The fact would seem to be that the Government of New South Wales is no more successful in its search after an economical mode of caring for the insane than are the various local authorities in this country, and it would, therefore, be well for it to recognize the inevitable nature of the burden, and seek to meet it with an adequate provision. It can be no true economy to reduce the chances of recovery, and of a return to profitable industry, to a minimum.

The number of insane persons under official cognizance on the 31st December, 1879, in the various hospitals throughout the Colony, was 2,011, and these had increased on December 21st, 1880, to 2,099, showing an increase of 88, or seven above the annual increase of the last decennial period.

The proportion of insane to population was at the latter date 1 in every 367. The percentage of recoveries to admissions for the year 1880 was 41·7, and that of deaths to the average numbers resident, 7·1.

Of the alleged or apparent causes of insanity in the patients admitted into the Gladesville Hospital during the last 11 years, 16·7 per cent. came under the head of moral, and 56·3 of physical, while in 27 per cent. the causes were unascertained.

The average cost of each patient per week in 1880 is stated to have been 11s. 9d.

The report contains an interesting series of tables, showing the causes of insanity and deaths; the length of residence; the ages on admission and on first attack, and other similar particulars; and in an appendix are given in detail the results of the visitation of the various institutions for the cure of the insane in the Colony, and the reports of their superintendents, from which it would appear that Dr. Manning and the other lunacy officials of the Colony are doing a large amount of useful and enlightened work under specially trying and discouraging circumstances.

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting of the Association was held at Bethlem Hospital on Wednesday evening, the 2nd November, at 8.30 p.m. Present—Dr. D. Hack Tuke, President of the Association, in the Chair; Drs. Bower, Gardner, Godwin, E. T. Hall, H. Hicks, Manley, Mickle, A. Newington, Paddison, Paul, Rayner, Savage, J. W. Scott, F. Schofield, Stewart, C. M. Tuke, F. H. Ward, Weatherly, Willett, W. Wood, W. E. R. Wood, Woollett, F. J. Wright, &c.

The following gentlemen were elected ordinary members of the Association, viz.:—

Arthur D. O'Connell Finegan, L.K.Q.C.P. Ire., Assistant Medical Officer, Northumberland County Asylum, Morpeth.

Richard F. Owen, L.K.Q.C.P. Ire., Medical Superintendent of Tue Brook Villa, Liverpool.

T. Steele Sheldon, M.B. Lond., Assistant Medical Officer, Somerset and Bath Asylum, Wells.

R. Atkinson, B.A., Cantab., F.R.C.S., Assistant Medical Officer, Powick, near Worcester.

Dr. SAVAGE, in exhibiting two pathological specimens, observed that it seemed a pity that more pathological specimens were not shown at the meetings of the Association. From the Commissioners' reports it appeared that hundreds of post-mortem examinations were made yearly at the asylums, and yet the results contributed to medical science were small in the extreme. The first case he exhibited was one of ulceration of the large intestine. A man with highly neurotic inheritance served in India as a soldier, returned invalided, was discharged, and was admitted into Bethlem suffering from melancholia. He was refusing food for no definite reason. He had the idea that he could not digest food; that the food was no good to him—it would not assimilate. That went on for two or three years, and the man slowly lost strength and died. In the end he died of many causes. He had tubercle of the lung, with cavities. The cavities were not in the usual position, but in posterior part of middle lobes. When we examined the intestines we found ulcerations, for the most part in or about the colon, and near the ileo-cæcal valve. Cases somewhat similar to these had been described in the St. Bartholomew's Hospital reports by Dr. Claye Shaw. He (Dr. Savage) had a very definite idea as to the relations of our gastric and digestive integrity and our mental integrity. The only importance he attached to this case was that it was the first he had noticed since he read Dr. Shaw's account of melancholia associated with ulceration about the large intestine. With certain forms of bodily disease there were certain types of mental disease. It was noticed fifteen years ago that with mitral disease of the heart there was sometimes melancholia. As regards the second case, he had merely put some sections of a spinal cord before them in spirit to show that some things which were worth seeing in nervous tissue were almost as well seen by the naked eye as by the microscope. In this case there was sclerosis, lateral chiefly. There was also degeneration of the median anterior column. There was chiefly degeneration of the lateral columns, of the anterior or Türck's columns, and of the posterior columns; and there had been that kind of paralysis associated with wasting of the muscles and increase of the patella reflex. The patient was admitted into Bethlem with all these symptoms, and was diagnosed as a case that ought to have been sclerosis of the lateral columns and also of the columns of Türck. This case is of most interest as an example of the important physiological experiments which disease is ever performing. The unity and continuity of the nervous system is shown more clearly than in the coarse experiment to attempt to divide one column and then another by a knife; that when one saw a patient suffering from paraplegia, increasing, and then developing mental symptoms, it merely showed the continuity between the higher nervous centres and the lower. Although there was nothing rare or special in all this in general hospitals, he believed that it had not been commonly described as associated with mental symptoms, and he had thought it worth while to begin to bring specimens there, hoping that at future meetings others would contribute their share.

