

to the charge of relations or others prepared to look after them, with certain precautionary conditions.

The reports for the Irish Convict Prisons for 1870 do not contain much information as to the mental state of the prisoners. The Directors seem to find considerable trouble in dealing with the weak-minded class, about whom they remark—"They frequently annoy the well-conducted prisoners; their labour is almost valueless. A short, sharp punishment in a county gaol would probably prove more deterrent to this class of prisoners than the lengthened term in a convict prison." Of three females sent to the criminal asylum from Mountjoy, "two were imbecile on reception and the third had been twice before an inmate of the asylum."

Appended to the Blue Book for English Prisons is the report for Western Australia. The Surgeon Superintendent, speaking of the insane convicts in the asylum at Fremantle, says—"No assaults of any consequence have been committed by the patients during the year either on their attendants or on each other; occasionally disputes and angry words arise and pass, but are soon and easily suppressed. Except in one instance, Patrick Shannon, on whom it was absolutely necessary to put some hand muffers at the commencement of the year, restraint has been totally unknown. There is no padded cell in this asylum, and, though the large proportion of its inmates are convict lunatics, I have never had any reason to wish for one."

It is unnecessary for us here to make any comment on these various extracts and opinions; but there is no doubt a great field for psychological study in the varied questions that suggest themselves with regard to convicts, their crimes, their position in the social scale, and the effects which imprisonment has upon them.

D. N.

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*Asylum Reports for 1871.*

We have made some extracts from the different asylum reports received this year, and are glad to notice the increased and increasing interest of the medical details. Many of the superintendents have contributed some valuable information,

and it is evident that the asylum is regarded more as a field of practice, and less as a mere house of detention. That this is making itself felt is evident from the greater notice the reports attract in the medical newspapers.

It would be impossible to notice each report, but we have selected some of the more striking incidents in those that have come before us.

**BERRS.**—The first report of this, a new asylum, gives a detailed account of the structural and other arrangements, together with a history of the trials attending the opening. It appears that no sooner had patients been admitted than the ceilings were found to be so bad that they were all condemned, with the exception of those under the roofs, and had to be renewed, a work which lasted more than six months. However, the construction of the asylum seems to be satisfactory, and it is in good working order now. Dr. Gilland gives the following details as to the building :—

The Asylum Estate, located in the parish of Cholsey, consists of nearly 80 acres of land, extending from the Wallingford Road to the Thames, and bounded on the west by Stoke-ferry Road. The ground slopes gradually towards the river, which is about half-a-mile from the asylum. The soil, generally well adapted for agricultural purposes, is an alluvial deposit of loamy gravel, with a substratum of sharp sand, gravel and flints, resting on firestone, which, at a depth of 14 feet from the surface, yields an abundant supply of good water. The asylum buildings occupy an elevated site near the northern boundary of the estate, contiguous to the Wallingford Road; the distance from the road to the front entrance being 400 feet.

The asylum is built of red brickwork, slightly relieved with stone coloured brick dressings, the style of architecture being a modification of Early English. It is planned to accommodate 285 patients, the relative numbers in regard to sex being 134 males and 151 females. Sleeping accommodation has been provided for 222 in dormitories of moderate size, none of which contain more than 15 beds; and for 63 in single rooms; the latter being in the ratio of 1 to every 4·5 patients. This proportion, which is relatively greater than that of many asylums, is none too large, as it tends to facilitate the working of the asylum, and materially contributes to promote the tranquillity of the associated dormitories.

The windows throughout the asylum are, in general, two-light windows, divided by central stone mullions. The sashes, which are all of wood, are double-hung, in order to allow them to open 5 inches at top and bottom; the lower sash being prevented by a lock from

opening to a greater extent. The panes are of moderate size, measuring on an average 11 inches by 8in. By means of a very simple and ingenious contrivance, an upward current of fresh air can be admitted between the middle extremities of the two sashes, without any draught being experienced by a person sitting close to the window; the latter to a casual observer seeming apparently closed. The pleasing domestic appearance of these windows, the facilities they afford for ventilation, and, when shut, the immunity they secure from cold draughts, render them extremely well adapted for asylum purposes.

