers and an army corps of patients, is indeed a portentous compilation. Large as it is, however, its contents are so well coded and indexed that they are easily dissected, though the figures are in themselves gigantic. The Committee has set out with the intention of "effecting uniformity in the various details of general management which from experience we have come to regard as an essential factor in the effective conduct of the important and responsible charge committed to us." Such uniformity is not only necessary, but

absolutely right in principle. There is, however, in uniformity the danger of attaining a dead level of mediocrity. With the splendid opportunities at hand mediocrity would be a disaster, and we are glad to affirm that it will not be permitted by the Committee. Everywhere we find evidences of liberality, not only in action, but in views—a seaside asylum, a special pathologist, with every endeavour to forward this branch of work even to obtaining through the Foreign Office details of the practice of pathological research abroad, applications for the recognition by Medical Boards of the London Asylum as teaching hospitals, and so forth. The Committee has been considerate enough to negotiate with the Post Office for the attendance at each asylum on pay-day of a savings bank official. It is a source of real satisfaction and ground for congratulation that the word “progressive,” so often heard in a certain connection, should be written in unmistakable characters across the pages of this report.

An instance of the benefit of concentrating work is found in the result of appointing one officer to do nothing but hunt out “settlements.” Accrued charges recovered and future charges avoided, amounting together to £1,490, are put to the credit of the Committee at an expense of £242, the salary and expenses of the officer.

The number of patients dealt with are as follows:—In London asylums, 8,139; in other asylums under contract, 1,345; in other asylums by arrangement with unions and parishes, 241; in licensed houses, 1,298; in workhouses, 239; with relatives, etc., 261; total, 11,335 (an increase of 343 over the previous year). To these must be added the residents in Metropolitan District Asylums, total 5,820 (an increase of 96). In the standard dietary, which appears to be liberal, there is no mention of beer, but milk or lime-juice is given to workers.

A comprehensive scale of pay and emoluments attached to every office in the service seems to be liberal. We do not find any mention of a pension scheme, but we judge from the superannuations already granted that the Council recognize that good service can only be obtained by good remuneration, both current and prospective.

The statistics follow mainly the lines laid down by the Association, and are given in a most convenient form. Each of the twelve tables is applied to each of the four asylums and is also summarized. It is a matter of great regret that Tables V. and X., those relating to the causation of the insanity and the causation of death, cannot be summarized on account of the asylums giving different details. We suggest that uniformity is invaluable here. Endless labour is caused to the statistician who wants to get at the broad issues. The recovery and death-rates are not far away from the averages of all county asylums.

We note that among the 2,929 admissions only one is returned

as "not insane." General paralysis claims 279 out of the above number of admissions, 20 per cent. being females, and it accounted for 189 out of 814 deaths, and of these 20 per cent. also were females. Phthisis carried off 102. The mean age of residents at the end of 1892 was 46.11. Over 10 per cent. of the admissions were ascribed to intemperance. We observe that all the medical superintendents refuse to classify any cases under the head of insanity with delusions or hallucinations, no doubt preferring to include them under the old standing broad divisions and their sub-divisions. Turning now to individual reports for points of interest:—

At *Banstead* we notice several changes in the junior medical staff. Influenza was returned as a cause in many cases, which were chiefly of the melancholic type. Out of over 2,000 cases at the end of the year Dr. Clave Shaw can only reckon 33 as curable. But for the year he has the satisfactory recovery-rate of 46.97, and says:—"Whether directly connected with it or not, it is worth noting that the high rate (during the past two or three years) has been coincident with the abolition of beer as an article of ordinary diet. It is very certain that the patients take their food better since the beer was stopped." The operating-room maintains its usefulness, Dr. Shaw having had several serious operations.

At *Cane Hill*.—In their report the Committee remark that considering the provocation often offered to the attendants they have no reason to think that the treatment is other than the kindest. There have been several changes in the medical staff. Dr. Moody records with great pleasure that 686 patients were recalled and brought back to the asylum without the slightest mishap, scratch, or bruise. Of these nearly 200 travelled from Lancashire. He was unable to certify 25 transferred patients, because they happened to be recurrent cases, and at their best when the time arrived for his certificate. This is one of the beautiful points of lunacy law; the liberty of the subject rises superior to all considerations of what is best for the individual and for the public.

