

even get a satisfactory account of the population of the place—of the actual number resident. Wild guesses were indulged in by our dragoman that there were a thousand—or perhaps five hundred; but we certainly did not see more than about two hundred and fifty. We were told that the police brought the “patients” there; but our knowledge of the Cairo police regulations was too limited to furnish us with any idea as to the correctness of this statement. With regard to deaths there was an ominous silence, and the phrase, discharge of a lunatic, seemed to have absolutely no Egyptian equivalent. But the whole place is so utterly beyond the ken of civilization, that it remains as hideous a blot on the earth’s surface as is to be found even in the Dark Continent.

II.—By WILLIAM SAMUEL TUKE, M.R.C.S.

In one visit to an asylum, during which all conversation has to be carried on through the medium of a dragoman, it is not easy, however intelligent he may be, to gain all the facts which one desires bearing on the many questions which arise in reference to the insane in a land placed under such different conditions from our own, as is Egypt. Hence no further excuse is needed for the insufficiency of my observations on the Cairo Asylum, which I visited on Dec. 11, 1878.

Dr. Mahommed Tagroi is the principal medical officer, and I am indebted to him for the obliging manner in which he showed me over the institution, and facilitated my inquiries. The asylum is a Government establishment, and the doctor finds his superiors the reverse of liberal in affording him the means to effect improvements. He was anxious that I should understand that the dirt and miserable squalor which at once strike any one familiar with the condition of an English County Asylum, are not in accordance with his own wishes, but are due to the impecuniosity of the Government. Let us hope that with the expected revival of Egyptian finance, this asylum may participate in the advantage.

The building dates from the time of Mohammad Ali (1805-48), but at that period it was used as a dock warehouse, and was only converted into an asylum about two-and-twenty years ago. Having such an origin as this, it can easily be imagined that it is not strikingly comfortable, or structurally adapted to its present functions. It must be remembered,

however, that in an Egyptian atmosphere good houses are not so absolutely necessary as in our own variable clime. It is situated in the suburbs of Bulak, close to the Nile, and one enters at once from the road, through a large door-way into a small court, from which are entrances leading directly into the wards. The inmates number about 200, in the proportion of three men to one woman. This, of course, seems a small number of resident insane, but it is explained by the fact that only such as are dangerous to society are confined here, harmless lunatics being allowed to go at large. And here it may be remarked that in Egypt, as a rule, the insane, especially idiots, are regarded as holy men, for the Mussulmans entertain with regard to them the plausible hypothesis that their souls are in heaven, and their bodies are consequently left without mental guidance. I only recognised one distinctly idiotic patient in the asylum, and he would not have been there but for being violent.

We first entered a large square room devoted to women; the contrast to an English ward was certainly rather appalling. It was paved with rough flags, and was quite innocent of any furniture with the exception of the mean truckle-beds, arranged round the wall. Crouching upon these, or upon the bare floor, were a number of female patients, mostly wrapped in a rough cloth, which appeared to be their only garment. The place looked intensely squalid, though I cannot say it was strikingly dirty or foul. Most of the women seemed quiet enough, though here and there I saw one with a wild expression, and sometimes with a look of sullen lethargy. None of them were employed or amused in any way. In some small, perfectly bare rooms near, excited or newly-arrived patients are confined.

As to mechanical restraint, the only means employed, as I was informed, is the strait waistcoat. I was assured that no chains or anything answering thereto are now used.

Beyond the cells just mentioned we entered a small and bare court-yard, in which the latrine is placed. Most of the women were squatting on the ground or standing against the walls. In the centre we found a woman who had set a bundle of rags on fire, and was sitting on the smouldering heap. The attendants, however, prevented her self-immolation by speedily removing the funereal pile. One patient here presented very typically the classical picture of a maniac—wild vacant eyes; dishevelled hair, along with the expression of mental storm and utter shipwreck.

The cause of insanity in nearly all the female cases was matrimonial unhappiness. In many it was in consequence of divorce, which in this country the husband can effect at pleasure. In others, it was said to be due to disappointment in not having a family. I found it impossible to find out clearly what form the disorder usually takes in such cases, but all the patients here are subject to fits of violent excitement at times. Hashish, which I shall presently mention in describing the male patients, figures with comparative rarity in the ætiology of female insanity.

The male wards are small rooms opening out of a corridor. Each holds eight or ten beds. They do not look so squalid as the large female ward, because they are smaller, but in reality they are equally devoid of comforts; there is no trace of furniture except the low truckle-beds upon which the men crouched or lay. There is no glass in the windows, which, however, is, I dare say, rather a boon than otherwise; they are guarded by iron cross bars, and can be closed by wooden shutters outside. They are large enough to admit a very fair amount of light and air, and it was doubtless owing to these free openings, and to some perfume which an attendant carried before us on some burning charcoal, that I noticed no particularly bad smell or closeness. On entering each ward, some one or two patients began relating their grievances or giving expression to their delusions. None of them were under any mechanical restraint, although I was informed that they were all subject to fits of violence at times. With the men, the attack of insanity was attributed in nearly all cases to one of three causes—the use of hashish, some disappointment or grief, and religious excitement. Of these the first is by far the most frequent, quite taking the place of alcohol in our own country. The craving for the drug after it has been taken away is very great, and in the large majority of instances the “hashshashin” revert to their bad habits on their release, so that there are many re-admissions. The use of hashish is extremely common among the lower classes, and its importation is no longer forbidden by the Government, which reaps a rich harvest from the duty. The number of cases in which the insanity is attributed to this drug is simply enormous. Cases due to alcohol are rare, although I believe they do occur. It is interesting to notice to what an extent the injunction of the Prophet* has checked

* “O, true believers, surely wine and lots (games of chance), and images, and divining arrows are an abomination, and the work of Satan; therefore avoid

the abuse and even the use of alcoholic beverages, but at the same time it is not a little melancholy to observe that it has after all only changed the outward face of the evil, which shows itself in the use of *Cannabis Indica* instead of alcohol.

