

under ordinary conditions, it was scarcely above ; nor was attention highly developed. On the whole this examination revealed simply a normal subject. Her aptitude is of highly specialised nature, and to it Lahy devoted very careful study. This study confirms the opinion that the cause of Uranie's success is chiefly to be found in prolonged voluntary training, and that this has been inspired by her ardent faith in her own exceptional gifts, and she speaks of her methods in the tone of a religious adept.

Her technical methods have, however, been of great help to her, and they largely resemble her brother's. Visual images count for much with her. She has numeral schematic figures, "visual rhythms" by which figures are grouped into geometrical figures. Everything is done to break up the monotony of figures. She is also aided by coloured-vision ; every figure from 1 to 9 appears to her a different colour ; all the letters of the alphabet are also of different colour. In addition to visual memory, motor memory also plays some part ; in hearing figures she recites them in a low voice, and her lips are always in movement as she works, even though no sound is uttered.

HAVELOCK ELLIS.

## 2. Asylum Reports.

### *Lunacy in Egypt.*

We have just received the reports of the two asylums for the years 1911 and 1912. The delay in their production was due to the enormous amount of work connected with the administration of the overcrowded asylums and the starting of the second asylum at Khanka. Now that we have the reports, we are astonished at the marvellous care with which they are drawn up. The various tables contribute exact information, not only as to the medical, but also as to the social and economic sides.

The reports consist of two chief divisions, the one referring to the parent asylum at Abbassia, and the other to the new and auxiliary asylum at Khanka.

During the year 1912, 1331 patients were under care. A great increase of admissions has taken place, the greatest increase being of fellaheen suffering from pellagra. It reads strangely to us that of 416 cases discharged, 259 were still insane, but not being dangerous, were sent out to make room for more acute cases. The death-rate in 1911 was high, being 217, that is, 14 *per cent.* of those daily resident.

A considerable number of deranged patients are first received at various local general hospitals, and of these a large proportion are sent on to Abbassia, but many either recover in the hospital, or are found not insane when they arrive at Abbassia. There was an increase of 260 patients in the year. Formerly there was an old criminal lunatic institution at Tura. This has now been closed, and the patients have been sent to Abbassia, adding greatly to the danger and the responsibility of the officers, and also endangering the safety of the other patients. Most of them are in special blocks. At Abbassia gradual extensions are being made, and houses for officers and head nurses are being provided.

The male population greatly exceeds the female, and there is no overcrowding among the women.

The medical service at present consists of Dr. Warnock as head, Dr. Pearson as second and deputy. A third English doctor has just been appointed, and there is also a staff of six Egyptian doctors. At Khanka, at present, Dr. Dudgeon is the only English doctor, but it is intended that he should have a deputy as well as two Egyptian assistants. Practically it requires two years before an Englishman is sufficiently at home in Arabic to be of full service as Deputy Superintendent.

The Egyptian doctors are willing, but wanting in administrative capacity, and they do not retain their positions long, as the pay is not sufficient for them to maintain a family.

The overcrowding of patients is undeniable, and the overworking of the superintendent has been equally manifest. We cannot help thinking that much of the merely statistical and administrative work might fall on other shoulders.

There has been a slow development of the class of paying patients, and Dr. Warnock reports the admission of seventeen voluntary boarders.

The proposed Lunacy Law is under revision, and we should like to know on what lines it is to develop; we hope these will not be too nearly allied to the English ones.

Dr. Warnock gives as the chief features of the year the establishment of the first asylum at Khanka, and the doing away with the criminal asylum at Tura; the high admission- and death-rates and great increase of pellagrous insanity; better provision for patients, reduced amount of restraint and narcotics, and the extension of the buildings at Abbassia.

In an appendix to the report we have the statistical tables, from which we will take some figures.

In January, 1913, there were 934 male and 393 female patients, being an excess of 320 patients over the beds, 953 new cases were admitted, while 141 were discharged recovered or not insane; 206 died, and 248 were sent out uncured, 380 were transferred to the new asylum, leaving at the end of the year 1,305 in residence. Many of the 248 released uncured were really unfit for liberty, and some were readmitted after committing offences. This is a rather terrible admission, but the officers cannot be blamed as want of space was the cause.

Full tables as to the cost of buildings and equipments are given. The annual gross cost per patient was £E25.553 m.; daily cost, 69 milliemmes—nearly eighteen pence. Of the admissions, 505 were certified as dangerous, and 193 as suicidal.

Ninety-one criminals were sent as insane to Abbassia, but only 75 proved to be insane. The plea of insanity appears to be a very common one in Egypt, and malingering is not unknown. Very full tables are added, which give the nature of the offences committed and the form of insanity from which the prisoner suffered.

Pellagrous insanity and that depending on hasheesh represent a very large number of these cases. Thus, of the 91 criminals 14 owed their insanity to pellagra and 6 to hasheesh. Chronic mania and dementia include thirteen, and simple mental weakness 16. Among the pellagrous patients were several guilty of murder or violent assaults. The usual asylum tables, showing rates of admission and discharge, and the times of the year of the receptions, all provide interesting reading.

In table V, giving the forms of insanity of patients admitted, number-

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ing 922, 98 are entered as due to hasheesh and 96 to pellagra. General paralysis supplied 30, and alcohol 40. Chronic mania and dementia comprise the largest number of patients, namely, 129.

The greatest proportion of the patients were Egyptian, but in all seventeen races are represented. Copts come next and then Greeks.