At *Claybury*, which has taken five years to build, Dr. Robert Jones has assumed chief office. Drs. Stansfield, from Banstead, and Wills, from Rainhill, have been appointed as first and second assistants. Mr. Hine, the architect, gives an interesting *résumé* of the building operations. Patients, windows, and bricks are reckoned by thousands; sites, floorings, and slates by acres; sewers and water-pipes by miles. It is truly a wonderful place to be built all at one time. Admission of patients was to begin last May.

At *Colney Hatch*.—We notice with regret that Dr. George, first assistant medical officer, died after twelve years' service. Consequential promotion of the junior medical officers took place. 23 per cent. of the admissions had had previous attacks. 46

deaths were due to a severe epidemic of influenza. Dr. Seward says that the class of cases sent to him becomes more hopeless each year. Fourteen nurses obtained nursing certificates.

At Hanwell.—Dr. Alexander notes that the past year has been uneventful. After three years' experience of the Lunacy Act, with every wish to give it fair play, he is ready to join in the chorus of condemnation of its recertification provisions. We cannot but regret that at the Oxford Quarterly Meeting this mischievous Act should have found defenders, and even in its weakest point. Classes for training attendants are being held.

London. City of.—Dr. White seems to have had more than his fair share of zymotic troubles. Two separate attacks of influenza, by which seven patients lost their lives directly or indirectly, caused much anxiety and serious illness. Dr. White isolates his cases at once, believing the disease to be distinctly infectious. Then small-pox broke out just outside the boundaries, and on this account everyone—patients and staff—was vaccinated, and the disease was warded off. Beyond these trials came two or three cases of typhoid fever, which have led to a revision of part of the sanitary arrangements. Among the admissions—which were twice as numerous as in the preceding year—14 per cent. were general paralytics, and 25 per cent. were due to intemperance. The recovery-rate was 28 per cent.—much below the average. Dr. White presents his more important figures from year to year in the useful shape of charts. By these means it can be easily demonstrated that a high rate of admission is almost always accompanied by decrease in recoveries. To a certain extent this might be anticipated, as many of the admissions might not ripen into recovery during the current year. But the impression left from the charts is that large additions to admissions are more in the direction of chronic than of fresh lunacy. Dr. White carries on conscientiously the work of training nurses, in which he was one of the first to move before the adoption of the present scheme of the Association.

Middlesex.—A curious feature in the 306 admissions into Wandsworth is the fact that only 14, or less than 5 per cent., were general paralytics, while only 22, or 7 per cent., were due to intemperance. An annexe for idiots has been sanctioned by the authorities. As there were upwards of 60 idiots in the asylum or boarded out in other asylums a sufficient population is insured at once, and some relief to the main asylum will ensue. An asylum would seem to be the last place where trade unionism would cause disturbance. Nevertheless, here it penetrated, being imported by some outside hands taken on for building purposes. This has led to a rearrangement of the wages of the artisans, though the old hands with one exception remained loyal. The operation of "The Queen v. Dolby" presses hard here, eightpence per week being added to the weekly cost of maintenance.

Monmouth, Brecon, and Radnor.—The admissions (190) included 11 general paralytics, and 16 to be attributed to intemperance. The Commissioners in their report consider that with an average residence of over 900 a third assistant officer is required. Dr. Glendinning, in addition to the usual statistical tables, gives two others which show in apposition the yearly number of lunatics in the district—(a) who are in the asylum, and (b) those who, though chargeable, are not in the asylum. As these tables go back year by year to 1855, the growth of the total pauper lunacy in the district can be clearly traced. One cannot see that the institution of the 4s. grant in 1874 had any appreciable effect in transferring cases into the asylum. In fact, a tendency to decrease in *extra-asylum* lunacy has shown itself only in the last two or three years. The *intra-asylum* population has steadily increased, but apparently this is chiefly in the more important urban centres.

Norfolk. County.—Among the 178 admissions there were 13 general paralytics, and in the same number of cases was intemperance assigned as the cause. Dr. Thomson keeps each year against those responsible a score of the cases of preventible disease, for which he is to be commended. Nothing can bring home to a Committee more forcibly their duty in providing proper sanitary appliances than statistical evidence of the result of neglecting that duty. Happily in the past year the scoring is not very heavy. We might suggest that phthisis, if of considerable frequency, would also be advantageously included. As we have pointed out in dealing with the reports of some other asylums, this disease may be regarded as a fairly accurate index of the sufficiency of warming and ventilation. Dr. Thomson remarks that only one out of 23 contributing unions have sent deputations to see its patients.

