

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.**Asylum Reports for 1879.*

Dorset.—It would be well if some penalty were attached to culpable negligence in filling up the papers necessary for the admission of a pauper lunatic. In many places besides Dorset the complaint by Dr. Symes might be made. He says, “The forms of admission are frequently so carelessly filled up as positively to render them illegal; and it is a rare thing, except from two or three Unions, to receive a patient without the form having to be sent back for correction. All this adds much, and unnecessarily, to our trouble; whereas, attention to the notes plainly printed in the margin, would entirely prevent this complaint. A great want of energy is also shown by some Relieving Officers in not bringing their patients at or before the usual hour appointed for their reception.”

Dundee.—In referring to an accident to a female pauper patient, who in a sudden paroxysm of excitement pushed her arm through a pane of glass, severely lacerating her forearm and nearly severing the ulnar artery, Dr. Rorie takes the opportunity of pointing out the imperative necessity of efficient assistance being at all times and immediately available. This can only be done by the appointment of an assistant medical officer. When it is stated that the average number resident in 1879 was 254, and that the admissions were 115, it will be at once evident that there is urgent necessity for an addition to the medical staff.

The system of collecting the epileptic, paralytic, and infirm, and placing them under the care of night attendants continues to give very satisfactory results. On these patients retiring to rest, the night attendants enter on their duties in the adjoining day-room; the doors of the dormitories communicating with this room are kept always open, and the wants and necessities of the patients can thus be immediately and readily attended to. In this manner many are enabled to pass the night in quietness, safety, and under constant supervision, who otherwise would have required separate bedrooms, and from the necessary uncertainty of their condition during the night, unless when specially visited, would have been a source of constant anxiety.

Fife and Kinross.—Dr. Brown attributes the marked increase of admissions to the following causes:—1. An increase of the population; 2. The capitation grant of 4s. per patient from the Imperial Exchequer; 3. Milder forms of insanity are now sent to the asylum, which formerly were treated at home or elsewhere, but not in the asylum; 4. Asylums are being gradually looked upon, not as prisons

for the detention of patients, but as hospitals for the cure and treatment of the insane, and there is not so much aversion now felt by the public to place their relatives in asylums, as was once the case ; 5. The refusal to admit private patients has necessitated their being placed on the parochial roll.

In 10·1 per cent. of the admissions intemperance was considered to be the cause of the illness.

Glamorgan.—Increased accommodation is urgently required. Although many patients are boarded in other asylums, it has been found necessary to restrict the admissions. The water supply is evidently defective. An outbreak of typhoid fever caused enquiry to be made, when it was found that the well contained sewage matter. For years large quantities of sewage had been poured on the garden, within two or three hundred yards of the well.

Glasgow Royal Asylum.—It is quite evident that this asylum is doing good work, especially in providing accommodation for persons of limited means. This function is referred to at considerable length by one of the Scotch Commissioners, and as his remarks are important on this really national question, they are reproduced in order that English superintendents may see how a great public want is, partly at least, met.

“ It would be a cause of much regret, however, if any delay in providing district accommodation were allowed to interfere with the ready admission of private patients, paying low rates of board. In a large city like Glasgow the number of such patients must be large, and it is most desirable that every facility should be given to the sending of them to an accessible and well-conducted public institution, where they obtain advantages which they cannot obtain elsewhere for the same low payment.

“ There is more difficulty in providing suitably for insane persons of this class than for those of any other, and nothing too strong can be said in commendation of the action of the Directors and Superintendent in their efforts to meet this difficulty.

“ Persons paying rates of board very little above those paid for paupers, are admitted with increasing readiness into the asylum, where they receive excellent accommodation and medical treatment.

“ The beneficence of what is thus done has not yet been realised by the public, but it is desirable that it should be more widely known, so that the charitable, by gifts and bequests, may put the Directors in a position to extend their action, and do even more than they have done, by assisting those who can scarcely pay the pauper rate of board, but who may, nevertheless, be quite above the class of ordinary paupers. Such persons are too often kept at home till their mental disorder is confirmed, from an unwillingness on the part of their friends that they should be enrolled as paupers, and an inability to pay such rates as would secure for them in an asylum the treatment they need.

“ It would be a great gain if the Directors had funds at their disposal

to enable them, in these circumstances, to give the necessary assistance, and thus secure the early treatment and recovery of a considerable number of sufferers belonging to the respectable part of the lower middle class of society.

“The force of these remarks may not be fully seen by those who fail to remember that every pauper lunatic, needing treatment in an asylum, and also every private lunatic, in a like condition, for whom a rate decidedly higher than the pauper rate cannot be paid, should, beyond question, be provided for in a public, and not in a private asylum.”

