

the annoyance and suffering entailed by a prolonged struggle in getting "the truth" made manifest, is almost to be expected, although a more combative attitude might be of advantage to others.

The sympathy shown by this Association has been fully appreciated by the person principally affected, and has probably not been without influence on some of those who were associated in the infliction of what appeared to be a gross injustice.

The Handbook for Attendants.

The *Handbook* has now been thoroughly revised, and is in process of printing. The publishers will probably be enabled to have it ready for distribution soon after this number of the JOURNAL is in the hands of our readers. As their stock has been exhausted for some time, and the demand continues urgent, we make special acknowledgment of the energy and labour bestowed upon the production of the fourth edition by the Committee, and we trust that the improvements made will still further secure that confidence of teachers and nurses which has been so freely bestowed in the past.

PART II.—REVIEWS.

The Eighth Annual Report of the State Commission in Lunacy of the State of New York, U.S.A., October 1st, 1895, to September 30th, 1896. Pp. 1335.

THIS report, like its predecessors, affords much interesting reading to all who are eager to study the treatment of the insane from all points of view. The statistical parts of the bulky volume show that insane people group themselves in incidence of particular forms of disease, in recovery, in death, very much on the same lines in New York as they do here. The chief point of interest, however, lies in noting where general administration differs in the two countries. It may be said at once that the whole volume testifies to care and study of the patient, and to his interests being carried out in the most praiseworthy method. This particular report brings with it the record of a completed scheme, begun

some ten years ago, for the transference of the care of the whole body of rate-paid patients to the State Commission from the various bodies who were charged with the duty before that date. The city of New York was the last to hand over its authority. The scheme now completed is briefly this:—at the head of all is the State Commission, consisting of three Commissioners, whose province is very similar to that of our own board. For each of the eleven hospitals, which together supply the whole public accommodation in the State, a board of seven managers is appointed by the Governor with the advice of the Senate. This board is charged with the general management and supervision of the particular hospital. It has power to appoint or remove the medical superintendent and treasurer only. The medical superintendent, under the supervision of the board, has a very free hand indeed. He has full power to appoint and remove all other officers and employes whatsoever. He orders all supplies, and is the chief executive head.

Though the hospitals have a certain independence of management, they each form a unit in one system. Patients can be transferred from one to the other. All goods are supplied on contracts extending over the whole system; salaries, wages, uniforms, are on one settled scale applied to all the institutions. The Commission, having devised and procured the adoption of this uniformity, is naturally gratified by its consummation. It claims the following advantages among several others:—it is found that already the maintenance cost per patient has been reduced from \$216 to \$186 per annum, making a yearly saving of \$600,000 on the 20,000 public patients who are now cared for by the State. It has been found possible to get \$80,000 reimbursed in the past year by the friends of patients who before were allowed to escape liability, the “incentive being political or other influences.” The legal distinction between hospital and asylum has been removed, all institutions now being organised on a curative basis. This has had a most beneficial effect. A civil service regulation has established competitive examinations for appointment of all resident officers. This has effectually checked all partisan influences. A material increase in the average rates of salaries and wages has been secured. A State-directed pathological laboratory has been established, together with a uniform system of training and “graduation” of all the subordinate staff.

A somewhat peculiar arrangement for a monthly conference

has been organised. The conference takes place at the office of the Commission itself, and is attended by the Commissioners, the medical superintendents, and, at the discretion of each board, a member thereof. The discussions embrace all "matters relating to the care and maintenance of the State hospitals, and particularly with reference to the purchase of supplies for their use." The care and treatment of patients is held to come within this reference. The points in discussion are settled by a majority of votes of the conference, but the Commission is careful to state that its statutory prerogatives are not hereby qualified.

We cannot say that in our opinion such an arrangement is free from doubt. It may work well while all are harmonious, but we should fear that a cross-grained Commissioner or a cantankerous superintendent or two would create very unpleasant positions. We cannot think that it is altogether wise for a Commissioner to leave his independent position, which he must do in voting with others on questions which may under unfortunate circumstances bring into sharp relief the difference of the relative positions of Commissioner and superintendent. More important still, there is the chance that, while a high state of minimum efficiency over the whole may be secured, the formation and carrying out of happy ideas by brighter brained individuals may be unduly repressed. We know well enough that such ideas have led to the real progress which has been made in asylum life. Doubtless this particular experiment will be watched with interest.