Newcastle. City.—As might be expected in such a toiling and teeming population, general paralysis makes a mark on the admissions, about twenty per cent. of the latter being due to this disease. But it is somewhat startling to find that nearly one-third (seven in 23) are females. As the table relating to the form of mental disease is not given in its complete form, we cannot see whether this is an exceptional circumstance, or whether it corresponds to the total number of cases resident. Intemperance caused about 25 per cent. of the admissions. Extensive additions are in contemplation, including a detached house for Dr. Callcott.

Northampton. County.—General paralysis does not seem to be an important factor in the causation of insanity in the county, only eight cases occurring in 182 admissions, while of the 863 patients left at the end of the year only six came under this head. On the other hand, however, out of the same number—864—144 were epileptic, and 115 suffered from congenital defect, unassociated with epilepsy, and no less than 230 are classed as secondary and senile dements. About 10 per cent. of the admissions were due to alcohol.

A striking feature at this asylum is the number of out-county and private patients residing there—238 and 46 respectively. From the former a profit of £6,350 arose; from the latter £983. The authorities are thus substantially rewarded for looking ahead in providing for more than present needs. We think, however, that perhaps the private patients might have more spent on them in terms of Sect. 271 of the Lunacy Act. It appears from the accounts that the receipts in respect of their maintenance were £1,861, and that the excess over the weekly charge being £983 (well over 50 per cent.), was handed over to the County Council. We conclude, therefore, that nothing extra was done for them either as to accommodation (Sect. 1), or other “outgoings or expenses” (Sect. 2). It further appears from the report of the Committee that £5,150 have been handed over to the County Council from the asylum since the incoming of the Local Government Act.

The Commissioners advert in their report to the hardships of patients being sent far away from home if they have friends by whom they can be visited. We quite think that strict supervision should be kept over the selection of cases for out-county contracts. This would, of course, concern the Guardians of those unions whose patients were sent out of the county.

Northumberland.—Among the 141 admissions are found 15 cases of general paralysis, three being those of women. Alcohol was the assigned cause in 31 instances. Touching this last Dr. McDowall attributes his satisfactory recovery-rate of 47 per cent. to the “number admitted suffering from acute insanity following excessive drinking. This class of patients, as a rule, readily recover, and thus materially assist in producing a recovery-rate which looks well on paper, but of which no person accustomed to the treatment of the insane would think of boasting.” We cannot quite follow him in his modesty, for a recovery-rate is nothing if not comparative, and are all other superintendents as candid? As in other asylums, the occurrence of intestinal disease fixes attention on possible sanitary defects, and disease of the chest on the condition of the warming and ventilating apparatus. More than half the nurses and attendants reckon five years’ service. Dr. McDowall pushes forward the training instituted by the Association. He says that by such means a bad attendant cannot be changed into a good one, but experience shows that a good attendant can be improved, to the benefit of the patients under his charge. A considerable sum of money is to be spent on sanitary improvements, mortuary, etc. As presumably this has to be borrowed, the sanction, after local inquiry, of the Local Government Board is necessary, in addition to the sanction of the County Council, Lunacy Commissioners, and Secretary of State.

Norwich. City.—The Committee speak of Dr. Harris’s work with great cordiality, and throughout their report show a kindly interest

in all connected with the asylum. This is as it should be, and must lighten the burden of responsibility as regards the staff, and increase the comfort of the patients. We hope that Dr. Harris will soon be able to see his way to adopt the Association's statistical tables in their entirety. At present comparisons on important points cannot be made with other asylums. One patient, convalescent, escaped, and a few days after returned the asylum clothes, with a letter of thanks for kindness received during his treatment.

Nottingham. County.—The county is burdened with an inheritance of an old-fashioned and badly-situated asylum, on which common prudence forbids the expenditure of any money except for ordinary repairs. The question of building a new one is being discussed. Notwithstanding the drawbacks Dr. Aplin can point to a recovery-rate for 10 years slightly above the average. But the death-rate (calculated on the total number under treatment) is as 10·66 to the average of 7·94 in all other county and borough asylums. This difference is accentuated if the other mode of calculation is adopted, viz., by taking the average number resident. Then the proportion is 13·81 to 10·11. About 20 per cent. of the admissions were due to alcohol. In the table showing the forms of insanity there is no entry of general paralysis, though it occurs in six of the deaths. Seven deaths out of 46 were attributable to acute pneumonia.