In both the male and female division, two single rooms, one on the ground and one on the first floor, have been fitted up as padded rooms, the pads of one room being covered with leather, and those of the other three with strong India-rubber cloth. A thick layer of Linoleum has also been laid on the floor of the two upper rooms.

The number of patients at the end of 1871 was 116 males and 132 females; total, 248.

**THREE COUNTIES.**—At this asylum a considerable enlargement has been made, and there is now room for 680 patients. Two splendid dining-halls have been erected, in which all the meals are taken. Mrs. Denne, who has been matron for many years, has retired from her office, on a superannuation of £50 a-year, and the Committee have recorded in their report “how much indebted the asylum was to Mrs. Denne for her long and most valuable services.”

**CAMBRIDGESHIRE.**—The long feud between the Commissioners and the Committee of this asylum seems to have resulted in an attempt to enlarge the asylum, and add some improvements, but, after many vicissitudes, these plans have only reached the stage of good intentions, and do not appear likely to get much further. No assistant medical officer has yet been appointed, and this asylum enjoys the distinction of being the only county one without a second medical man. So obtuse are the Visitors on this point that they only agreed to have a second if they could earn money enough to pay him from out-patients. There are 260-70 patients.

**CHESTER.**—The old asylum has been a good deal improved, and the patients are maintained at 7s. 7d. a-week.

**CARLISLE.**—Dr. Clouston reports the health of his patients as good; but speaks of a “few mild cases of diarrhœa in the spring, no doubt caused by effluvia from the sewage, which at that time of year finds the ground saturated with water, and no vegetation going on to utilize and deodorize it, even though

the sewage is deodorized by carbolic acid, the ground is well drained, and the stream of sewage is run on fresh ground every day."

These evils are by no means common in spite of the great use of sewage irrigation now.

The following remarks relate to two cases admitted in the year:—

One was that of a man who was so excited by the Murphy riots in Whitehaven that he was brought here quite mad; in his case, however, I should not like to say too confidently that the whisky he had been drinking did not share with his excessive religious zeal some portion of the blame of causing his insanity. The other man was one of those who had charge of a light-ship, with long periods of time on duty, and very short intervals of relaxation and change ashore; he was on indifferent terms with his shipmates, and did not associate with them, but devoted himself largely to reading. The consequence of this worse than solitary confinement was, that after being there for some years he became quite insane, and would probably have drowned himself if assistance had not arrived opportunely. After he recovered he told me that his insanity was undoubtedly caused by the extreme monotony of his life, and that he was the third man in that same ship who had become insane, one of them having committed suicide.

At CAERMARTHEN we read that—

One young man, aged 20, habitually went naked before admission here. He was generally locked up while his relatives were absent during the day, but at times made his appearance in a state of nudity in the village. He slept with his mother and a sister aged twelve years. When visited by the relieving officer, for the purpose of removal, he was found alone, naked, and no clothes suited for him could be found in the house. He was removed with only a petticoat pinned round him. This was a case of probable congenital deficiency, and he had been for years subject to epilepsy, yet he was not registered as an idiot or lunatic. Until such cases are searched out, and their number recorded, all statistics bearing on the alleged increase of lunacy in this district can only be fallacious.