As to the causation of insanity, Dr. Yellowlees points out that his statistics “tend to confirm the now familiar truth that the growth of insanity, like that of crime, is favoured by prosperity and the dissipation which it encourages, while it is checked by adversity and the sobriety which it imposes. They also tend to prove, if proof were needed, that insanity is due to physical far more than to moral causes. All the suffering and sorrow of the past two years in this district have done little to increase the number of the insane, and it is remarkable that only two cases have been received into this asylum, in which the insanity was directly attributable to the failure of the City Bank. In truth it is rarely that a well-balanced mind is driven into insanity by sorrow or misfortune, and in the majority of cases, when this occurs, some inherited nervous instability is present, or some other physical cause is co-operating in the production of the disease.”

In acknowledging the praiseworthy conduct of the attendants, amid duties that are often very trying and disagreeable, Dr. Yellowlees states that it is to him a constant source of surprise and regret, now that ordinary nursing has become so fashionable, that no ladies are impelled by the love of God and their neighbour to help us in the difficult and delicate work of nursing the insane.

Hants.—A case is mentioned by Dr. Manly which strongly shows the necessity for examining the physical condition of all patients as soon after admission as possible.

“A male patient, reported to have been a hard drinking man, admitted in a very excited state, was casually examined by one of the Assistant Medical Officers in the bath room, and was bathed under the inspection of the Head Attendant, when nothing particular was noticed about him. For two days subsequently he was secluded on account of his maniacal excitement, after which he became calmer, and gradually improved. Eleven days after admission, from information which reached me, I made a personal examination of the man, and discovered that two ribs on one side, and one on the other were broken. It appeared he had been restless, and had had a struggle with an attendant two nights previously, and this attendant he charged with having knelt on him. The attendant entirely denied having done so, or used any violence towards him. The matter

was investigated fully; first by myself, and afterwards by two members of the Committee, and was referred to the Commissioners in Lunacy. There was no evidence which could have procured a conviction even if the attendant, who came here with a good character, had been prosecuted, so no prosecution was instituted. The patient has since been discharged recovered, and the attendant has left at his own request. The Commissioners have, however, suggested a rule, which has been sanctioned by the Secretary of State, to the effect, that 'Every patient on admission shall for the future be carefully examined by one of the Medical Officers, to ascertain if he is suffering from any internal injury or disease, and that he make a written report thereon in the Case Book.'"

The rule recommended by the Commissioners is good; but it must be remembered at the same time that, 1st, a patient may be so excited that it is impossible to make a careful examination of his chest; and, 2nd, that a man may have several broken ribs, and a careful examination fail to detect the fact. Of the truth of the latter statement, surgeons can furnish ample proof; and further, a sane man may go about his ordinary duties with at least one broken rib, and be ignorant that he has sustained any injury.

To prevent violence to patients is a sacred duty with all asylum medical officers, but the mere fact that a patient has been injured in a struggle with an attendant does not of necessity imply culpable violence.

Hereford.—Dr. Chapman is of opinion that a diminution has occurred in the number of curable cases admitted. His explanation of the fact we reproduce without comment, beyond this that his experience must be peculiar when he can state that especially are those cases rare which present evidences of much weakness and exhaustion.

"Whatever may be the special causes that lead to a case of illness being one of insanity instead of other disease, it is certain that, broadly, the causes of insanity, and especially of acute insanity, are the same causes as those of other diseases; and my hypothesis is this, that the higher wages that have ruled in the country for some years, and the greater attention to sanitary matters, have really diminished the annual production of acute insanity, as well as of other diseases. The increased wages act by improving the general well-being and especially the dietary of the labouring classes; I distinctly demur to the theory that increased wages are a curse by increasing intoxication; they unquestionably are to some, and to more in some districts than others; but taking the mass these cases are exceptional. We do not hear of the 19 or 99, whatever the number is, to whom they are an unmixed advantage; the 20th or 100th who is prepared to make any blessing into a curse, thrusts himself on our notice, but this is certainly not a case for applying the rule *ex uno disce omnes*.