The PRESIDENT said that he hoped that Dr. Savage's wish would be fulfilled, and that this would be the commencement of a series of similar contributions. In times past this special department of investigation had been neglected, and he hoped that in future much more would be done in that way. If no paper were read, pathological specimens might be exhibited by card, as at the Pathological Society. Both the cases were of great interest. He would like to know from Dr. Savage whether, in regard to the first case, he had any explanation to offer why affection of the mitral valve was more associated with melancholia than affections of the aortic valves, and why, seeing the enormous number of cases of mitral disease without melancholia, that disease should in certain

cases be associated with melancholia? Of course, the question would arise over and over again in connection with the co-existence of certain mental diseases with other maladies, notably with syphilis. As to the second case, he would only add that he had seen the patient, and as regards the patellar and other reflexes, the irritability was very marked indeed. He hoped remarks would be made on these cases.

Dr. MICKLE observed that he had seen a great deal of ulceration in the large intestine, especially in the case of soldiers who returned from India. They suffered a great deal from dysentery, and got insane. In such cases the patients had come to this country with the whole of the large intestine in a state of complete ulceration. As the result of that, the patients had in many cases died, and post-mortems had shown that in some cases there was not a shred of the mucous membrane left; no trace of the original smooth surface—simply a huge ulcerated surface. It did not, however, at all necessarily follow that the form of mental disease in those cases should be melancholia. Many of them broke down in some state of dementia, a great many, of course, in melancholia, but not a few passed into a state of chronic mania. The second case was a very interesting one. Was the condition of the posterior column a primary or a secondary one? The morbid change would have the appearance of a secondary change.

Dr. GARDNER said that he had frequently seen in his own practice cases of gastro-intestinal catarrh with first nervous irritability of the heart, finally assuming mitral disorder. It was well known to every one that the condition of the heart and circulation had very much to do with cases of nervous affection. With reference to gastro-intestinal catarrh, his feeling was, from practical experience, that those cases were more or less dependent upon inefficient action of the kidneys—upon urinary poisoning, for instance. His own experience had been very little in these cases, but he had found where cases of gastro-intestinal catarrh could be distinctly traced that a small dose of the acetate of potash and tincture of iron was invaluable, combined frequently with digitalis. In connection with these cases there was very frequently an unusual secretion of saliva in the mouth, which was at times disagreeable; and he had found that the treatment suggested would, if continued, remove a melancholy condition, and benefit the patient generally.

Dr. SAVAGE, in reply, said that as to the connection of the cardiac disease in the first case with melancholia, he could not attempt to explain it. With reference to Dr. Mickle's remark as to secondary degeneration of the posterior column, he was scarcely in a position to acknowledge such a secondary degeneration in the posterior columns as possible. He thought—speaking without his text—that degeneration of the posterior columns, as generally spoken of—namely, not the columns of Goll, but the columns associated with the posterior nerves—were to be regarded as the degeneration of locomotor ataxy. He would not speak too definitely. As to the columns of Goll, in looking at the French and German literature it appeared to him that those columns were rather useless columns. There might be a symptom of rabies without those columns being affected at all, or those columns might be affected as secondary. Looking at the age of the woman (36), he did not think that it was a case of secondary lateral degeneration. As to the treatment, the therapeutics were the weak point of the age; and he was sorry to say that although several remedies were tried, they did not succeed in doing the man any good. Certainly the next case which came before him he should adopt a treatment *secundum artem*.