PRESTWICH.—We are glad to see such a graceful acknowledgment of Mr. Holland's services on the part of the Visitors as is contained in the following extract from their report:—

The Committee avail themselves of the present opportunity of recording their testimony to the valuable services rendered to this Institution by Mr. Holland, who has held the situation of Superintendent from its foundation—a period of 22 years—and to the many

eminent qualities he possesses—to his administrative ability, as shown in the conduct and management of an Asylum containing upwards of a thousand patients, with a full staff of officers and attendants—to his successful medical treatment of the insane, as proved by the high standard to which this institution has attained in the proportionate number of cures effected—and to his singular skill in architectural and general arrangements, as exhibited in the alterations and additions made, on his plans and suggestions, at the Prestwich Asylum, which, during his Superintendence, has been enlarged to nearly three times its original capacity and dimensions. Whilst regretting the loss which this institution will thus sustain, the Committee fully recognise the propriety and peculiar fitness of Mr. Holland's appointment as Superintendent of the New Asylum at Whittingham, which has been designed by him, and in the construction of which he has manifested a very deep interest.

At YORK a patient displayed great cunning in planning his escape, thus:—

A male patient made his escape, and was not retaken within the period allowed by the statute. The method of his escape was peculiar, and showed, not only remarkable ingenuity and design on his part, but the difficulty of adopting such precautions as to render escape impossible. The patient escaped on a Sunday evening through the window of a water closet, and by the following means. The window in question, the squares of which were too small to allow of egress, was blocked top and bottom, so as to open only 5½ inches clear, by solid wooden blocks screwed firmly to the frame. The screws were found to have been gradually extracted by means of the head of a nail picked up in the garden, and their places filled with soap, so that no external indication of their absence might be left. This operation had probably extended over a period of several weeks. When all the screws were gone, to remove the blocks and open the window was easy, and to jump a few feet to the ground not difficult. The patient wandered from town to town in the Midland Counties, levying contributions upon former friends, and was finally retaken and brought back to the Asylum, with fresh order and certificates, five weeks from the date of his escape.

SUSSEX.—Dr. Williams' report is one of unusual interest and ability, and contains some valuable observations on therapeutical experiments carried on among his patients. They are evidence of great industry and zeal in a good cause, and will repay perusal. Not the least interesting feature in this report is the essay of the Chaplain, Rev. T. E. Crallan, who has laboured assiduously at meteorological observations, and has compiled a chart showing the variations during four

years, and the influence of certain changes in the weather on the patients. The facts are well worth careful attention, but we must be content with referring to his conclusions. He says, alluding to epileptics:—

It seems to me tolerably clear that when a great fall or a great rise of the barometer, or a great rise or fall of solar radiation occurs—*i. e.*, a decided change from bright to dull weather, or the opposite, or when both the atmospheric pressure and the solar radiation are much disturbed either in the same or contrary directions—an accession of fits invariably occurs. I am led, therefore, to the inference that it is, after all, not the moon which directly affects the epileptic patients, but the change of weather; and that it is the coincidence which not unfrequently occurs, of a change of weather with a change of moon, which has led the popular mind into the notion of the moon affecting both the weather and the epileptics.

And concludes thus:—

I come, then, to the conclusion that, so far as my own observations go, any marked change of atmospheric pressure, solar radiation, or both, either in the same or contrary directions, is almost certain to be followed by increased number of fits among the epileptics or by a development of mania or melancholia. Sometimes all three forms of disease will be augmented at once, sometimes only one, and it is deserving of notice here that very often the maniacal and melancholic patients seem to be affected in opposite ways, the latter being well when the former are excited, and the converse.

Smallpox having been so prevalent, several of the asylums have been visited by it, such as the Surrey, Hanwell, Rainhill, and Northampton, and at Brookwood five deaths occurred; “the type of the disease not only being of the worst confluent form, but also, in several cases, of the hæmorrhagic kind.”

In most asylums re-vaccination was largely practised, and with undoubtedly great success in preventing the spread of the malady. As many as 800 persons were re-vaccinated at Brookwood.

#### *Medical Treatment.*

Dr. Yellowlees, of Glamorgan, remarks:—

There has been nothing unusual in the Medical or General *Treatment*, except perhaps that restraint has been used chiefly on the female side, and generally in the form of gloves embracing the whole hand. This is regarded technically as “Restraint,” and is registered as such

in the "Medical Journal," although it scarcely deserves such an opprobrious name.

