

or photoxylin. Photoxylin is stated to be allied chemically to celloidin. It has the appearance of fine, pure cotton-wool; is soluble in equal parts of alcohol and ether, and is employed in precisely the same manner as celloidin. It may be obtained from Gruebler, Leipzig, or London (R. Kanthack, Golden Square).

*A Simple Method of Fixing Paraffin Sections to the Slide.*

This was introduced by Gulland not long since. An essential point in employing the method is to have absolutely clean slides upon which water will lie in a continuous layer. The slides are thoroughly cleaned with a wet cloth. Ribands of sections of suitable length are floated on warm water, below the wetting point of the paraffin; of course curled-up sections are in this way straightened. (This part of the method is not new.) The ribands are then taken up on the slides. Adhesion of the former to the latter is brought about simply by keeping the slides for several hours (*e.g.*, overnight) at about 35°C.—as in an incubator. The sections adhere so strongly that they remain fixed when exposed to a strong stream of water. The paraffin may now be removed—after melting it by placing the slide a short time in the paraffin oven—by xylol, and all customary subsequent manipulations may then be undertaken. This method is much superior to the methods of fixation by albumin-glycerin mixtures, in which the fixing material becomes stained by many of the dyes used.

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2. *American Retrospect.*

By D. HACK TUKE, F.R.C.P.

*Progress in the Care and Handling of the Insane in the Last Twenty Years.*

Dr. Eugene Riggs, of St. Paul, Minn., U.S.A., the Chairman of the Committee on the History of the Treatment of the Insane, appointed by the National Conference of Corrections and Charities, read the report at its twentieth annual meeting, held June 12-18, 1893, at Chicago. The article is evidently drawn up by himself, and endorsed by the Committee. It constitutes an interesting and valuable review of the progress made in the care of the insane, the first era being that of neglect, the second that of detention more or less severe in character, and the third that in which we live, including the last twenty years. Dr. Riggs commences with the dawn of intelligence in the care of the insane in England in 1792, when the Retreat at York was founded. The period between this date and 1815 is recognized as one coincident in France with the beneficent work of Pinel, reinforced a little later by that of Esquirol. "Since that time both there and here

(America) the battle for the increasingly intelligent application of that principle has been going on."

The best of American asylum men held the same ideas fifty and sixty years ago as those of the best asylum men of the present day. Then, as now, the importance of superior attendants was fully recognized. Even the segregate system now to the fore was advocated by Dr. Woodward, of Worcester, Mass., in 1832. Moreover, in some asylums at that early period, non-restraint, it is alleged, was not unfrequently adopted. It is true, however, that the main advance in the treatment of the insane in America has been made during the last twenty years. The public have come to understand that insanity is the symptom of a physical disease. Formerly this belief was held by a small minority. Works on medical psychology are "in the hands of high school and collegiate students as reference books." On the philanthropic side the publication of the life of Miss Dix gave an impetus to the claims of the insane in the public mind. Insanity has been studied as it never was before, and asylums have been visited by students for the purpose of gaining some practical acquaintance with it before entering into practice.

Dr. Riggs enters upon the method adopted in various States in regard to the commitment of the insane, but our space will not allow of our quoting his account, important as it is. In fact we find it necessary to do little more than record our appreciation of the historical value of the retrospect before us. We are glad to observe that Dr. Riggs recognizes that American county asylums have not been altogether unsatisfactory in their management. At the same time "State Care" must be ultimately accepted as the proper mode of providing for and inspecting the insane. County care was introduced by the Wisconsin Board for the care of the chronic insane in 1871; previously the state of the insane in poorhouses was an "awful one." Legislation provided that whenever there was insufficient provision in the State hospitals they might care for chronic lunatics under such rules as the Board of Charities might prescribe. The small county asylums of Wisconsin were established under this law. Notwithstanding the objections which may be raised against institutions managed from the standpoint of business, it is admitted that "under the supervision of an active and energetic Board in entire sympathy with the system, it has proved satisfactory in the main to the people of Wisconsin."

No sketch like that attempted by Dr. Riggs could fail to give prominence to the remarkable change which has taken place in the character and arrangement of the buildings in which the insane are located. "Annexes, pavilions, cottages, and colonies have been developed in connection with the older institutions, and many of the newer ones have been erected in a wholly segregated style. The buildings in some cases are connected by corridors

either above or underground, in other cases wholly detached." The following examples are enumerated in order of the date. The Willard Asylum with detached blocks; the Norristown Institution, near Philadelphia, having a series of blocks, for the most part two stories in height; the Kankakee Asylum or Illinois Eastern Hospital, there being twenty-five separate buildings for a population of more than 2,000. There are also the Toledo Asylum without any building of the old-fashioned linear type, but with detached two-storey buildings; the North Dakota Hospital in James Town; those at Logansport and Richmond, Indiana, and the St. Lawrence State Hospital near Ogdensburg, New York. The Central Islip Institution is on Long Island, and its wards are detached, and nearly all are one storey high. This system has been made more practicable by the invention of the telephone. Dr. Riggs declares that "experience at Kankakee, Toledo, and elsewhere has shown that such institutions are practical, economical, and capable of efficient administration. As against a few hundred insane sheltered in this manner twelve years ago, there are now probably more than 6,000 so cared for."

The asylum at Kalanazoo, Mich., belongs to the colony system, in which there is a central building which is a hospital for acute cases. Within one to three miles of this building is land amounting to 600 or 1,000 acres. On this ground are to be erected buildings for the patients who can properly live outside the hospital. The cottages contain 30 to 50 patients, under the charge of a man and his wife. The land is to be used as a farm, and will furnish occupation for the patients as well as lessen expense. It is contended that this system unites the advantages of the cottage asylum with the best elements of the Wisconsin system, in which we have ourselves witnessed with satisfaction out-of-door life and useful work on the farm.

We are glad to find Dr. Riggs stating that whatever may be the final form asylums in America may take, the "present tendency is certainly towards some flexible segregate system of which a hospital is the true centre." In the remaining portion of this paper the importance of separating the criminal from the non-criminal insane is strongly enforced. The need of separate provision for the epileptic is also contended for.

Valuable as is this paper as a survey of the past, its importance for the present and the future is still greater. We hope it will tend to advance the movement in the directions indicated.