Of the sufferers from general paralysis, the town-dwelling Egyptians provide the great majority. The pellagrous patients come more from country districts, and Dr. Warnock reports the disease as being more prevalent than ever. He records the occurrence of the disease in asylum patients who have been under care for years, and have had no maize in their diet.

The hasheesh patients come chiefly from Cairo and Alexandria; there were 13.8 per cent. of hasheesh patients among the year's admissions.

In the table of causes of death, tuberculosis is very low, but dysentery and colitis were very common causes of death. Pellagra and general paralysis figure next in the proportion of causes of death. Bilharzia is only represented by one death. As pointed out already, the death-rate is very high, due chiefly to pellagra and dysentery. The causes of the dysentery are discussed but not definitely decided upon.

With pellagra there was often dysentery, and in ten of the cases bilharzia worms were found in the portal blood. These were also found in dysenteric cases, in cases of mania and acute delirious mania.

Of 100 cases of dysentery, 59 recovered and 41 died. The blood of 10 cases was examined, and all were found positive to the Shiga, Kruse, or Flexner bacillus. Forty-three cases were injected with anti-dysenteric serum; of these 22 recovered and 21 died. Seven were injected with Ruffer's polyvalent, and of these only 1 died. Emetine had no effect.

There were 8 cases of dysentery among the staff. These were injected with Lister Institute serum and all recovered. Narcotics were required more by the women than by the men, but on the whole their use was greatly reduced during the past year. Paraldehyde was the favourite drug; 312 patients were fed on 5024 occasions, and 1087 minor accidents occurred.

There was one attempted suicide, but no successful one. A very elaborate table is given showing the admissions monthly, deaths monthly, the variations of temperature, with records of seclusion and hypnotics. A separate report from the annual one is given by Dr. Dudgeon, and this gives fully the regular tables, and points to the work already begun, and the prospect of the development of this branch of the old asylum. It is placed in a very isolated position, but, provided water can be supplied, not only can the estate be worked at a profit, but it will also provide certain supplies to both asylums. The work is arduous but interesting, and Dr. Dudgeon has his heart in it.

As this is the first report, we think it hardly necessary to go into details beyond repeating that it is a relief to the parent asylum at Abbassia; it receives only quiet, male patients, most of whom are able to do some work in the farms, but few are of any use for any mechanical work.

G. H. SAVAGE.

*Rampton Criminal Lunatic Asylum, 1912.*

We welcome the opening of this asylum in the hope that it may in some measure prevent the further accumulation of insane criminals in the county and borough asylums.

The first admission of patients took place on October 1st, and on December 31st the number remaining were 87 men and 40 women, total 127, of which 18 were Secretary of State's lunatics, the remainder being under detention during His Majesty's pleasure.

There were no epileptics, general paralytics, or suicidals.

There was one death, and the health of the patients has been good. No mechanical restraint has been used, and it has been found possible to employ the majority of the patients. The workshops are to be extended, and much profitable work is contemplated.

Dr. W. C. Sullivan is to be congratulated on the successful opening of the asylum, no hitch of any sort occurred, and the patients have settled down quietly in their new surroundings.

The asylum is built upon a level site 175 acres in extent. When complete it will accommodate 800 patients, 590 men and 210 women. The blocks are three-storied, and the day rooms well supplied with books, pictures, etc. There are two good billiard tables, and also pianos and games. The asylum is steam-heated, and lit with electricity. Blocks of 20 semi-detached cottages for attendants and others have been built, and 20 more are to be added. It is proposed to surround the institute with a wall, 15 feet high.

From what we know of Dr. Sullivan we feel sure that, consistent with safe custody, there will be as little as possible of the prison atmosphere and that industry and every humane influence will be encouraged. We also look forward to a continuance of those scientific and sociological investigations with which Dr. Sullivan's name is so eminently associated.

### Part III.—Notes and News.

#### THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

##### QUARTERLY MEETING.

The usual QUARTERLY MEETING was held at No. 11, Chandos Street, Cavendish Square, London, on Tuesday, May 19th, 1914, Dr. James Chambers (President) in the chair.

Present at the meeting: Drs. T. Stewart Adair, H. T. S. Aveline, W. H. Bailey, Fletcher Beach, E. H. Beresford, C. Hubert Bond, A. Helen Boyle, Wm. Brown (visitor), F. St. John Bullen, P. E. Campbell, R. B. Campbell, R. H. Cole, M. A. Collins, H. Corner, M. Craig, W. R. Dawson, A. C. Dove, E. L. Dove, J. F. Dixon, J. H. Earls, C. F. Fothergill, R. W. Gilmour, H. E. Haynes, T. G. Hughes, J. B. Hyslop, E. N. Johnstone, G. H. Johnstone, N. T. Kerr, R. Langdon Down, R. R. Leeper, W. H. Macartney, H. C. MacBryan, A. W. Macdonald, H. J. Mackenzie, D. McRae, W. B. Moreton, E. S. Pasmore, J. G. P. Phillips, Bedford Pierce, R. G. Rows, S. Rees-Phillips, Sir G. H. Savage, J. Scott, A. de Steiger, N. Sergeant, G. E. Shuttleworth, R. Percy Smith, J. G. Soutar, T. E. K. Stansfield, R. H. Steen, J. Stewart, R. C. Stewart, C. Street, D. G. Thomson, F. Watson, R. W. Watson, H. Wolseley-Lewis.