I never hesitate to use Restraint when other means fail, if I think it for the patient's good. The cases requiring it are very rare, but it is as certainly right to use it when required as it is wrong to use it when unnecessary. To condemn Restraint under all circumstances merely because it has been or might yet be abused, is as unreasonable as to forbid all use of Stimulants, because they have been or may yet be used too freely.

Mr. Wickham, of Newcastle, writes, as follows, of his experience of the hydrate of chloral :—

The hydrate of chloral has been used with, on the whole, good results in many cases, but at the same time it is a drug of which it may be said in a very particular manner, that it must be employed with caution, and not so indiscriminately as some would lead one to suppose, for deleterious and sometimes even dangerous effects have been observed after its use. It has been said that it is to the art of medicine what chloroform is to that of surgery ; but in our present faulty knowledge of its actions, I am not inclined to subscribe to this doctrine further than as regards the possible danger attending its use. A male patient suffering from great excitement was treated in the following manner :—On the 26th August he got 35 grains at bed-time, and on the 28th, 29th, and 30th, 30 grains each night. He did not get any more until the 5th September, when the treatment was changed to 10 grains three times a day. This had no effect, and the dose was increased on the 9th September to 15 grains three times a day. On the morning of the 11th, he suddenly became so blind as to be unable to distinguish light from darkness, and this state only passed off when the medicine was stopped. The pupils were very greatly dilated, but there were no symptoms of prostration, or of any other constitutional disturbance observed. He took his food well, and his mental condition remained much the same as before. It is not easy to ascribe this unlooked for phenomenon to anything but the effects of the hydrate of chloral, while it also shows what an exceedingly powerful drug it is.

In the case of a female patient who had been treated for a short time with doses gradually increased to two scruples at bed-time, with no apparent effect, the treatment was changed to 20 grain doses three times a day. She was, like the former case, suffering from great excitement. This dose was continued for seven days, when she became the subject of the most severe urticaria I ever saw, attended with feverish symptoms of so violent a nature as to cause considerable anxiety. I could not discover any disease of the heart in either case, but in that of the woman I found that she had been suffering from her periodical indisposition during the last two days of the exhibition of the drug. These and other cases have made me unwilling to use it

much of late. A careful investigation of its actions and properties is much required, as there is no doubt that it is a valuable addition to the pharmacopœia, and applicable to certain cases in which Opium is hurtful and other drugs are more or less useless.

*The Number of the Insane.*

In the **BROOKWOOD** Report Dr. Brushfield devotes considerable attention to the question of the number of lunatics in the county of Surrey, and comments on the increase of lunatics, though he shows that the proportion is not above the average of the rest of the kingdom. As in other suburban districts, the Brookwood Asylum has been influenced by the new Metropolitan Institutions at Caterham and Leavesden, and, speaking of this, Dr. Brushfield says:—

There has been a considerable alteration in the distribution of the County cases during the last two years, owing to the opening of the Metropolitan Asylum at Caterham, which, although a workhouse within the meaning of the Act of Parliament, has not only received the cases which formerly occupied the workhouse wards, but has also had transferred to it a large number of cases from the ordinary asylums. This alteration is apparent in the following table, where the amount of diminution in the number of asylum inmates in 1872 nearly represents the number who were confined in Licensed Houses, and out-County Asylums in 1870.

	In County & other Asylums.	In Caterham Asylum.	In Work- houses.	With Friends.	Total.
Jan. 1, 1870.....	1919	...	413	181	2463
„ 1871.....	1979	187	309	133	2558
„ 1872.....	1655	789	164	145	2753

In transferring the quiet and harmless class from asylums to an institution like the one at Caterham, the former are, no doubt, relieved for a time of a number of incurable cases; but it must be borne in mind that the measure is a very doubtful one, both of economy and of prudence.

