training, and in his public career, he was to a large extent national in his cast of thought. Largely influenced by Hamilton, he followed the time-honoured inductive method of the Scottish school—self-observation and reflection.

From the outset till the last the Professor's very mind was critical. He sympathised with the intuitional standpoint, but contented himself mainly with passing effective criticisms on what he considered to be mistaken theory. He was quick to detect and expose with unsparing scorn the logical errors which arose on the enunciation of the theory of physical evolution and its consequent materialism. That he was justified in checking the tendencies to adopt extreme positions is manifest to all, and his critical attitude, although somewhat irritating to constructive philosophers, in the end contributed to advance.

The chapters dealing with Dualism and Monism and the history of Philosophy are reproductions of what are considered to be some of the best examples of Professor Veitch's constructive writings, and although many may disagree with the main assumptions involved, all will confess that the present volume is one of great interest, and Mr. Wenley is to be congratulated upon the masterly manner in which he has achieved his task.

Semi-centennial. Proceedings of the American Medico-Psychological Association at the Fiftieth Annual Meeting, held in Philadelphia, May 15-18, 1894. Published by the Association. Printed at the Utica State Hospital.

We must commence our review of this volume by tendering to our American colleagues our hearty though somewhat belated congratulations on having attained a definite point whence they can look back with satisfaction on the birth, infancy, and adolescence of their Association, and look forward with confidence to an indefinite span of virility. Our own emotions have been stirred by a similar event so recently as to make our congratulations the more earnest. A great success attended the meeting, if the number and quality of the papers offered is taken as a criterion. The bulk of the report, over 300 pages of large octavo, must perforce lead to our review being more general than particular. We sincerely grieve that the death of Dr. Hack Tuke has placed in other hands a task that would have been most congenial to him.

As might be expected, a considerable portion of the matter is retrospective. The President, Dr. Curwen, presents a masterly sketch of the personal story of the Association. The life-history as well as the work-history of the "original thirteen," and of the more prominent after-members, is most interesting. The reader obtains thereby an idea of the trials, the disappointments, the energy, the determination that have been incident to the development of the vast system of asylum work, which, notwithstanding all cavilling, forms a landmark in the history of humanity. The fact that Dr. Curwen was present at the initial meeting, and was acquainted with all whose lives he so admirably delineates, makes his address peculiarly trustworthy and valuable. He in common with other contributors declaims with justifiable warmth against the pernicious system of taking into account a Superintendent's political views not only in appointment to, but retention of his office. The address concludes with much wise advice which can well be accepted by all from the lips of a Nestor.

Dr. Cowles takes the therapeutical line for his review of the past half century. Though he founds his story on the records of the Maclean Asylum, he is quite catholic, and connotes the progress of treatment in Europe. The practice of depletion, its subsequent discredit and replacement by "supporting treatment" and symptomatic medication, the development of rest treatment, of the theory and practice of elimination, etc., are all graphically traced.

Dr. Godding, without precisely binding himself to the past half century, and in very general terms, describes the evolution of the present hospital for the insane. At the close he said, "I sometimes ask myself if the energy expended on these buildings has any counterpart elsewhere? For superintendents as a rule have very little worldly goods to show for their work here. Piles of bricks and mortar, some dry statistics, an overworked heart and brain, a dependent family, and the reputation of being nearly as cranky as his patients, make up the sum of his life's history."

Dr. Alder Blumer selects the literature of psychiatry as his line of retrospect, while Dr. Fisher treats of New England alienists of the last half century, and Dr. Hurd of alienists in general during the same period. All these serve to fill in in detail a picture of striking proportions, the evidence of hard consistent labour, of increasing mastery

and skill, and brought the nearer to truth by its lights and shades.