"With a view to apply some test to this theory, I have obtained

by the kindness of Dr. Sandford a return of the rates of mortality for certain districts in the county for the last six years, in order to see whether improved sanitation and increased wages have really had that effect on the general health of the county, which *a priori* I thought they must have had, and one indication of which I thought I had detected in the decrease in the actual production of insanity. These returns bear out the hypothesis in a remarkable manner, much more so than I had expected from a consideration of the national statistics in the quarterly returns of the Registrar-General. They show a remarkable decline, steadily and gradually going on from the year 1874 to 1878, and a sudden and great rise in 1879. This is contrary to the statistics of the Registrar-General, the small mortality of the third and fourth quarters of 1879 balancing the high mortality which the first quarter owed to a severe winter; in Herefordshire the severe winter no doubt had its effect, but the wet summer was a health giver to towns rather than to the country, and no doubt failed to diminish Hereford mortality, whilst there was a strong factor on the other side, viz., the comparative high wages which had for some time ruled among agricultural labourers, fell to as low a point as ever. That this is, if a partial, at least as far as it goes, a correct explanation is further supported by the fact that the least urban districts, Bromyard and Weobley, show the greatest comparative increase, at least their 1879 rate is their highest in six years; in the others the earlier years are still higher than 1879." We might quote further, but refrain, for we feel that Dr. Chapman has as yet too limited materials to settle a very important but most difficult question.

Inverness.—In connection with the fact that the re-admissions amounted to one-sixth of the total admissions during the year, it may be pointed out that this is one of the very few asylums which do not publish their statistics in the form recommended by the Association.

Whilst it is stated that "the condition of the establishment in reference to health has been more satisfactory is also evidenced by the death-rate only amounting to 5.4 per cent. against 8.8 per cent. of the previous year, showing a decrease of 2.5 per cent. below the annual average mortality since the opening of the asylum," it is to be feared that a mistake has been made in the calculation. In table 1 the deaths are given as 23, and the average daily number resident during the year as 365. If, therefore, 365 yield 23 deaths, what should 100 yield? Answer 6.3. If calculated on the total number under treatment, 481, the result is 4.7 per cent.

It is quite evident that every effort is made for the comfort of the patients, and to reduce the inconveniences of overcrowding to a minimum.

Ipswich.—On the vexed subject of intemperance as a cause of insanity, Dr. Chevalier remarks:—"No doubt intemperance is a cause of insanity, but it is sometimes an effect instead of a cause, and perhaps compilers of statistics do not sufficiently distinguish between the

two. Whether a man is suffering from excitement of brain, the commencement of acute mania, or from nervous depression, the commencement of melancholia, he is likely to have recourse to stimulants, and his neighbours and the public attribute the subsequent and palpable outbreak of insanity to excessive drinking. As a rule, women do not drink, and yet insanity is as prevalent among them as among men, if not more so. One ought not to lose sight of the peculiar constitution of the weaker sex, nor of the emotional disturbance occurring at certain periods of life, nor of the indirect effects, such as poverty, disgrace, and disease (which themselves become secondary causes of insanity), produced by the vicious habits of the drunken head of the family. After making all due allowance for these considerations, our lunatic asylums cannot truly be said to derive a very large proportion of their inmates from among the victims of intemperance."

Isle of Man.—This asylum is much overcrowded. In pointing out this fact, Mr. Wood very properly takes the opportunity of urging the necessity for providing accommodation for private patients. Such an arrangement would be economical to the authorities, and a great convenience to many who, under present circumstances, must send their friends to asylums out of the island.

Kent, Barming Heath.—In this asylum beer has ceased to be an article of ordinary diet. On this subject Dr. Davies says:—"I mentioned in my report last year that for six months we had been giving less beer to the patients. The alterations then made were that beer was only issued to workers, and to them only at meal times, and in lessened quantities. These changes I found to work so well, and to be attended with such decidedly good results, that I felt convinced it would benefit the patients to go without beer altogether. I accordingly recommended this, and since December 1st beer has ceased to be an article of "ordinary diet," and is now only issued from the surgery as a medical extra.

"At the same time all the attendants and servants had their beer stopped, a fairly adequate sum of money being allowed them in lieu thereof.

"The change has fully realised my expectations. Truly the time it has been tried is short, but the beneficial indications are plainly manifest. No extra diet has been given to the patients to compensate for the beer, nor do I think any will be required."

It would be well if the Association tables were adopted in preparing the statistics.

Killarney.—Year by year Irish medical superintendents draw attention to the evil method adopted of sending a very large proportion of the patients to the asylum in charge of the police. This is a decided wrong, which should be brought under the notice of the proper authorities for speedy remedy. It is a genuine Irish grievance. Dr. Wood says:—"Most of the patients are still committed as

dangerous lunatics, many of them being perfectly harmless, and no matter how long they may remain under treatment, they must always continue to be classed as criminals, although prisoners who have become insane during their imprisonment cease to be classed as criminals at the expiration of their sentence. It seems to be the rule to *arrest* a patient *because he is insane*, on the information of the friends, whereas the Act of Parliament intended that only those who had been arrested for some indictable offence, and were *afterwards* found to be insane, should thus be committed to the asylum. If it was more generally known that the *ordinary* admission form could be obtained at the asylum, and patients admitted therein without delay, fewer patients would, I think, be branded as criminals."