At the **HANTS** Asylum Dr. Manley, in his interesting report, also discusses the number of insane in his county, and remarks:—

The ratio of pauper lunatics to the population generally, in England and Wales, is 2.40 per thousand of the population. In Hampshire, excluding the two large boroughs of Portsmouth and Southampton, it is 2.42, whilst in the neighbouring county of Wilts it is 3.29, of Berks 3.15, of Dorset 2.58, of Sussex 2.51, of Oxford 3.11, and of Somerset 2.63 per thousand.

Although Hampshire in this list contrasts favourably with these



counties, still the number of pauper lunatics in this county has increased in a proportion far exceeding that which it bore to the population ten years ago; for, whereas the increase corrected for the population would be 73, the absolute increase is 242.

In 1861, 381 insane paupers, including those belonging to the borough of Andover and the city of Winchester, or 57 per cent. of the whole number were in the asylum; 162, or 24 per cent., were in workhouses; and 129, or 19 per cent. were domiciled with their friends.

In 1871, 571 patients, on a similar calculation, or 62 per cent. were in the asylum; 209, or 23 per cent., were in workhouses; and 134, or 15 per cent., were domiciled with their friends.

He accounts for the increase chiefly by the altered circumstances of life leading to greater care and anxiety, excitement, difficulties in living, and intemperance, though of the latter cause he adds—"But my impression is, that a very small per centage of the admissions can be absolutely attributed to drink, but rather that the insanity has led to the intemperance, the patient having resorted to it after the insanity had set in."

Dr. Yellowlees makes the following remarks on the numbers in Welsh Asylums:—

The recent Census Returns now make it possible to compare Glamorganshire with other counties as regards the number of pauper lunatics. The general results, as derived from the latest Parliamentary Report of the Lunacy Commissioners, are briefly these:—In England and Wales the ratio of paupers to the general population is 47.8 per 1000 as against 48.9 in Glamorgan, the proportion of lunatics among these paupers is 4.6 per cent. as against 3.4 in Glamorgan; and the ratio of pauper lunatics to the general population is 2.2 per 1000 as against 1.6 in Glamorgan. Only six counties in England and Wales have a fractionally smaller ratio of pauper lunatics than Glamorganshire, while the neighbouring counties have a much higher ratio. Carmarthen and Pembroke have each 3.0 per 1000, Monmouth 2.4 per 1000, Brecon 2.5 per 1000, and Hereford 3.4 per 1000.

The present position of Glamorganshire is, therefore, in this respect extremely favourable; this is doubtless due to the very rapid increase of population, and to the large influx of healthy labourers from other counties; it would be vain to hope that this favourable position can be permanently maintained.

#### *Pathology, &c.*

Among the various reports we are glad to notice several pathological contributions. In the WORCESTER Report are these notes as to the *post-mortem* appearances.

H. H., male, æt. 32. Five ounces of clear serous fluid escaped from

the arachnoid sac. Convolutions flattened with here and there deep depressions on their surface. On the left side of the brain, in the substance of the upper part of the middle lobe, on a level with the roof of the lateral ventricle, an old cavity of considerable size was cut through. The walls were tough and fibrous, and the interior shewed a rough broken surface of a yellowish colour. The brain substance in its vicinity was remarkably full of vessels. There was a similar cavity of much smaller size immediately behind this one, another one in the substance of the right anterior lobe, and on cutting the brain from above downwards, two others of small size were discovered, one on each side of the *raphe* of the corpus callosum.

T. R., male, æt. 48. Dura mater adherent to calvarium. Pia mater adherent to cortical substance. Ventricles distended with fluid. Brain substance very soft and pulpy. In the right lateral ventricle, floating free in the serum contained therein, was a hydatid cyst the size of a hazel nut. It contained one or two smaller ones in its interior, and, under the microscope, hooklets of the echinococci were discovered in the contents of the hydatid.