But there never was a picture which did not invite criticism. So here. To Dr. Weir Mitchell was confided the task of exhibiting what is underneath, or what he considers to be underneath, these pleasant tones. To him was, apparently against his own wish, given the opportunity of delivering the annual address. He explains at the outset that he gave to those who asked him to speak full warning that though he would have liked, as befitting a birthday, to have addressed the Association pleasantly, a stern sense of duty impelled him to speak otherwise. Notwithstanding this warning he was invited to proceed, and those who perhaps would have borne with complacency the whips of wise Solomon were treated to the scorpions of a Rehoboam. Without doubt Dr. Mitchell launched a scathing indictment against everything connected with American asylums, Boards of Supervision, Boards of Management, medical officers and nurses, an indictment which, if justified to the full extent, would have falsified everything else said at this great meeting, and which in our judgment is itself in great measure falsified by the evidence of good work contained in this report. Of course there is a considerable substratum of truth running through the address, for unfortunately lunacy administration offers a peculiarly apt field for demonstrating the inferiority of one's neighbours. We have on this side of the Atlantic passed through similar but milder tribulation not long ago—not so long ago that we have forgotten the arguments used against asylum science, but long enough ago to have afforded ample opportunity for the rendering of judgment by those whose judgment was invoked. Possibly Dr. Mitchell felt justified in discovery of "torpor" in American asylums. Certainly if he was in that belief he was entitled to administer some stimulating treatment—even such a shower bath as follows.

"But it is the arraignment of the neurologist which ought incessantly to trouble you and the Boards which you have to manage—for the management of managers is an important business. It is this outspoken discontent which ought to make you ask how far you yourselves are responsible. If we are right, neither States, nor Boards, nor you are living up to the highest standard of intelligent duty.

"Frankly speaking, we do not believe that you are so

working these hospitals as to keep treatment or scientific product on the front line of medical advance.

"You hold to and teach certain opinions which we have long learned to lose. One is the superstition (almost it is that) to the effect that an asylum is in itself curative. You hear the regret in every report that patients are not sent soon enough, as if you had ways of curing which we have not. . . They are placed in asylums because of the widespread belief you have so long, and as we think, so unreasonably fostered, to the effect that there is some mysterious therapeutic influence to be found behind your walls and locked doors."*

"As to work for the chronic and convalescent insane, I never yet saw in America the hospital where all was done that can be done in this direction."

This sort of thing, of which there is a sufficiency, may do some good, but can do little harm. But is there any necessity, or indeed any justification, even in possible extremities, for the hissing cautery?

"This lack of medical confidence is of recent growth. Once we spoke of asylums with respect; it is not so now." The denial of the respect of others, if established, must inevitably lead to loss of respect to oneself, and how without self-respect can Dr. Mitchell expect from his hearers that good and reforming work for which he calls so loudly? We will go back to Dr. Curwen's address, and cull therefrom an extract which should suggest something of use to Dr. Mitchell, "The trials, the temptations, and the labour of men in every sphere of life are sufficient to depress and cause to despond many who are striving honestly and heartily to discharge the duties incumbent on them in the sphere in which they are called to act, and it behoves every man to cheer and encourage them and assist them in every reasonable effort they may make."

In strict conformity with precedent Dr. Mitchell concludes his address with an ideal sketch of "a large perfected hospital for the possibly curable insane," and oddly enough he says "It should of need include a home for the

* "A certain minimum number of fellow-patients is needful to establish that system of method and discipline which forms a great part of the curative influence of asylum treatment. The great importance of this influence upon the insane mind we have always insisted on. Orderly conduct and obedience to conventional rule, though it be but that of an asylum, is the first step towards reasonable processes of thought and healthy states of emotion," etc., etc.—*Bucknill and Tuke.*

education and uplifting of the chronic and hopelessly insane." Sisyphus rolled his stone painfully to the top of the hill, only to find it roll down again against his will. Shall we roll our "hospital" idea up to accomplishment, and then deliberately slide it down back into the slough of the composite asylum?

All the attributes and arrangements (bar one) of this imaginary institution are excellent, and are quite capable of attainment, for indeed they exist already, perhaps not as a whole, but only where they can be profitably used.

We are afraid that if Dr. Mitchell wishes every acute and curable case to obtain the complete advantages and amenities of the institution, he will likewise have to sketch out and procure a new pattern of patient. The exception taken above is to his proposal as follows: "My patient is not at once put in charge of a nurse. An assistant, male or female, a physician is with him for three days or more (one of his own class or above it). He shall study the case, and quietly record its mental peculiarities," etc., etc.