Nottingham. Borough.—The character of the admissions was very unsatisfactory, 40 per cent. being absolutely hopeless; 28 general paralytics—one quarter being women—came in, and 24 alcohol cases—the total admissions being 158. Mr. Powell attributes an increase in admissions to depression of trade, and thinks also that the prevailing epidemic of influenza had considerable influence by way of so reducing resistive power as to render it more difficult for people to withstand the ordinary causes of insanity. A female general paralytic gave birth to a child shortly after admission. What will that child's future be? Great attention is paid to the training of nurses and attendants, on the lines of the Association's scheme.

Oxford. County.—Among the 133 admissions, six were cases of general paralysis, but among those remaining there are 18 cases, while the deaths were five. These figures suggest that the asylum life of a paralytic is longer here than at most other institutions. Intemperance claims just one-tenth of the admissions. In the Commissioners' report is the suggestion that the caution cards for actively suicidal cases should be differently coloured to those in whom the tendency is only suspected.

Plymouth. Borough.—This is the newest asylum at the present date, the report for the past year being its first. The Medical Superintendent, Dr. Davis, late assistant at the Dorset Asylum, prefaces his report with a short account of his new field of work, giving some useful particulars as to structure and plan, strength of staff,

fire appliances, etc. Of course, the figures concerning the patients are not of sufficient standing yet to convey much information, but we are pleased to see that Dr. Davis has laid his tables out on the full scheme of the Association. There are still small difficulties to overcome, but we have no doubt that he will be able to cope with them, and we wish him success. The Committee points out that while its asylum is the smallest in the kingdom, it is itself the largest Committee, and hopes that it will be reduced. The Commissioners, who have paid two visits, speak well of the aims and management of this institution.

Portsmouth.—This asylum is becoming over-crowded, though it is but thirteen years old. The Committee are contemplating additions. The recovery-rate, nevertheless, was high—48 per cent.—this, no doubt, being due to the admission of fewer hopeless cases than usual. Twelve cases of general paralysis occurred in 105 admissions, and alcohol was the assigned cause in 14 instances.

Salop and Montgomery.—Among the admissions (221) only nine cases of general paralysis occurred—six male and three female; 28 cases were due to intemperance. The leave of the male staff has been increased, and the Visitors have instituted a capital plan of giving to each charge-attendant a sum of £2 per annum over and above the limit of the wages if Dr. Strange advises them to do so. We have great faith in such extra payments, whether they be large or small. The recipient feels that he has done something, and must continue to do something, out of the ordinary. Besides, these voluntary payments furnish a good method of visiting by their withdrawal offences which can hardly be passed over, and yet cannot be punished by other means than discharge.

Somerset and Bath.—Notwithstanding that there are 867 patients in the asylum, it is found necessary to board out over 100 in other places. The admissions were very high, and Dr. Wade cannot say that he found any undue proportion among them who might have been accommodated in workhouses. Suicidal melancholia was a very prominent feature; on the other hand, the death-rate was abnormally low, 6·7 per cent. General paralysis supplied only eight cases in 251 admissions, and alcohol 17. Teaching and training of attendants is systematically carried on. In their report, the Commissioners, adverting to the difficulty of finding vacant space in other asylums, suggest that two large houses should be rented for the accommodation of surplus population.

Stafford. County.—In scanning, as we have done with other asylums, the figures relating to the occurrence of general paralysis among the admissions to both the asylums belonging to this county, we are much struck with the fact that the incidence of the disease is far from coming up to the average of all England. We look less to rural districts for it than to busy centres, where human beings press together, where filth and insanitary conditions overcome Nature's sanitation, where contamination, both moral

and physical, meets with least resistance; in a word, where life is carried on under the worst conditions. A district that contains such centres as Dudley, Leek, Stafford, Stoke, Stourbridge, Walsall, Westbromwich, and Wolverhampton should form a fine field for paresis, at least if our shadowy ideas as to its etiology have any truth at all in them. But the reverse is the case.