Lancashire, Lancaster.—Space forbids us to notice at any length Dr. Cassidy's remarks on the admissions during the year, but he gives the following short table on the rate of mortality, which teaches a most valuable lesson. It clearly proves that asylum treatment, be it medical or hygienic, has greatly improved, and reduced the mortality in spite of the supposed fact that general paralysis and other grave forms of brain disease have increased in frequency during the last 50 years.

"In this asylum, taking the six decennial periods from 1819 to 1879, the average annual death rate, relatively to the average number resident, has varied as follows :—

Average rate from 1819 to 1829	=	17·41	per cent.
do.	1829 to 1839	=	21·58 "
do.	1839 to 1849	=	11·24 "
do.	1849 to 1859	=	9·89 "
do.	1859 to 1869	=	8·93 "
do.	1869 to 1879	=	7·62 "

"The first great reduction took place at the period above referred to, when Mr. Gaskell abolished the restraint system, and introduced many improvements in management and treatment, in which he was warmly supported by the Committee of Visitors, and by the late Dr. de Vitre, then Visiting Physician. Since 1849 the reduction has continued, but not, of course, in the same marked degree."

Lancashire, Prestwich.—In directing attention to the facts that the death rate was only 5·2, and that the general hygienic condition of the asylum was good during the year, Mr. Ley attributes these satisfactory results chiefly to the improved arrangements for the comfort and health of the patients. He says :—

"I have no hesitation in attributing the low death-rate of the past five or six years to the improved sanitary arrangements adopted, and to the increased comfort in the accommodation provided for the patients. The introduction of steam and hot-water heating into the wards, as auxiliary modes of warming to open fire places, has been attended by most marked beneficial results. Among the insane, as

indeed among other classes of the community of similar low vitality and impaired function, the maintenance of an equable and reliable temperature in the living rooms is of the utmost importance as regards the health and well-being of the inmates. The almost entire immunity which we have lately enjoyed from erysipelas, congestive diarrhoea, and other diseases incident to closely packed communities, may safely be attributed to the fact that in this damp and foggy climate during the prolonged cold of the past year, we have been able, in nearly all the wards, to maintain a dry equable temperature with sufficient ventilation, which, before the introduction of artificial heating, it was found impossible to maintain by the use of open fire-places alone."

As to the correctness of Mr. Ley's remarks there can be no doubt. Not only during the day but at night the same care should be taken to maintain sufficient warmth in the dormitories and single rooms. Especially should this be attended to where restless patients pass the night. In very many, if not most, asylums, great improvements could be effected in this direction. An excited general paralytic, who spends the night hammering on his room door, at a temperature slightly above freezing point, has every chance of dying of congestion of the lungs in a very few days. All single rooms for excited patients might with great advantage be maintained at 70°-80° during the whole year. Without doubt the mortality would be diminished. A recent visit to this asylum left a very favourable impression in regard to its management. In spite of disadvantages as to construction, Mr. Ley has rendered it one of the most comfortable county asylums we know.

Lancashire, Rainhill.—In directing attention to the bad effects of the presence of criminal lunatics in ordinary asylums, Dr. Rogers says:—"So-called criminal lunatics may be broadly divided into two distinct classes—those whose offence is the direct outcome of their mental disease, and those who are offenders first and become insane afterwards.

"Of the former class, the most frequent cause, in those who are brought to this asylum, of their infringing the laws, and of being consequently committed to prison, is the disease known as general paralysis of the insane.

"Of the eleven patients admitted last year, three were thus affected, and, on examining the admissions for the last five years, I find that out of 38 prisoners admitted, nine, or one-fourth, were the subjects of this disease, and it may be reasonably inferred, considering that 'secretiveness' is one of the most common features of this disease, that their offences were simply symptoms of an existing but undetected disease of the brain.

"It is too much to expect magistrates or police officers to be able to discriminate between the incipient stage of a disease of the mind and a case of simple moral delinquency, and it is doubtful even if the majority of medical practitioners would detect the earlier phases of

this insidious disease, but the fact remains that these cases are committed to prison when their proper destination should be a lunatic asylum."

These remarks confirm the conclusions of Dr. Wilkie Burman who wrote a short paper on this subject a few years ago.