For a fuller study of the mordant—we had almost said truculent—spirit of the address we must refer the reader to the text itself. Dr. Mitchell avowedly criticises as a "neurologist," and claims that he speaks the views of other neurologists whom he has consulted, and he pointedly compares asylum scientific work with that done in the three last decades by "the little group of neurologists here." We protest that neurologists in all their pride are not the best judges of work which cannot be tabulated and displayed like their own.

"Cosmic Consciousness," by Dr. Bucke, is the sole purely psycho logical contribution. He claims that this element, the exact nature of which is a little difficult to grasp, has the following evolution—Vitality, Excitability, Sensation, Consciousness, Self-consciousness, Cosmic Consciousness. It is not an exaggeration or proliferation of the immediately preceding rung in the psychological ladder; on the contrary, it is of a different nature and superimposed. It has made but little headway in humanity, Dr. Bucke having only discovered twenty-three cases, the first one going back to Buddha himself. Then come St. Paul, Mahomet, Dante, Boehme and Walt Whitman. From the study of these he lays down the following essentials—instantaneous development, an immediate consciousness of a bright light, possibly an overweighting voice, to be followed by "a consciousness

of the life and order of the universe—an indescribable moral elevation—an intense and exalted joyfulness and a sense of immortality—annihilation of the sense of sin, and an intellectual competency not simply surpassing the old, but on a new and higher plane." Dr. Bucke predicts that as man's receptivity increases so will he take on this condition more frequently and earlier. This is somewhat alarming in view of its apparently constant relation to eclampsia. We fear that if and when his prediction comes true, it will be time for the sane to build themselves asylums—using the latter term in its old-time sense.

The relations of crime to insanity furnish some interesting papers. Dr. Allison, of Matteawan, gives some results of his experience at that State Hospital. His views, though strong, are moderate. He will not admit that "there is any physical condition of which it can be predicated that every subject thereof is of necessity and without choice a criminal." On the other hand, "Setting aside the inferior types of humanity exhibited in institutions for the care of imbeciles and idiots, there is probably no other special class of mankind wherein mental, moral, and physical degeneracy is more pronounced . . . than among the convicted inmates of our various penal institutions who suffer from the different forms of mental disease." "Taken as a whole the criminal class exhibits defects both of morals and of intellect, and to an equal degree its members in early youth show evidences of incomplete physical development." Of the 3,700 male convicts in the New York *prisons*, 41 per cent. were under 25 years of age at the time of conviction.

The types of insanity vary from those of ordinary institutions. Acute mania and noisy demonstrations or exhibitions of motor excitement are not common—the quiet forms, subacute or chronic, are mostly found.

Convicts when on becoming insane they are sent to the asylum, are mostly lazy, prodigal in their ideas of living, etc. They are inclined to believe themselves to be wronged, and their insanity generally develops along these lines. They become secretive and suspicious, and cherish fixed beliefs that they are oppressed, that their mates are hostile and conspiring against them, that their food is poisoned, and that they are to receive bodily harm, and to be put to death.

These delusions provoke them to attacks on others, but seldom lead to maniacal outbreaks. Such cases retain their

reasoning faculties to a large extent, and are apt to make premeditated assaults to protect themselves. In many cases these people fraternise and become proportionately more dangerous. Among "life" prisoners insanity is exceedingly prevalent, more so than can be accounted for by remorse, the hopelessness for the future, and monotony of prison life. The fact suggests to Dr. Allison a doubt whether in many cases the mental condition has been thoroughly investigated at the time of trial. Seventeen per cent. of all "life" convicts in New York are in Matteawan. This proportion would be largely increased but for the fact that several cases of terminal dementia were pardoned and transferred to county institutions. As a class, these "life" patients are superior to the ordinary insane convict. Dr. Allison has found that out of 1,200 convicted cases admitted into Matteawan, 65 per cent. had *both parents* of foreign birth. In the discussion following, Dr. Brush subvents these startling figures. The New York State census of 1890 showed that almost exactly one-half of the insane were of foreign birth, and of the remaining half nearly one-fourth were of foreign parentage.