REMARKS.—Was only in the asylum a fortnight. Said to have been insane for four months before admission. When admitted he was in a maniacal condition, very restless and incoherent, but in feeble and reduced condition. Left pupil extremely dilated. Symptoms of paralysis also presented themselves in his walk and speech. In a few days he got much worse, became extremely prostrated and semi-comatose, had constant muscular twitchings, and vomited everything he took, which continued until death.

A case of cancerous tumour of the brain in a man, æt. 38, with no similar disease in the thoracic or abdominal organs.

G. L., male, æt. 66. Several ounces of fluid in the arachnoid sac. Membranes opaque and at some places adherent. Occupying the position of the left frontal lobe, and resting on the orbital plate, was a firm, hard, and well-circumscribed tumour as large as a pigeon's egg, and cancerous in its nature. Just behind it in the broken up brain substance, was a recent hemorrhagic clot as large as a hazel nut. Two older clots with surrounding softening were seen, one in each ascending parietal convolution. The whole brain substance was soft and œdematous. Ventricles contained two ounces of fluid. The liver was extensively affected with hydatid disease. Almost the whole of the left lobe was converted into a large cyst, which contained numerous smaller ones in its interior. On making sections through the gland three cavities were found in its substance, filled by a greenish yellow substance of the consistence of butter. The largest of these was the size of an orange, the others were about the size of pigeons' eggs.

REMARKS.—He was admitted from a union workhouse, where he had been under treatment for a year, in a demented, restless, and feeble condition. No symptoms of hepatic disease presented themselves, nor

was there well-marked paralysis on admission. He lived for two months, during which he had several hemiplegic attacks, his speech became almost unintelligible, and for several days before death he was in a semi-comatose state.

**At NEWCASTLE, Mr. Wickham relates**

The case of a woman in which the right kidney was entirely absent, no trace of the most rudimentary body being observable. The left one was of the normal shape, and weighed about  $7\frac{1}{2}$  oz. I sent a note of the circumstance to Professor Turner, of Edinburgh, who replied that he had only seen one such case before, and in it the uterus was the subject of great malformation. Curiously enough in my own case the woman had not menstruated before the age of 26, when she was operated on by a medical gentleman in Newcastle. The operation had only a temporary effect, and she died at the age of 27. The uterus was of normal shape, but the ovaries were considerably atrophied.

**At WANDSWORTH, a man was scalded in a bath, by the carelessness of an attendant, and died in consequence, and another patient died from "Inflammation of small bowel, caused by swallowing an apple," no other particulars being stated.**

**Two instances of dangerous homicidal attacks are recorded, one at the Sussex Asylum, where—**

A chronic lunatic, with auditory delusions, who has, almost since the opening of the Asylum, worked in the cow-house, and was considered quite harmless, made a homicidal attack on Boniface, the cowman, with a broom handle. The attack was so sudden and unexpected that Boniface had no time to defend himself. He was stunned by the first blow, and would, without doubt, have been killed had not timely help arrived. As it was he had seven large and severe scalp wounds, and was laid up for a month. It need scarcely be added that R. W. will be carefully confined for the future.

**Another at the BIRMINGHAM, where—**

The patient J. B., while in a state of coma, was struck several times upon the face and head with a chair, by a fellow patient, C. P. He had been comatose, and at times convulsed, for several hours at the time he was struck, and continued so until his death, which took place nineteen hours afterwards. The certified cause of death was "convulsions and coma, the consequence of meningitis;" but, at the inquest, the Jury, thinking that the man's death was hastened by the blows, brought in a verdict to that effect. Whereupon C. P. was committed to Warwick prison for trial, from whence he was soon afterwards transferred to the State Asylum at Broadmoor, where he still is.