	Ratio of General Paralysis to Total Admissions.			Causation of Insanity by Alcohol in Total Admissions.			Causation of Insanity by Alcohol in all cases of General Paralysis admitted.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
All England—Commissioners' Report, 1890 (average for 10 years to 1888) ...	13·7	3·2	8·3	19·7	7·1	13·8	24·2	15·1	22·4
Stafford and Burntwood Asylums (1892) ...	8·8	4·8	4·8	18·9	5·3	12·4			

The first columns show clearly that general paralysis does not necessarily follow in the wake of unhealthy and restless aggregation. It is curious also that, in a district where woman takes on herself so much of the hard physical work of man, and in that respect might be supposed to expose herself to the liabilities of man, the average of female paresis should depart from the average so much farther. We add the second set of figures to show that alcohol (which is shown in the third set to be a principal factor of general paralysis) exerts nearly the average power in producing insanity of all kinds. It should be noted that the ten-year average figures given above do not probably represent the actual incidence of general paralysis now. Five years average to 1888 showed an increase from 8·3 to 8·8; and as five years have elapsed since then it is fair to suppose that the average has still further risen. If so, the figures for Staffordshire would be still more divergent.

At the *Stafford* Asylum we note that fresh accommodation is called for, 120 patients being boarded out. An isolated infectious hospital has been decided upon.

At *Burntwood* Dr. Spence complains of the feeble health among the admissions, the majority requiring careful nursing from the outset in the infirmary wards. He is glad, therefore, to state that active steps will shortly be taken to provide a suitable hospital thoroughly well equipped for nursing.

Surrey.—The county is in the happy position of having more room than it wants for its own people, while it has all that it does not want filled up by profit-bearing out-county patients. Dr.

Barton, like others, has to complain of the increasingly unsatisfactory character of his new cases, only a bare third having a fair chance of recovery. About nine per cent. were general paralytics. Alcohol was the alleged cause in more than ten per cent. One female was discharged as recovered after 25 years' residence; 80 per cent. of the patients are employed. The classes of instruction for attendants have been well attended, and have met with encouraging results.

We are glad to append an extract from the Commissioners' report on Brookwood. It is a statement as true as it is broad-minded.

The discharge of his duties by the medical superintendent of a large asylum in a satisfactory manner cannot fail to be a strain mentally and physically, and we can appreciate how much it is aggravated or diminished by the character of the staff under him. We are very desirous to see higher qualifications for their work in asylum attendants throughout the country, but this can never be realized unless Committees take into consideration not only the gradual rise of wages in every direction, but the peculiar demands upon the patience, tact, and even physical strength (for the hours of duty are long) of attendants in asylums. We would also repeat that the medical staff should not be starved in numbers if thorough medical work is sought.

We may point out that there is a serious discrepancy between the statement at p. 11 that the admissions of general paralytics during the year amounted to 25 (20 m., 5 f.) and the number given in Table XI., namely, 5 (4 m., 1 f.). Also in Table II.A. the net recovered persons should be 22·55 and not 23·60.

Suffolk.—The report of this asylum is indeed sad reading. The sole pleasure that can be found in its perusal is supplied by the open and fearless manner in which Dr. Eager speaks of the obvious and avoidable shortcomings of the institution. The Visiting Committee "regret" that the County Council has not yet supplied funds for carrying out work sanctioned long before by itself and all the authorities—infirmaries, escape staircases, etc. The Commissioners have from year to year condemned certain parts of the asylum as not fit for occupation. But it is left for the medical superintendent to tell the county authorities that "only the financial bankruptcy of the county could be accepted as sufficient excuse for lodging our patients in such cold, dark, damp, rotten sheds." This is in reference to No. 6 Dormitory, of which he also writes:—

It is badly lighted and ventilated, the floor is patched, and the joints crumbling from age, being below the level of the outside ground, and the roof, owing to its construction, leaks and allows the rain to pour down upon the beds in stormy weather. The wooden sheds for the sick, so often condemned as utterly unsuitable for infirmary cases, or even for any other class of cases, are still in use, the accommodation intended to be provided for these cases in the new buildings just commenced not yet being available. The erection of these blocks has been delayed two years owing to lack of means through a flaw in the Local Government Act, 1889. During the summer just past the temperature in these

sheds was unbearable, and the sufferings of the patients, especially those lying in bed in acute stages of illness, were distressing to witness.

We have a considerable knowledge of the shortcomings of the Local Government Act; but it is impossible to allow it to bear any blame in this matter. We should conclude that this state of things was in existence years ago. We are sure that in no other asylum in England is there accommodation of which such terrible things could be said. They take us back to Blue Books of fifty years ago. So, too, with other dormitories. A proportion of 32 per cent. of the deaths is attributable to phthisis, and Dr. Eager, in connection therewith, points to lack of warming and ventilation. In twelve years there have been 1,001 cases of intestinal disease, typhoid, dysentery, etc., resulting in 138 deaths. Certainly a new water supply has been procured, and temporary relief from typhoid resulted; but after the lapse of nine months Dr. Eager was disheartened by its reappearance. "The mortuaries and post-mortem room are still in the same beggarly condition." The slaughter-house is not even fit for the slaughter, nor are the pig-sheds fit for occupation by pigs!