Dr. Allison is of the opinion that the people at large do not recognise the influence of insanity on crime. The people want a definite sentence of months or years. "The old idea of retributive justice prevails—an eye for an eye, a tooth for a tooth. The populace is, and always has been, anxious for blood."

Two cases involving questions of medico-legal procedure were presented. The first was that of a man, H. T. Schneider, who killed two men. Drs. Chapin, Godding, and Brush read papers thereon under the heading of "A New departure in medical jurisprudence." The facts were these —Schneider was put on his trial and was found guilty. He appealed to the Supreme Court on a plea that the murders were committed in self-defence. Insanity was not then pleaded. The appeal was disallowed, and matters proceeded almost to hanging point. The warden and the doctor of the gaol then became of the opinion that he was insane. The Court refused to take any cognisance of such opinion till Dr. Godding was called in. He certified that there was *primâ facie* evidence of insanity. Then the Court took a novel step—novel as far as Columbia was concerned. It appointed a Commission of Drs. Chapin, Hamilton, and Dana to assist it in coming to a decision whether insanity

existed then, holding that if the culprit was insane he should not be hung. It is to be particularly noted that the existence of insanity in bar of execution, and not of insanity at either the time of the murder or of pleading, was the point in question. The Commission by special order of Court examined the prisoner together and separately, and examined on oath all others whose evidence they desired. The Court allowed the prisoner to call three medical and many other witnesses, who were cross-examined in open Court by the Commission. Counsel for the prisoner wished to cross-examine the Commission both verbally and by written questions. The Court refused to allow this. The Commission after a few days reported their opinion that the prisoner was sane, and on this the Court refused to stay execution longer, and Schneider was hung, all appeal to the Supreme Court of the United States and even to the President being fruitless.

In the discussion that followed most speakers deprecated the allowing Schneider to summon his own medical experts, on the reasonable grounds that if they confirmed the views of the Commission they were redundant, and if they differed they detracted from the weight and authority of those impartial alienists who were in the first place appointed by the Court for its enlightenment. Dr. C. K. Mills, however, with Judges Mason and Mills, who took part in the discussion, thought that cross-examination of the Commission should have been allowed.

The question that naturally arises in our minds is whether such a procedure as detailed above has any advantage over our own, by which the fact of a convicted murderer being sane enough to be hung, is settled by the Home Secretary on such advice as he may desire to obtain.

One advantage certainly is that the terrible responsibility of forfeiting or sparing human life is shifted on to shoulders which have often to bear such responsibility. A disadvantage, however, is that the more formal arrival at a conclusion is not so conducive to the exercise of mercy as would be a private study of all circumstances, whether they come or do not come within the set limits of legal procedure.

The second case was presented by Dr. Dewey, and was that of Prendergast, who shot the Mayor of Chicago, Mr. Carter Harrison. Here the plea of insanity was raised on trial, but defeated, and as no other defence could be offered in face of the admission of the facts by the prisoner, he was

condemned. Then his attorneys ingeniously appealed for stay of execution on the same ground as was chosen in the preceding case, viz., insanity at the time the punishment was due. The stay was granted, and he was put on his trial again. Two points of difference from Schneider's case here occurred. First, he was tried by a jury, and not by a Court of Judges; and secondly, he was found sane (and subsequently executed), notwithstanding that twelve physicians, ten of whom had special experience, declared their opinion that he was insane. We think that there can be no question that review by a Home Secretary is by far preferable to a retrial by a jury.