We note that an allowance of \$240 per 1,000 patients is made for amusements, music, outdoor sports, &c. The Commission makes a strong point of the establishment of a good band in each hospital. We are glad to see that religious exercises and Bible classes are not put so prominently forward, to the exclusion of lighter forms of recreation, as used frequently to be the case. Among other matters of importance the commission remarks on the following points:— it deprecates strongly a recent change in the law of commitment. Heretofore a certificate by two qualified examiners, approved by a judge of court of record, was requisite, the judge having power to call for further evidence, or to call for a jury. Now, an order of the judge granted on a verified petition with the same certificate is required. The powers of the judge are very similar to those of our justices, and so far the only difference between the English system and that of New York is the difference between a justice and a judge

of a court record, together with the fact that the arrangements apply to public as well as private patients. But the *sequelæ* are positively dreadful. If the patient or a friend is dissatisfied with the order he may within ten days appeal to a justice of the supreme court, who *shall* call a jury to decide the matter. The appellant has to make a deposit or give security for costs of the appeal, while on the other hand the petitioner may, if the case is given against him, be saddled with all the costs.

The question of alien and non-resident patients is, indeed, a serious one in New York. In the seven years ending October 1st, 1895, 33,754 cases were admitted, of which number no less than 50 per cent. was foreign-born. The commission reckons that the capital cost of each bed is \$550, the yearly maintenance is \$186, and the average residence of an unrecovered case is twelve years. The burden of imported insanity is therefore tremendous. The law now provides that if an alien becomes insane within one year of his arrival, and provided that it can be shown that his inability to support himself was the result of causes which existed at the time or prior to the date of his landing, he may be deported at the expense of the steamship company importing him. The commission recommends that the period of one year should be extended to two years, and that it should not be necessary to show existence of any cause at the time of immigration. Further, that at each principal port of departure in Europe, and at each principal port of arrival in the United States, a trained alienist should be employed to "examine" and pass upon the mental condition of persons seeking residence or citizenship in the United States. Verily the disease is desperate, but the remedies are heroic.

It should be mentioned that of the 2814 aliens admitted into the New York hospitals, 1067 came from Ireland, 700 from Germany, 173 from England, 133 from Prussia, 109 from Canada, 107 from Austria, 81 from Italy, &c.

The Commission is of the opinion that there is no evidence of the correctness of the common opinion that insanity as a disease is becoming more prevalent. It reproduces and supports the report of the English commission in 1897 on the same subject.

The statistics show that the percentages of recoveries during the year under report to admissions (no deduction being made for transfers as with us) was 17·5, and the proportion of deaths to average daily population was 9·5. A

great deal of other valuable statistical information is given both as to the total of the State and of the individual hospitals. But, as is the case sometimes nearer home, a good deal of this value is dissipated by diffuse and unsatisfactory heads of enumeration. We would suggest that the Commission should take in hand, as it has every opportunity to do, the preparation of really scientific tables of, *inter alia*, causation of insanity and death. The assignment of such causes as "Christian Science," "intestinal toxæmia," "intemperance (peppermint)," "use of hair-wash," would suggest that the causation was taken from the admission papers rather than from inquiries carefully made by the medical staff, which alone can give a table that will be worth the paper it is written on. The table of death causes, however, must emanate from the staff itself. "Cerebral diseases" are assigned as such in about 2·6 per cent., which is altogether too small a proportion to be accurate. We cannot see the advantage of returning deaths under the head of "status epilepticus" as well as "epilepsy," &c.

Hereditary predisposition is given as a cause in about 6 per cent. in the cause table; but in another table, illustrating the operation of heredity, it was shown in 1200 out of 5600 admissions. In another 1800 cases it was "unascertained," while in no less than 2500 cases it is roundly stated that there was "no hereditary tendency." This latter fact, again, suggests too much reliance on admission papers. We feel sure that the statistical portion of the volume will be brought up to the level of the other parts.

Alcoholism accounts for about 10 per cent. of the admissions, the female cases in which this was assigned being about as one to five of the male cases, the proportion in England being about one to two and a half.