The discussion on Dr. Campbell's paper on "Complaints by Insane Patients" (see Original Articles, p. 342), which was adjourned from the last annual meeting, was resumed.

The PRESIDENT, after reading a letter from Dr. Campbell stating his regret that he was unable to attend the meeting, said that he hoped Dr. Campbell's absence would not make any difference in the discussion of his important and

practical paper. Dr. Campbell, in concluding his paper, had said, "The chief value, if value there be, in this communication, will be in the discussion which I trust it will give rise to." He would read Dr. Campbell's summary of his remarks (as printed at page 351 of the Journal), in order that the conclusions at which he had arrived might be clearly before the meeting.

Dr. MANLEY referred to a method of self-disfigurement which he had frequently seen done, which was to suck the arm, whereby the appearance of a bruise was formed. This was done frequently by hysterical women. There was another class of complaints by patients which frequently seemed to have a great deal of reason, inasmuch as they were made, not on behalf of the patient making the complaint, but on behalf of some other patient supposed to be suffering under the ill-usage of nurses. At his own asylum the arrangement of the wards sometimes necessitated the transfer of certain suicidal and epileptic cases from a day-room to a dormitory at some distance from it, the patient sometimes being taken between two attendants. It would happen frequently that an epileptic would become very troublesome, and a certain amount of force might be necessary to convey the patient from one place to the other. This being the case, other patients who had been tolerably well educated and pretty reasonable would make complaint that greater force was used than was necessary. Some of these complaints he had investigated, and found perfectly groundless. One was obliged to take notice of those things. Some of the complainants were so specious: they would say, "I saw so-and-so ill-treated. You go and look at her now." As to bruises, he always made a point of immediately investigating the case and recording it in his case-book, also making a statement of it in the medical journal.

Dr. RAYNER said that in cases where the epileptic condition had ceased to exist, and had been replaced by periodical attacks of irritability of temper, he had known patients bring all sorts of charges. Generally, the fact was that they had treasured up something which had been said to them, which they at the time had treated as a joke, but which they subsequently brought out as a very grave matter.

Dr. WEATHERLY said he had a case of a young lady suffering from recurrent mania. During her last interval of sanity she mede various complaints against the medical man and the attendants. Strange to say, the peculiarity of her complaints was that her statement would be fairly true up to a certain point; but directly she relapsed, her complaints became grossly exaggerated. In one case, she complained that the medical man had examined her in a room by himself. Now she made out, and she told her mother, that he not only stripped her stark naked, but also maltreated her in other ways. He had had the greatest difficulty in persuading her parents that her statements were merely delusions.

Dr. SAVAGE said that one thing which had struck him in Dr. Campbell's paper was the statement that they were not to take the evidence of an insane person as of so much value as that of a sane person. He did not know how they were to weigh this. Evidence was evidence, and how were they to draw the line? It was certainly a very difficult matter, especially with hysterical cases, who exaggerated everything, and those cases were utterly untrustworthy. Only on the previous Saturday he was playing rackets, and there was a man bringing up the balls who had frequently said that he had been ill-treated. This man came up, and said, "They have been at it again;" while all the time, the man had never been away from the racket court. It seemed to him that if a bruise were found it ought to be explained by the attendants. If they could not give a reasonable explanation of it, let them be punished. Statements made by patients should be received with great caution. If a bruise were found, it should be explained; but they should be very doubtful about its not having been self-inflicted.

Dr. BOWER observed that at his institution they had a rule that all bruises

found, and not reported by the attendant in charge, were laid to the charge of the attendant, who was dismissed.

Dr. STEWART said that in one of the county asylums a rule was adopted that whenever a charge of any kind was brought, there was a sort of court constituted in the Medical Superintendent's office, which seemed very much to satisfy the patients. All the evidence was taken down, and in a very methodical way recorded. To the views of many of those patients in public asylums this proceeding gave an air, at all events, of great attention being paid to their complaints, which it was only right and proper it should be, and it also showed the attendants that the evidence would be taken particular note of, in such a way that it could be afterwards referred to, if there should be anything corroborative which should lead the Medical Superintendent to think that there was some one to blame. The attendants were very much to be pitied, living, as they did, constantly among the patients. It should also be borne in mind that attendants, as a rule, came from a class that had somewhat more sympathy with the patients they had to deal with than they were generally given credit for. The pauper insane, as a rule, were practically of the same class that the attendants themselves came from, and there was sympathy between them. The attendants in large public asylums had too many cases to look after, and so injuries took place which they were held responsible for, and which they ought not to be held responsible for. A long ward would be, perhaps, under the care of two attendants. A scuffle might take place, and it might be quite impossible for them to give proper evidence; but the attendant would be held responsible, and, perhaps, punished. In some cases, if the Committees of Visitors would appoint more attendants, there would be fewer complaints unaccounted for.