Lancashire, Whittingham.—A fault in the drainage is one of the most serious defects in a public institution, and it is astonishing how frequently it exists in recently built asylums. Whittingham has only been occupied seven years, yet its sanitary state is evidently unsatisfactory. That three cases of fatal puerperal fever should have occurred in a county asylum in seven years is not creditable to the manner in which the disposal of the sewage had been arranged. The following paragraph from Dr. Wallis's report exposes a curious arrangement for allowing sewer-gas to obtain entrance to the building:—

"One rather serious exception to the general healthy state of the asylum remains to be noticed. Three cases of typhoid fever occurred early in the year, and recovered, but the nurse who attended upon them, going home for a holiday, sickened and died. After a lapse of eight months, a male attendant was attacked, but recovered; and a month or so later, a nurse was found to be suffering from the same disease. About this time several female patients were seized with suspicious diarrhœa, and one of them (who died from an acute pulmonary attack), was found, on a *post-mortem* examination, to present unmistakable appearances due to typhoid fever. All the cases of diarrhœa were isolated as on the first occasion, and every precaution taken by disinfection, &c., to prevent the extension of the disease. At this time, a woman, who had been confined in the infirmary, died of puerperal fever; and it was ascertained that two fatal cases of puerperal fever had previously occurred since the opening of the asylum. The various closets and cesspools were found in perfect sanitary condition, and yet these several cases of typhoid fever, springing up in the most opposite parts of the asylum, pointed to some grave defect in the sanitary arrangements. Attention having been drawn to the down-spouts which carry the roof-water into the sewers inside the corridors, the floors were opened out, and some of the junctions of these pipes with the drains were found imperfectly made, affording an opportunity for the leakage of sewer-gases into the wards. Such of them as were found defective were made sound, and since then we have had, up to the present, no return of diarrhœa or typhoid fever."

Limerick.—From this excellent report we extract the following paragraphs bearing upon the influence of prosperity and adversity on the population. Dr. Courtenay says:—"The comparison of the number admitted during the past year, which has undoubtedly been a period of depression amongst all classes, with the number given in the asylum returns of more prosperous times, raises certain subjects

of interest, both as regards the study of insanity and the health of the general public as to—1. The number of admissions. Whether the depression in trade, with its accompanying adversity, poverty and want, has caused an increase of insanity? 2. The type of insanity in those admitted. Was it of recent origin, requiring special treatment, and likely to get well; or was it of long standing, the harmless patient requiring no special care, and only sent to the asylum because his friends were no longer able to support him at home? 3. Has the season of depression of trade had the effect of decreasing alcoholic excesses; and, if so, have the number of cases of insanity resulting from this cause been decreased?

“To give satisfactory answers to any of these questions will require not only a long period of time to elapse, but the comparison of statistics of insanity taken from a very large area.

“From the limited information supplied by the past year, we find that the number of admissions have not increased, rather are they below the average for the last ten years—and in only two cases could I clearly trace the cause to commercial losses. I allow that family trouble and adversity may play a larger part than the friends are willing to tell, but, as a rule, more than one cause has been at work. Generally when the whole history can be carefully investigated, some deranged nervous power may be traced in some member of the family. Seldom is it that the brain gives way without some defect of the nervous system, having been handed down from generation to generation.

“Although the class of cases admitted was not favourable as regards hopes of recovery, there was no reason to show that they were sent to the asylum only because their friends were unable to support them at home. In almost every case the lunatic was brought either for his own protection or that of others, or with a view to his ultimate recovery. Hence it cannot be supposed that the number of the insane in the care of friends, or wandering through the country, is large; otherwise the numbers applying for admission should have increased during the past season of scarcity.

“From the return of the causes of insanity in those admitted, we find that alcohol played a considerable part as usual. At the same time, the belief is becoming more prevalent that seasons of depression have the effect of diminishing excessive drinking, and thus lessen the number of attacks of insanity resulting therefrom. And I believe time will show this result—not only for the County of Limerick, but for the whole of Ireland. On the other hand, it must be remembered that poverty and want must weaken the physical powers of those whose nervous organisation is naturally impaired, and thus render them more likely to become a prey to mental aberration.”

Lincoln.—Six cottages, at a very moderate rental, have been erected on the asylum grounds for married attendants. This is an important improvement. A very good dormitory for epileptic and

suicidal patients has been built. The ground plan is published in the report. It may be noted that for the last twelve or fourteen years the mortality has been very high. In 1879 it was no less than 19·5 for the men and 13·2 for the women; being a mean of 16·2 per cent. on the average numbers resident.

Monmouth, &c.—Although this asylum appears to be excellently managed by Dr. McCullough, and most economically, it is overcrowded, and the mortality is high. Large and costly alterations are evidently required before the accommodation can be considered equal to that provided in most county asylums. The Commissioners report that three deaths among the women were due to erysipelas, which disease also attacked several other patients in the female division, without proving fatal. They concur with Dr. McCullough in the opinion that the defective arrangement, and insufficient number of water closets on that side of the house may have contributed to the development of the disorder. On the male side, where these defects have been remedied, there has not been a single case.