The admissions of cases of general paralysis during the year were about 7 per cent. The sexes are not divided in the table of forms of insanity on admission, but in the tables of causes of death the female cases appear to be about one eighth of the total deaths from this cause. Of 2469 cases admitted in eight years only one recovery is recorded.

We have space for but a brief note of the remarks of some individual superintendents.

Dr. Alder Blumer, of Utica, presses on the authorities the adoption of the boarding-out system. He also strongly advocates Nurses' Homes.

Dr. Mabon, of the Willard Hospital, speaks favourably of his experience of the thyroid treatment, and of the use of red bone marrow in cases of anæmia.

Dr. Pilgrim, of the Hudson River Hospital (several photographic views are given), is very gratified with the results during the last three years of putting experienced women nurses in male wards. There is at least one woman in each ward, with the exception of those for violent and disturbed cases.

Dr. Talcott, of the Middletown Homœopathic Hospital, gives a detailed description of the therapeutic uses of about twenty drugs. We confess that we never saw so much generosity in imparting medical instruction in any report intended to be read by laymen, and we do not think it wise generosity. Cantharis may be useful, as stated, "among the insane when the female patient suffers with an intense nymphomania, or the male is afflicted with satyriasis." Stramonium, which causes frightful objects "to terrify the victim of a stramonium proving" may be very successful in a patient who sees snakes by reason of his insanity, and so forth, but such little matters are best kept for professional eyes, and we would suggest that the Commission should use its great influence towards the cultivation on Dr. Talcott's part of that medical reticence which adorns the reports of his colleagues. Certainly, when he begins a special report to the Commission itself on the care and cure of the acute insane by stating that "the treatment of the insane requires, first of all, buildings which are especially adapted to the necessities of this class of invalids," and tells the Commission that the soil should be dry and porous, and all about the benefits of fire brigades, extinguishers, engines, escapes, &c., Dr. Carlos Macdonald will have thought of an appropriate proverb connected with eggs. It is odd reading, too, to find wedged in between such items of real instruction as have been recorded above a detailed list of the repairs to the kitchen table top, doors, floors, &c., and a record of the number of apples, carrots, and other produce consumed.

The General Superintendent of the Manhattan Hospital, Dr. A. E. Macdonald, who attended the Annual Meeting at Newcastle last year, has under him 3 medical superintendents, 32 assistant male physicians, 2 women physicians, and 8 medical internes. This hospital was involved in a curious lawsuit, turning on a point whether the superintendent was bound to receive a patient who was not properly and whole-

somely clothed. The Supreme Court decided that he was justified in refusing to receive.

This report is the last that will be issued under the authority of Dr. Carlos Macdonald, who has now resigned his presidency of the Commission. The completion of the great scheme, towards which he has worked so industriously and successfully, releases him from his labours. We feel sure that he and others can look back on them with satisfaction and approval.

The Structure of the First or Outermost Layer of the Cerebral Cortex. By W. BEVAN LEWIS. (*Edinburgh Medical Journal*, June, 1897.)

The author gives the results of his researches into the complicated peripheral zone of the cortex. Evidence is adduced to show that a notable relationship exists between this zone and the underlying series of nerve-cells. This zone, "being the territory of reception of the terminal dendrites of the large bulk of nerve-cells of the underlying strata, will vary in depth proportionately with the poverty or health of such cells." The constituent elements of the area in question are considered seriatim, as follows:—Neuroglia and lymph connective elements, tangential or superficial medullated belt; terminal dendrites, from the apices of pyramidal and other cells; termini of the second layer of cells. The question of the existence of nerve-cells in this zone is discussed. The author is somewhat difficult to follow in places, the argument is, perhaps, scarcely so clear here and there as one would desire. His conception of the peripheral zone of the cortex is, however, clearly expressed—"an enormous field of the cortex in which sensory units are brought into close contiguity with the terminal dendrites of the motor pyramidal cells, . . . a field *facile princeps* that whereon the transference of sensory currents to motor energy is realised." Incidentally reference is made to the view of Golgi, that the protoplasmic processes of cells administer to the nutrition of the cell—a view based upon an assumed connection between these dendrites and the vascular channels and connective-tissue elements. The author considers that it may be affirmed that no such connection exists.

In these researches the author used a modified form of