The following two instances of grief acting as the cause of insanity were pointed out to me in my round. In one, a man had had his cow taken away from him, because he could not pay eight pounds instead of two, as a tax; so "being a religious man," the sense of injustice and of his great loss had upset his mental balance. The second was that of a young officer who had married a wife much older than himself, and the lady not coming up to his expectations, his disappointment was so intense that he became insane. I may mention, in passing, that he was the best specimen I have observed at Cairo of the old Egyptian physiognomy; indeed, he might have served as a model for one of the sculptured profiles of this ancient race. Those whose attacks of insanity were connected with religion were for the most part men who had devoted their time and energy to pondering over the Koran and other theological works, and who desired to be *santons*, or fancied themselves heaven-sent prophets. The men, like the women, had no employment or amusement whatever; they appeared much more desirous than the latter to relate their experience and grievances.

With regard to the delusions which I heard mentioned, the majority were of the ordinary character; the patient imagined himself possessed of boundless wealth, or fancied that people wanted to hang him, or that he had received messages from a Deity. One aged individual who considered himself a prophet, thought that his wife was married to 3,000 men, and that whenever she visited him, she hit his head with stones.

I was told that suicide was never attempted; occasionally patients endeavour to commit homicide.

With regard to the means employed in Egypt for the cure of insanity, I find that bleeding is the chief therapeutic remedy. It is resorted to when an attack of violent excitement comes on, and I was assured it was very efficacious. Drugs are scarcely used at all. Opium is sometimes given in cases of religious excitement, but it is considered to resemble hashish too closely in its effects to make it desirable to

them that ye may prosper. Satan seeketh to sow dissension and hatred among you by means of wine and lots, &c. Will you not, therefore, abstain from them?" (*Al Koran*, chap. v.).

employ it largely. Necropsies are occasionally performed. Dr. Mahommed informs me that in those cases in which the patient dies during insanity caused by Indian hemp, the brain is found smaller and drier than usual.

Patients are brought to the asylum by the police, and are then examined by the doctor. In the first instance, a new comer is kept separate from the other patients until it has been ascertained whether he is sufficiently docile to be placed in the common ward.

On inquiring to what extent heredity seemed to operate as a predisposing cause, Dr. Mohammad said that he had not been able to trace its effects.

In regard to the staff of the asylum there are two Medical Superintendents, and male and female attendants. These attendants—the women especially—are sorry specimens of humanity. So much for the Cairo Asylum. Before concluding my paper I will briefly add one or two points of interest to the medical psychologist travelling in Egypt.

At the Coptic Church of St. George, at Old Cairo, the visitor is shown a pillar to which a chain is attached. To this pillar a person labouring under acute mania is fastened for three days without food—a procedure which is regarded as almost a certain cure of the malady. Unfortunately for me, no one was undergoing the course of treatment when I visited St. George's, but my excellent dragoman tells me that on the last occasion on which he visited the Church, six months before, he saw a man actually chained there.

Since leaving Cairo to ascend the Nile in a dahabieh, I have made various enquiries as to the existence of insane people. I shall be better able to form an opinion on this question at a later period of my travels, but I may here mention that at Assiut I saw in the streets two "lunatics." Both were idiots apparently—one unquestionably so. He was going about clothed in a rough cloth, asking for bread. He had a very defective head, an internal squint, and general ill-formation. We gave him a copper, but he said he wanted bread, so we bought a cake for him, which he put under his garment, and then shuffled away. He seemed to excite the amusement of the natives rather than their awe, notwithstanding what I have said of the notion that the minds of idiots are in heaven, or, at any rate, holy and absorbed in devotion. The other man had various delusions, said he had a thousand buffaloes, but they would not give birth. When I asked him why he did not work, he said seven children were too many to work

for. Sometimes he barked like a dog, which was said to be merely for the purpose of making us laugh.

At a place near Korusco I saw an imbecile with a curiously distorted head. Almost all the imbeciles I have seen have been ill-developed generally, with small heads, narrow chests and weak legs.

CLINICAL NOTES AND CASES.

Two Cases of Temporary Aphasia from Shock after a Series of Severe Epileptic Fits. By FLETCHER BEACH, M.B., M.R.C.P., Medical Superintendent of the Darent (late Clapton) Asylum.

(Read before the Medico-Psychological Association, November, 1878.)

It will be impossible for me to discuss this evening the different theories that have been brought forward to account for the production of aphasia (including under this term all forms of affections of speech), and I limit myself therefore to a few remarks upon one of them.

It is held by some authors in this country, and more especially by Drs. Bastian and Broadbent, that there is a special "perceptive centre" in relation with each sense, and that these "perceptive centres" are situated in convolutions which receive radiating fibres. Ferrier's researches have located the centres for vision, hearing, smell, taste, and touch in some of the convolutions into which these fibres have been traced, more particularly fibres from the extraventricular portion of the optic thalamus. It has been considered probable that the formation of a complete idea of external objects would be represented structurally by the convergence of commissural fibres from each perceptive centre to some part of the cortex not in direct relation with the basal ganglia. This formation of a complete idea is of course not present in the young infant, but is gradually attained, the perceptive centres also being more highly developed as the child grows up. A part of the intellectual process above mentioned would be the association of a name with the idea, so that ideas may be expressed in language. If a breach were made in the channel of communication between one of the perceptive centres and the "idea centre," or "naming centre," say the "visual