Montrose.—Extensive structural improvements are being carried out, but to these it is not necessary to refer in detail. Dr. Howden records an unusual case of recovery from what appeared to be advanced phthisis. The man “was carried from the cab to what was thought to be his death-bed; contrary to all expectation, he, by slow degrees, improved, and at the end of eleven months was discharged sane and in robust health, having added 40lbs. to his weight. A case like this shows that bad physical health, if not of a contagious character, should not be a ground of non-admission into an asylum, and the rule at one time commonly adopted, that a person in a dying state cannot be admitted, though favourable to statistics, has no justification in humanity. That restoration to sanity and increase to bodily weight are almost invariably coincident, is again illustrated by Table XV., which shows that of the 48 persons who were discharged recovered, only two had lost weight; the exceptional cases are explained by the existence of serious physical disease. It is also true, however, that persons lapsing into chronic dementia commonly gain in weight, though not at the same rapid rate as those who recover; diminution indicates the passing off of the acute symptoms of exaltation or depression, which almost always co-exist with a low standard of physical health.”

Newcastle.—In anticipation of changes in the lunacy statutes, Mr. Wickham remarks on the present method of admitting private patients. “At present they are sent on what is termed the ‘order’ of a private individual, their mental state being certified by two medical men, who must have seen the patient separately from each other, and also from any other medical practitioner. It is only repeating what I have often said in these Annual Reports, to say that no man should be deprived of his liberty except, as is now the case with *pauper* lunatics, on the order of responsible public officers, such

as magistrates. The objections to this course are much fewer than the advantages arising from it. At the same time it must not be forgotten that no method which can be devised will give satisfaction to many of those who are most affected by it." Mr. Wickham very properly denounces the views of those who would make consultations illegal in lunacy cases. There is nothing in the letter, and certainly nothing in the spirit, of the Acts which would deprive a patient of the benefit of the attending physicians consulting as to what should be done. If such were really the case, the Lunacy Acts would stand much more in need of amendment than they do at present.

Norfolk.—In March a male patient was attacked with erysipelas of the face, and from that time until August the disease was more or less prevalent in the asylum. There were altogether twenty-five cases, and in four it proved fatal. All the patients attacked were feeble and therefore unfavourable subjects for this the idiopathic form of the disease. During the epidemic there was a great prevalence of ulcerated sore throat amongst the staff. The drainage and all other sanitary arrangements were carefully examined, but without affording any explanation of the outbreak, beyond the overcrowding of the wards. About the same time there was a general epidemic of erysipelas in different parts of the county.

In this asylum also beer has ceased to be an article of ordinary diet. On this subject Dr. Hills says: "On December 1st we prohibited beer as an article of diet at dinner, excepting for about thirty patients, who do hard manual labour, and who seem the better for some stimulant and encouragement. Thus far abstinence has proved very beneficial. The patients now eat more than formerly; there is less waste, and also less excitement and turmoil after dinner. For the last seven or eight years, beer has not been given to about 160 cases of idiots, imbeciles, paralytics, &c., and I had for some time felt that in allowing beer we were creating a habit which could not be continued at the patients' homes, and I observed that in the majority of our permanent inmates, it proved exciting, and engendered a craving for further stimulation. I may add that I am not a teetotaler, but I strongly recommend total abstinence for those who are deficient in self-control, whether they have been accustomed to the use of alcohol from childhood, or have become addicted to it later in life through injudicious advice."

Northampton.—It is not creditable to British architects that they so often fail in making sufficient arrangements for the heating of a large building like an asylum. The original fire places in this asylum are bad and the heating apparatus a complete failure. To guard against insufficient warmth in any future year, Mr. Greene has arranged to have slow combustion stoves fitted up throughout the building.

The drainage appears to have been radically bad, and to have caused much sickness. Mr. Greene says: "During the first eight

months of the year cases of dysentery and erysipelas were of constant occurrence on both sides of the asylum. There were about twelve fresh cases of dysentery and four of erysipelas every month, and although neither disease was of a severe type, the outbreak was a source of much anxiety to the Superintendent, who felt convinced the system of drainage was at fault. The Visitors requested Mr. George Bohn, C.E., of Hull, to inspect the sanitary arrangements of the asylum, and report thereon. This gentleman . . . sent in a voluminous report embodying his suggestions for remedying the faulty points in the system, which were numerous. The most essential of his suggestions were at once carried out, and immediately afterwards the dysentery entirely disappeared, and the erysipelas fell to one case in a month. During the last few weeks there has not been a fresh case."

Northumberland.—Alterations have been made for the protection of the building from fire, and it is proposed to build six cottages on the asylum estate for married attendants.