It is very apparent that nothing but a determined and liberal rehabilitation of the whole institution can bring it up to the level of what an English asylum should be. We have much sympathy with Dr. Eager and his staff in their fight with preventable disease and suffering, and on this account we feel less disposed to cavil at the small amount of work done on the statistical tables. Nevertheless, we hope that when he has received the aid of suitable arrangements, to which he is clearly entitled, he will find time to complete that which is now unfortunately wanting.

Sussex.—For years past Haywards Heath has been overcrowded, this no doubt being due to the difficulty of getting three separate bodies to make up their minds as to how to obtain increased accommodation. One of the three has now retired, West Sussex electing to build a new asylum for itself. But even now Dr. Saunders foresees that by the time West Sussex has got settled in its new quarters the other two, East Sussex and Brighton, will have to dissolve partnership. He says that the number of deaths from phthisis is 17 in 123, and points to the necessity for increasing cubic space by reducing the number of patients. About eight per cent. of the admissions were general paralytics, and six per cent. were attributed to intemperance. Nearly 50 per cent. are classed as hopeless, and less than a quarter as having a good chance of recovery. Thirteen cases were above 75 years of age.

Several attendants were prepared and sent up for examination, and all obtained certificates, which were presented to them by the Chairman. We note that each year a *fête* is held to commemorate the opening of the asylum. We should have thought that this was a subject of congratulation for those outside rather than for those inside the asylum; still it is a great thing to have one day

set aside for general enjoyment. Several pensions have been granted. We are pleased to see that, in addition to the tables of the Association given in complete form, several other tables of useful information are given, *e.g.*, summary and detail by unions of the disposition of all pauper lunatics in the county, the financial history of the buildings, etc. These are far more useful than the detailed statements of the shirts and petticoats made in the year, which, contrary to prevalent custom, are happily omitted here.

Warwick. County.—Additions are called for and are to be made. The female department is overcrowded. Dr. Miller pays great attention to the training of the attendants, and records that the improvement in sick nursing is very marked. He also hopes to derive advantage from the Report on Dietary recently presented to the Association. The improvement in the sanitary arrangements has been followed by a diminished death-rate. More than half the admissions were hopeless. The remarks we made when dealing with the incidence of general paralysis in the Staffordshire Asylum apply here, but not quite so forcibly, the proportion being a little over 6 per cent. on the admissions, the same ratio obtaining for causation by intemperance. The Committee have adopted the sensible plan of sending Dr. Miller with one of its own body to inspect recently-built asylums with a view to obtaining the best and newest ideas for the provision of further accommodation.

Wiltshire.—We note that the Committee have endeavoured to discharge patients to workhouses under both Sect. 25 and Sect. 26 of the Lunacy Act. They invite Guardians to send a deputation to visit the asylum at least once a year. The medical superintendent states an interesting fact, that whereas women were a few years ago admitted in a proportion of two to one as against men, now men are in excess. He also points out that those counties which have the highest proportion of insane to sane are with one exception purely agricultural districts. Wiltshire was recently third on the list; now it is fifth. The last census shows a falling off in the population of rural districts. He remarks that the objection to post-mortem examination is strongest in those friends who have ignored patients during life, and thus appear desirous of making a final show of previously neglected affection. Both general paralysis and intemperance were responsible for about 8 per cent. of the admissions.

Worcestershire.—We congratulate Dr. Cooke on a well-earned and substantial increase in income, accompanied with a handsome acknowledgment by the Committee of his services. They also in granting a good pension to the clerk passed a special resolution of thanks to him for his long work. A Committee is bound to obtain and foster the best service by doing what is right in the right way. The wages of the attendants have been improved and the leave increased. Dr. Cooke states his belief that an interchange of patients between asylums for the purpose of promoting their

recovery by change of scene and surroundings would be found to be of benefit. We quite believe this too. Only 25 per cent. of the admissions were in good bodily health and condition. General paralysis caused 9 per cent. and intemperance 10 per cent. of the admissions. Dr. Cooke is, unfortunately, in charge of one of those wretched cases which defy all treatment and upset all rules. He and the Commissioners who visited differ rather as to whether the woman has too much bed or not. Dr. Cooke has found that when kept in bed she is less liable to ferocious outbursts, and will amuse herself with work and papers. It seems to us to be a case where it is only possible to choose the least of several evils. A person leaves his bed to promote bodily and mental health by exercise, companionship, occupation, etc. But where in a special case it is demonstrated that more harm arises out of bed than in bed it must be permissible to break through a rule, however proper it may be for general application.