The PRESIDENT said he thought that Dr. Campbell would be gratified when he read the discussion which his paper had elicited. One practical conclusion to be drawn from the extreme difficulty of taking the evidence of lunatics was, that Medical Superintendents and committees ought to be most careful in the kind of attendants they employed. It showed the extreme importance of having reliable attendants. Dr. Savage had said it was a question of evidence or no evidence, and yet it seemed to him (the President) that it must depend, after all, upon each individual case. They could not lay down any abstract rule, and in each case they would have to consider the particular character of the patient's delusion, and his general mental condition before they could give an opinion as to whether his evidence was reliable. In some cases a Medical Superintendent would be of opinion that a patient's evidence was reliable, although he had many delusions; and yet in another case of delusion, he would give, and rightly give, just the opposite opinion. Dr. Campbell's paper only referred to the complaints of patients in regard to injuries; but there was another aspect which was very important, and that was the complaints of patients in regard to their property. It had happened to him, in one instance at least, to see the extreme annoyance occasioned by persons—from very kindly motives—taking charge of the property of a lunatic with small means. In one case, the lunatic got hold of an attorney, and persuaded him that his friend was making use of his little property, and the friend was caused great annoyance; and he (the President) had no small difficulty in inducing the attorney to withdraw the charge which he was going to bring, simply upon the accusation of a lunatic, against his best friend.

Dr. WEATHERLY read a Paper on "The Insane in Private Dwellings."

Dr. WM. WOOD said that there were some important considerations overlooked by Dr. Weatherly. The great defect of all the arguments in favour of treatment in private houses was this—that they mis-stated the case, to begin with, by asserting that insane persons in asylums were a very wretched and miserable lot of people. He joined issue there, and must say distinctly that it was his belief—taking a certain number of patients in an asylum and an

equal number of sane people outside of asylums—that there was, to a great extent, less misery amongst the patients in an asylum than there was among an equal number of persons in the world; and why? Persons in an asylum were at once relieved from all the cares of life—the anxieties, the worries, and the ill-tempers and vexations which constituted the miseries of life. Only a few days ago he had a patient at St. Luke's so well that he thought him fit for discharge. He had suffered a severe injury some years previously which crippled him, and he had great difficulty in getting about. He had been living for some years in an almshouse, where, for his position in life, he was, perhaps, as comfortable as he could be. At first he was rather pleased with the idea of going, and when the time came, they all expected him to take leave very cheerfully; but the very contrary was the case. He began to realise the fact that he had been very happy in St. Luke's, and he did not care to go. If the patient had not been already reported as "discharged recovered," he would have been inclined to reconsider the case. That was only one of a number of illustrations he could offer. Then, with regard to the association of the patients, which was said to be so detrimental, he believed that was the most essential and most valuable part of their treatment (hear, hear). He was strongly impressed some years ago in reading a sermon of Dr. Chalmers, the text being "The expulsive power of a new affection." He could cite cases which had recovered simply from having been exposed to the disadvantages of asylum life. At Roehampton a lady had been in some of the first asylums of the kingdom. She was a perfect lady, and, when well, a very charming person, but, when ill, the greatest nuisance that could be. It so happened that at that time he had a lady in the house who was even more noisy than the new case, but was, like her, an accomplished gentlewoman, who, when herself, was most agreeable society. The lady just admitted was literally appalled by the noise and annoyance with which she was brought into contact by meeting with the other patient, and she complained continually of it. Of course, he argued that one patient had as much right to make a noise as the other, and suggested to the new-comer that she should set the other lady a good example. The result was, that the lady who had been for years the difficulty of his and other asylums got well, and had remained well for three or four years, and he attributed her recovery solely to the fact that she was brought into contact with a patient who was a greater annoyance than herself. It came home to her, in a way in which no reasoning could accomplish, that there was something intensely absurd in an educated woman making such a noise. That was only one of many illustrations he could give. He should think that the author of the paper which had been read was not connected with asylums, because gentlemen connected with asylums would confirm what he said—that the important part of the treatment of patients was the opportunity of diverting their mind by starting a new train of thoughts. From this consideration there arose a great objection to treatment in private houses. Of course there were a certain number of cases very properly treated in private houses, but the circumstances of a very large proportion of patients were such that it was simply impossible. In some cases they would be intolerable to their families. Many of them had not the means of obtaining the comforts which they would receive in an institution. As regarded the attention paid to particular cases, recent cases always would at once attract the attention of those under whose care they were placed; and the special features of the patients' cases having been once acquired, they would not be forgotten. When he himself was in that very house, years ago, he thought he might say that he knew personally all the circumstances of every case, and he thought he could have been cross-examined upon the particulars and details of every individual in the house—about 450. He did not see what was to prevent a man making himself perfectly familiar with the history and symptoms of every patient under his care, and when that was once acquired it was not forgotten. He thought that a great disservice was done to