**At the SUSSEX a case of Addison's disease is reported; also**

one of arachnoid cyst, as well as the following curious state of stomach :—

II. *Dilatation of Stomach, &c.*—M. B., female, age 45. Forty-seven hours after death. Slight signs of decomposition present. Rigor mortis not well marked. The membranes of the brain and the sinuses were congested, but the brain itself *appeared* normal. The left pleura was adherent to the walls of the chest, the lung emphysematous, and congested at base. Heart was small; its muscular fibres pale, and the mitral valves œdematous. On opening the abdomen, the stomach was seen to reach to the pubes, and almost entirely covered the intestines. The muscular coat was very much atrophied, and in some places could scarcely be detected. No thickening of the pylorus. The viscus contained four pints of a dark grumous fluid, somewhat resembling semi-digested blood. Intestines were congested throughout. The structure of the liver was pale; its weight 30oz. Pelvis of the right kidney contained above a half drachm of pus. Other organs healthy.

*Remarks.*—Until a few weeks previous to death patient showed no positive signs of disease. She was always a voracious eater, and it was the partial loss of appetite which first drew attention to her condition. Five days before death vomiting and diarrhœa set in. The latter readily yielded to ordinary treatment, while the former was not relieved by anything. She became gradually worse, and a few hours previous to death the vomited matters were similar to those found in the stomach at the autopsy.

When admitted patient was in a state of acute mania.

#### *Accidents.*

The following are some of the most remarkable accidents recorded among patients, omitting ordinary fractures which must occur in a large number of persons, whether in or out of an Asylum.

We notice several cases of broken ribs, and the observations made seem to corroborate the opinion that the condition of the bones is peculiar, at all events, in some classes of the insane. We are disposed to think that it is chiefly among general paralytics that these fractures occur, as illustrated by the cases appended.

At HANWELL a man, æt. 55, “affected with mania and general paralysis, died of pleurisy, the result of fractured ribs.” Another man, æt. 45, affected with the same disease, had a fracture of the right ramus of the lower jaw, two fractured ribs, and laceration of the right kidney; “how caused there is no evidence to show.”

**At the HANTS Asylum—**

A male patient, a general paralytic, fell against a table and fractured a rib. This was the only case in which death followed, and an inquest was held, the jury giving a verdict of "death from general paralysis, accelerated by a fractured rib." In this case I requested the coroner to call in a medical man unconnected with the Asylum to make the post mortem examination, which he did, and the evidence he gave showed that the bone was very brittle and the character of its structure changed, so that it fractured very easily. This was afterwards confirmed by an able microscopist, who examined a fragment of the bone under the microscope.

**At the IPSWICH Asylum—**

An Inquest was found necessary in one case of death—J. W., a patient admitted the 9th December, 1870, suffering from mania, with delusions regarding religious matters; with no suicidal or dangerous tendencies, but with a strong hereditary taint. All precautions possible were taken with him, although he was declared to be a harmless patient, he being visited by the night watch every hour or so; but on the 11th of December I was called to him at 6.45 a.m. by the day attendant, and found him lying in his bed, his face covered with blood, caused by his having torn his left eye-ball from its socket and severely bitten his tongue all over its anterior surface. He remained in an extremely violent and excited state for some hours, still trying to destroy the other eye. Afterwards he became exhausted, and lingered until the 26th of the same month, when he died. A full investigation was made by the Coroner and his Jury, who came to the unanimous decision that the deceased died from maniacal exhaustion, greatly accelerated by self-inflicted injuries, and that the deceased had received every care and attention during his residence in the Asylum, and they imputed blame to no one.

The only remark I should wish to make upon this case is that I never considered it one of suicide, but simply one of self-mutilation, no doubt being effected for some strong religious purpose, he having the fixed idea in his own mind that the loss of an eye or his tongue would atone for his fancied sins.

The accidents during the same period have been, for the most part, of an unimportant character, with the exception of one case of simple fracture of both bones of the leg, one case of intracapsular fracture of the neck of the humerus, and one case of fracture of the neck of thigh bone in an old woman, aged 84. These cases were all purely accidental, and made good recoveries. One patient bit off the first joint of her little finger whilst in a state of epileptic delirium, and a male patient deliberately broke the glass in a window of the dormitory at the top of the building, crawled through, and jumped a distance of 30 feet on the frozen ground. I found him a few minutes after the accident, sitting quietly on the path, perfectly sensible and *unhurt*.