Schneider's case presents no point of interest beyond the procedure; his insanity, or alleged insanity, being confined to a statement of belief that attempts were being made to poison him, of which belief Dr. Godding saw no evidence beyond the statement. But Prendergast was undoubtedly one of those unfortunate men who make medico-legal history. A blow on the head as an infant, a dull and backward boyhood, peculiar and solitude-seeking puberty, were followed by adolescence, in which he was threatened with consumption. However, he got stronger, and took an interest in law, the profession of which was above his social status. He took copious doses of "Henry George" and other socialistic literature. He became argumentative to wearisomeness, quarrelsome, and after a time disappeared from his home, conducting a religious mission, or thinking that he was so doing. On his return he bothered his former Catholic teachers, who all thought him insane. He wrote postal cards to the Pope and others with advice. He advised the Secretary of the Treasury on the finances of the country. Soon after the election of his victim as Mayor of Chicago he told his mother that his influence had secured the election, and that he was to be made Corporation Counsel. He called on the then incumbent of the office, who thoughtlessly told him that he should have the office, and introduced him to some subordinates as the "new boss." Prendergast's wish for the office was connected with his desire to conduct the burning agitation which was going on about the elevation of the railroads in the City of Chicago. There was much complaint about these being in the streets, whereby hundreds of lives were annually sacrificed; and by the prominence which, as an official reformer of these evils, he would gain, Prendergast aimed at satisfying his vanity and political ambition. His

hope was doomed to disappointment, and labouring under this he called on the Mayor and shot him. His examination by Dr. Dewey and subsequent measurement by Dr. Talbot revealed a cranial formation which would seem to be in support of the arguments of the criminologists. Mentally he showed himself to be self-satisfied and egotistical, full of self-importance and cynical consciousness of superiority. His supreme confidence in his ability and authority was in strange variance from his ignorance, logical weakness, and puerility.

Dr. Dewey thus sums up the case:—"The form of mental disease existing is plainly a primary developmental insanity, the condition of degeneracy quite generally described under the term 'paranoia.' There is imbecility of mind, and there are delusions."

Dr. Babcock traced, in a paper well fortified with statistics, the general history of tuberculosis in asylums, and comes to the following conclusions on certain points, which we have selected out of several:—

Tuberculosis is two or three times as common in institutions for the insane as in the general population.

Among the insane two-thirds of the cases have had an asylum residence of over one year.

The disease is frequently the result of hospitalism, and its prevalence may be considered to be a test of the sanitary condition.

In private houses the insane are not more liable to phthisis than other people.

History, clinical and bacteriological investigation prove the disease communicable, and being communicable, is preventable.

There is probably much truth in the contention that some amount of phthisis may be prevented by strict disinfection, and that, given proper hygiene, the rate among patients may be largely reduced, but we cannot quite accept the statement that the insane are not more liable than the sane.

Dr. Babcock lays down some excellent rules for disinfection and prophylaxis.

Dr. Flick, of Philadelphia, supported the necessity for treating the disease as an infectious one, instancing the kingdom of Naples, where a severely penal system of notification, etc., has practically eradicated the disease.

Drs. Joscelyn and Moulton independently preach the "gospel of fat" with no uncertain voice. Their points are

made convincingly and strikingly, some of the increases in weight accompanying recovery being portentous, 63 pounds on admission rising to 125 on discharge, 86 to 132, 17 pounds put on in 17 days, 13 pounds in 13 days, and so on. Most of these cases lost a little weight as their mental health became thoroughly re-established after discharge.

It occurs to us that this is a fact that might suggest a possible danger—can we over-feed a case? Is there not a time in the course of every case when it is necessary for the mind to stir itself after a certain amount of compensatory rest? May we not delay that time too long by inducing a comfortable, after-dinner, don't-bother-me contentment? A certain amount of caution is required even in this most desirable line of treatment.

The discussion following evolved from Dr. Pearcey the remarkable statement that his policy in cases of starvation is to let them severely alone—very seldom indeed to force them to take food. He contends that to tube a patient tends to fix an otherwise possibly transient delusion. His patients go one, two, or, in extreme cases, three weeks without food, and, in bed, keep up extraordinarily well. We cannot help wondering what these patients' brains are doing all this time.