the insane by encouraging them to believe that they were ill-treated, and that it was a cruel thing to shut them up. There was in an asylum, practically, no more shutting up than in a private house. Sometimes the patient in an asylum got more liberty than in a private house. Human nature was such that it was disposed to accept the inevitable. Great disservice was also done by encouraging patients to believe that there was a prejudice against them, and that the world would look askance at them. Many were very intelligent, and could understand, and if they could be brought to believe that they were not regarded as so different from other people, but only as suffering for a while from temporary ailments—if the notion that it was necessary to "lock them up" could be done away with, and they could be simply led to understand that after all the asylum was only a boarding-house, and that it did afford them the advantage of giving them greater comfort than in a private house, things would be different. There was one gentleman under his care who regularly every day dined at his club, kept his own carriage, &c. There was, of course, always an attendant with him, but there was no difficulty in giving him all the enjoyment he could receive at his own house. The great object, of course, was to make patients happy, and he contended that that could be done just as well in an asylum as in a private house.

Dr. RAYNER, referring to the evidence of Dr. Lockhart Robertson that there were 64 per cent. of Chancery patients in private houses, but only 34 per cent. of other private lunatics thus provided for, suggested that the difference might be due to the fact that a considerable percentage of the Chancery patients were, presumably, very much better off than those persons who were in private asylums, as a rule, their larger means rendering them better able to command the advantages of private treatment, so that the comparison of the two classes was not fair.

Dr. BOWER said that he did not wish to depreciate the value of treatment in private houses. He was sure they had all seen cases benefited in private houses where they were not benefited in asylums. It was not every day that they could get such an enthusiastic medical man as Dr. Weatherley to take what had been described as nuisances into his family. The question resolved itself into a matter of money. If patients would pay £300 or £400 a year, then the private system might work; but in many large asylums the payments were very much less than that, and they could not be expected to get those comforts. Dr. Wood referred to the study of individual cases. That was a very easy matter; at all events, with a hundred cases. The association, as Dr. Wood mentioned, was not necessarily harmful. He had just then in his mind two cases—one a melancholic case, who could not be got to do anything, but on going to the asylum he saw a lot of dements, and he said, "Doctor, is there any chance of my getting like these men?" "Yes," was the reply, "if you do not take care and get well;" and he was now doing everything he could towards his own recovery. In the other case, he (Dr. Bower) had a patient who was very noisy and dangerous. He admitted another patient similar to the first, and as soon as one began to be noisy the other went and, so to speak, "sat upon her"—first the one and then the other—until soon they got perfectly quiet. At his institution they had one part which was designated the physician's own private house, but patients residing there, though there were ostensibly no locks and keys, found that they got more liberty in the main building, where they had more range. He thought that that part of Dr. Weatherly's paper which referred to supervision and inspection was very important.

Owing to the lateness of the hour, the discussion of Dr. Weatherly's paper was adjourned to the next quarterly meeting, and a paper from Dr. Ringrose Atkins was taken as read. (See Clinical Notes and Cases.)