Yorkshire. North Riding.—A new asylum is to be opened for Middlesborough, which will have a considerable effect in relieving pressure on the space here, but till that is done inconvenience will probably arise, as vacancies are few. Apart from the borough above mentioned the increase of patients from other parts of the Riding is almost nil. Mr. Hingston, like most others, has much to complain of in the character of the admissions, both as to bodily and mental condition, though the recovery and death-rates are on the right side of the average. 3.3 per cent. of the admissions were general paralytics and 9 per cent. due to intemperance.

Yorkshire. Wakefield.—Among the admissions the general paralytics numbered 44, or 12 per cent., while nearly 33 per cent. were due to alcoholic intemperance. Eleven male cases were said to be attributable to sexual intemperance. In only nine out of 346 is the causation returned as unknown, a fact which speaks well for the care with which inquiry is carried out. The asylum has had a full share of zymotic disease, actual and threatened. Dr. Bevan Lewis's statements about small-pox and its inconveniences should carry conviction to the anti-vaccinationists, if they are open to conviction. Two cases occurred, the disease being probably imported by non-resident officers. These had to be at once isolated in the convalescent home—*isolation No. 1*. Then all recent acute cases had to be received into the hospital for quarantine, in consequence of the disease raging in the neighbourhood—*isolation No. 2*. Then for the same reason restriction was placed on the movements in and out of the asylum, which was cut off, more or less, from the outside world—*isolation No. 3*. We believe that isolation is the only way of fighting the disease recognized at Leicester. This must be bad enough in ordinary life, but in an asylum, where grouping is necessary for other reasons, it is intolerable. Then the aid of vaccination was called in, and when everyone—staff and patients—had been operated on the whole

trouble melted away. Though every restriction was removed not another case occurred. Enteric fever made its appearance, though to only a small extent. Water, milk, and drains being above suspicion, it was considered that ground air and damp at the basement might possibly be the source. The system of providing private nurses and of giving advice at an out-patients' department continues to be eminently satisfactory.

Yorkshire. Wadsley.—This asylum is being gradually choked up by chronic cases, each year's admissions becoming of a more unfavourable type. The general paralytics numbered 7·5 of the admissions and the alcoholics 18 per cent. Dr. Kay sent up 23 attendants and nurses for the Association's certificate, and all obtained it. He sees that the training not only improves the nursing, but leads to a better tone among the staff.

Yorkshire. Menston.—This asylum, which the Association visited as brand new but a year or two ago, is nearly full as to females, and overflowing as to males. Plans for "chronic" blocks to contain 600 more patients have been approved by the Home Secretary. The admissions were of an increasingly unfavourable nature, which accounts for a falling off in the recovery-rate and for a high death-rate. Cardiac disease carried off 20, or 16 per cent., of the total deaths. General paralysis was responsible for almost one-third of the deaths and nearly 15 per cent. of the admissions. Alcoholic intemperance was found in 69 and sexual intemperance in 15 of the 388 admissions. Touching this last item of sexual intemperance we note that in the three West Riding Asylums 31 cases are thus returned out of 1,116 admissions, or a ratio of 2·77 per cent. against a ten years' average for all England of ·7 (Blue Book, 1890).

(To be continued.)

2. *German Retrospect.*

By W. W. IRELAND, M.D.

Duboisin a New Sedative.

Dr. Nicholas Ostermayer, of Budapest, published in the "Allgemeine Zeitschrift" (xlvii. Band, p. 278) some experiments on the sedative and hypnotic properties of atropin and duboisin. Like atropin and hyoscyamin it belongs to the class of drugs which dilate the pupil, mydriatica. It comes from the sap of the *duboisia myoporoides*, a bush or small tree growing in Australia. The natives are aware of its stupefying properties, and put it in ponds to intoxicate the eels and make them rise to the surface. Gerrard discovered the alkaloid in 1878. Duquesnel showed how to crystallise it in 1880. It is a brownish substance,