"Confusional Insanity," by Dr. Worcester, is, as he says, an attempt to somewhat revise present classifications of insanity, but though he quotes authority from Drs. Spitzka and H. C. Wood, we cannot endorse his endeavour. Being dissatisfied with such simple divisions as mania and melancholia because some acute cases do not fall naturally under either of these heads, and because others show at varying times symptoms of first one and then the other, he prefers to fall back on the symptoms and course of disease as the most satisfactory principle of classification. Apparently he treats confusion not only as a symptom, but really as a condition on which other symptoms depend—symptoms such as vague inconsistent delusions, incoherence of thought, absurd actions, inconstant emotions, undressing, throwing things out of the window, a lethargic or stuporous state, cataleptic rigidity, motor excitement, tendency to violence, noise and loquacity, apprehensiveness, etc. If Dr. Worcester is right, then mania and melancholia, and indeed dementia, must hide their diminished heads. It is obviously putting the cart before the horse to take a symptom and tack on to it all conditions in which the symptom is found, and we

think that Dr. Worcester is wise in not attempting to do this. He takes the more logical, and indeed necessary course of somewhat arbitrarily defining what cases are to come under the heading, but we feel sure that no success will attend his attempt to carve a new variety out of old-established favourites.

General paralysis forms the groundwork for papers by Dr. Phelps, who deals with its varieties and analogues; by Dr. Hepburn, who gives some excellent cases showing the early eye-symptoms; and by Dr. Hoyt, who discusses the trophoneuroses.

Dr. Kellogg has a very smart and crisp paper on the "Frequent disorder of pneumogastric functions in insanity." He goes over *seriatim* the distribution of the vagus nerve, offering suggestions as to the way in which certain clinical phenomena may be explained by a consideration of the normal and abnormal exercise of function in its various branches.

Before closing this sketch we must take note of certain statistical matters brought up by a Committee appointed to inquire into—(1) The duration of life in the insane; (2) the permanency of recoveries from various forms of mental disease; (3) length of interval of mental health between attacks of mental disease in patients discharged recovered.

The report of the Committee laments the increasing magnitude of the task as it is taken more and more in hand, and the absence of universally accepted data from which to start. In view of these they requested permission to delay their report, and in the meantime brought up tables devised for the purpose of collecting information in suitable form. They, in common with all predecessors, have been driven to the necessity of laying down "assumptions, which, if accepted, will permit some degree of progress in the direction of uniformity." But can these assumptions be universally accepted? We take no notice of the inquiries as to the duration of life. For studying the other questions two confessedly arbitrary assumptions are taken; first, that recurrent cases must be got rid of by limiting to two the number of accountable recoveries in an individual; second, that only those suffering from acute mania, acute melancholia, and their various sub-divisions, and lastly acute alcoholism, shall be classed as curable. Why not acute primary dementia under whatever name that perfectly distinct disease may go? Then, also, a patient either recovers or he does not. His

recovery is no less a recovery because it is a third or fourth; and undoubtedly it should be taken into account in illustrating either the permanence or duration of relief from mental disease.

In truth, the question which dominates all such considerations is—what is recovery? This is a very shifting quantity indeed. There is another almost as important a question—how can the total of existing insanity be reached in order to obtain a really valuable calculation? If only the inmates of asylums are to form the basis there will be no insuperable difficulty in arriving at a conclusion, but unless the insane *not* in institutions are brought into account a very imperfect view can be taken on the points in question. Then if, for the sake of completeness, inquiry is made outside, there looms up the greatest difficulty of all—where shall the line be drawn between sanity and insanity? We much fear that the elaborate and carefully-prepared tables offered will not yield results commensurate with the labour involved in filling them up.

It remains to say that the volume is thoroughly well worth perusal. Touches of quaint humour here and there, quaint expressions, much good and in some parts really fine writing, relieve the serious tone which is inseparable from dealings with mental disease. The work is issued from the Utica State Hospital Press, and we trust that Dr. Alder Bloomer will eventually receive pardon for the mortal sin (*pace* Dr. Weir Mitchell) of being, as Medical Superintendent of that institution, in a sense responsible for the proper performance of work so alien to his own.

Myxœdema and the Thyroid Gland. By JOHN D. GIMLETTE, M.R.C.S., L.R.C.P. London: J. and A. Churchill, 1895, pp. 121. Price 5s.

Dr. Gimlette has succeeded in producing an interesting account of myxœdema and the thyroid gland in this small volume.

The book is divided into three parts. Parts I. and III. deal with myxœdema; Part II. deals with topics relative to the thyroid gland. Each division is concise and lucid. Myxœdema emerges from obscurity, passes through the stages of recognition and experimental treatment, and we