In noticing the fact that fresh lunacy legislation is impending, Dr. McDowall says: "The subject of private asylums is sure to be dealt with in a more or less thorough fashion. Of late years the public mind has been so inflamed by agitation that it is almost impossible for it to arrive at an unbiassed judgment. I at once admit that there are some private asylums where the accommodation is poor, the treatment mean, and the expense excessive—these cannot be too soon got rid of; but there are others conducted in a most enlightened and liberal manner, and where the management is better than in some public institutions. For the poorer middle classes the Government should certainly make some provision, by which cases of insanity could be treated well and cheaply. At present, almost all such patients must either enter private asylums or those maintained by public rates. If they go to the former, the serious expense is a cause of anxiety and sometimes of privation to the relatives. If, on the other hand, they enter the latter, they associate with persons of imperfect education and rough habits. An insane person is seldom so far out of his mind as to be altogether indifferent to his neighbours; sometimes he is morbidly sensitive on the matter, and I have seen decidedly bad results from a delicately nurtured person being obliged to spend her days and nights with people she felt to be her inferiors in every respect."

Whatever of truth there may be in the following paragraph, it is not at all likely that the suggestion, to turn every superintendent into a lecturer on mental diseases, will be universally approved. Still, many medical officers of asylums would be delighted to have a few young, intelligent men, fresh from the schools, to whom they might lecture, and from whom they might learn a great deal of what is new in the medical and surgical worlds.

"Whilst the outcry against private asylums has been so loud and

prolonged, public opinion seems for the present to be satisfied with the condition and management of county and borough asylums. This in one way is a blessing, in another it is the opposite, for it prevents the carrying out of improvements, about the necessity for which the public knows nothing. Although decided abuses have disappeared, it cannot be maintained that a system is perfect which allows incurable cases to accumulate at the rate of 1,500 a year. It is a dreadful state of affairs to find that in England and Wales alone there were, at the end of 1878, 62,107 pauper lunatics, and that 90 per cent. of these were incurable. At last the public will awake to the fact that it has unconsciously failed in its duty to these people. Much has been done to improve the condition of idiots; more will yet be done as the success of the work is more generally recognised. If the enterprise which has done so much good for them could be infused into the management of the insane, equally good results would no doubt follow, and even in a pecuniary sense the work would be successful. It is painful to observe in the discussions on this subject how the main idea seems to be, how to keep the incurably insane in decent comfort on as little as possible. It seems to be forgotten that their hopeless state is a rebuke to science and philanthropy which should urge every effort to prevent others lapsing into a similar condition. If in every asylum there were, according to its size, from four to twelve clinical clerks studying mental diseases under the instruction of the Medical Superintendent; if the staff of attendants were at least doubled, and included schoolmasters, drillmasters, &c., and if the medical staff were compelled to study annually a given subject, and to send in a report to a Government or other Board, then we might hope for good results; chronic lunacy would diminish, and what remained would not be such a burden on the country."

Roxburgh, &c.—As the changes amongst the subordinate staff are rather frequent, it is hoped that by the erection of cottages for married attendants suitable men may be obtained who will remain in the asylum service a reasonable time.

Opinions vary very much as to the influence of self-abuse on the production of insanity. Mr. Grierson is evidently impressed by its evil influence, and we hope that renewed attention may be directed to the subject. It cannot be denied that in many cases of insanity recovery is made impossible by the evil habits of the patients, and the usual methods of preventing masturbation are not satisfactory and are indeed dangerous.

Royal Albert Asylum.—It is important to find that the advantages of the boarding-out system are recognised by the authorities of this Asylum. It cannot be denied that systematic training, combined with domestic care, is the best form of education for the weak-minded. "The attention of the Committee has been directed to the report of the Special School for Idiots at the Hague, which has been in exist-

ence twenty-five years. There the system of boarding-out has been adopted whenever practicable ; and of the 417 pupils who have been under the control and instruction of the Institution since its establishment, no fewer than 148 were boarded out. The experiment has also been tried, in one or two cases, in connection with the Royal Albert Asylum, and with marked success, proving that its extension would be beneficial to the working of the Institution. It is hoped that the removal of certain legislative restrictions upon the treatment of imbeciles, who are at present legally classed with raving lunatics will, whilst preserving all necessary safeguards for the proper care of such persons, result in promoting the system of boarding-out in the neighbourhood of Training Institutions, as well as in facilitating the admission into such institutions of imbecile children and young persons of the higher grades of intelligence, for whose benefit the educational and industrial agencies of such establishments are best adapted."

Royal Edinburgh Asylum.—The continued prosperity of this asylum is proof, if such were still wanted, that advantage will at once be taken of arrangements in a public institution for the reception of private patients at low rates of board.