He told me his reason for doing it was he heard voices outside calling him.

At WILTS a female idiot, æt. 53, "seemed to have turned over on her arm in her sleep," and fractured her humerus in the act. She had suffered from rheumatic gout, and "it is probable that the bones are atrophied, and consequently abnormally fragile."

At GLAMORGAN, "In one instance death was caused by rupture of the bladder, but how the accident occurred was not discovered. In a second case there was rupture of the bowel from a kick by another patient."

At the BROOKWOOD Asylum (Surrey), a female, "whilst in the airing court, was bitten in the arm by an adder, which she had picked up, and declared had spoken to her; in this instance there was extreme prostration for several days, but ultimately a speedy recovery ensued. A second case of adder bite happened to a male patient whilst reaping oats, but in his case the symptoms were slight."

At WORCESTER Dr. Sherlock narrates two cases of broken ribs, on which inquests were held, as follows:—

Both patients, man, were suffering from advanced general paralysis, and when these injuries were discovered, were, and had been for some time previously, in a prostrate, hopeless, and very exhausted state. In both cases the bones were found to be in a very diseased and brittle condition, and would have given way under a degree of force perfectly inadequate to produce such a result in a healthy subject. A rib removed from its connections was easily cracked across by the force used by the finger and thumb of the operator's hand. In one of these instances the fractures were ascertained probably on the morning of the day of their occurrence, and in the other case it appeared from the examination after death, that the ribs found broken were of very old standing, had consolidated and become solidified, and were in that state when the man was sent here for care, but that in the course of the exhausting disease from which he suffered, and which was accompanied with extreme emaciation and other signs of disintegration and degeneration, several of the united fractures had again broken loose and manifested themselves upon the examination of the surgical explorer. We know that this result happens in the case of other bodily diseased conditions, and in some earlier reports your attention was called to a similar case, where it was conclusively proved that a man had sustained similar injuries long before he was sent to your Asylum; and, as in the present case, some of the fractures became disunited, and obviously only a short time before his decease. In neither case

this year was any inflammatory condition excited in the lungs or pleuræ, and the jury found that death had resulted from the organic disease from which they were suffering.

At the YORK Asylum, "an old, feeble man slipped down in the gallery, and fractured his leg just above the knee; having previously sustained a fracture of the thigh in the same manner. It was purely accidental, and was evidently dependent upon an unusually brittle condition of the bones. The patient progressed favourably for some time, and then sank from exhaustion and shock."

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### PART III.—PSYCHOLOGICAL RETROSPECT.

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#### 1. *French Retrospect.*

By T. W. McDOWALL, M.D., Assistant Physician, Inverness District Asylum.

##### *Smallpox and Mental Diseases.*

• As this short paper by Dr. Chatelain treats of a subject which has always excited much interest in this country, viz., the effect of acute diseases on the mental condition of lunatics, we reproduce it as it appears in the "Annales Médico-Psychologiques" for March, 1872.

It has long since been remarked that ordinary diseases are in general rare among lunatics; those of them who do not perish from the affection of the nervous centres during the acute stage of the disease, but become peaceful demented, generally enjoy excellent bodily health, and in asylums often attain an advanced age; moreover, Esquirol has already observed that the mortality among lunatics is especially high during the first two years of the disease. Is this immunity from bodily diseases in general enjoyed by lunatics due to a special tendency of innervation, or simply to the regularity of living and the *régime* of asylums, to the absence of so many causes of disease which we meet at every step in ordinary life? This is a problem which it is impossible to solve in the actual state of science, for many of the data necessary for such an inquiry are still wanting. However that may be, the question of the influence of intercurrent diseases upon the progress of mental disease is certainly one of the most interesting to be met with in practice, and it is on this account that the following observations appear worthy of record.