There are several topics touched on in this report, which might be noticed here ; but it may be well to extract some remarks on the causation of insanity, especially as efforts are being made at present to devise a satisfactory statistical method of arranging them.

"No question is more frequently asked of the physician, in regard to any case of mental disease, than this—'What is the cause of the disorder?' and while the constancy of the question might seem to imply a conscious ignorance in regard to the causation of the disease in most cases on the part of those interested in them, yet there is no disease where some fact or fancy or other is so commonly assigned as a cause. The symptoms of the disease are so distressing to relatives, its very occurrence so terrible and mysterious, that it seems to be a relief and a comfort to bring it into the category of ordinary events, where cause and effect prevail. A man takes heart disease, and he is chiefly concerned as to the proper treatment, and what will be the end of it. He scarcely asks or speculates about the cause. He tacitly assumes that he has had some little original weakness or predisposition there. That is the very last thing admitted in regard to mental disease. And yet every thoughtful mind must recognise the fact that, if weakness and predispositions are transmitted from one generation at all, there must be more chance of brain weakness being transmitted than those of any other organ. It has the most delicate tissue in the body, and its functions show it to be the highest organic structure yet known in nature. It is on the brain that the anxieties and strains of life act, that the poverty and struggle for existence chiefly tell, and that the exhaustion from dissipation and bad lives for the most part take effect. Looking at the lot and lives of mankind, it seems more wonderful to have so many sound brains, than to have the few unsound

ones. It shows clearly that nature tends more towards a good sound type than a bad one; that the fittest tend to survive, and propagate their good rather than their bad qualities.

“The causes of different diseases increase in complexity and difficulty of recognition, from the simple violence that breaks an arm, the overstrain that dilates a heart, the subtle poison that creates a fever, up to the inherited weaknesses, to which so many of the constitutional diseases owe their origin. There is none of the latter class so complicated and difficult to expiscate as insanity, for in it we have to take into account not only the bodily history of the patient, and that of his ancestors, but also his far more subtle and difficult mental history. It is so difficult to unravel so tangled a web satisfactorily in any one case, that it has scarcely ever been done. It is only in very distinguished families indeed that the data can be obtained. My friend Dr. Ireland has lately, from historical data, traced the morbid mental history of the royal family of Spain for several hundred years, and the result is one of extraordinary interest, but no definite law of heredity can be arrived at from it. Beyond a doubt a man may suffer in mind for the sins of his grandfather, and his mental power may be affected adversely by the sort of lives his parents led. When the cause of any case of insanity, therefore, is stated to be one fact or event in the life of the individual affected, one may safely conclude that this is merely one link in a long chain of causes. Our table of causes, therefore, may be taken to represent the most obvious or the strongest antecedent facts that had a causal relation to the disease, and not the whole causation.”

Salop and Montgomery.—The committee of this asylum has long been known as obstructive, almost as bad as that of Cambridge. At last the Commissioners have rebelled and threatened to report to the Home Secretary. Although at the end of 1879 there were all but 100 patients boarded in other asylums, it is proposed to enlarge the accommodation by only 200 beds. The Commissioners report:—“The asylum is still without a proper recreation hall, without a room where any large number of the patients of each sex could be brought together at meal times, without suitable workshops, without a satisfactory laundry, without a hospital for infectious cases, without a decent mortuary, without internal hydrants, without single rooms sufficient numerically for the troublesome patients, now in unusually large proportion here, and the land is moreover scarcely enough for the employment of the asylum patients, a large number of whom belong to the agricultural class.”

To Dr. Strange these and other deficiencies must be the source of great annoyance, and in the meantime his duties must be more than usually irksome.

Somerset and Bath.—Dr. Madden-Medlicott's report deals largely in medical and surgical details. We are glad to see any deviation from the beaten track in such documents.

The asylum, but chiefly the female department, was in a highly unsanitary state during part of the year. Five deaths occurred from facial erysipelas out of 46 patients attacked (13 males and 33 females), and four deaths from enteric fever out of 20 cases, 13 in patients and 7 in attendants, all on the female side.

The history of these epidemics is given with much detail, "in order," says Dr. Medlicott, "to form a trustworthy basis for further enquiry, for only thus can sufficient importance be attached to such vexed terms as contagion or infection." The sewage arrangements have been completely overhauled, and not a day too soon, for when "erysipelas was raging, an enormous amount of sewer air seems to have been pent up in the drains, actually having been seen bubbling up through the water in the pans of the water-closets on both sides of the asylum."

Stirling.—At the date of the writing of this report, the asylum was overcrowded, and plans were under consideration for its enlargement.

The following paragraph from Mr. Maclaren's report treats of a very important subject, so important that it would be well for him to examine the subject thoroughly, and to publish his results in this or some other medical journal. It is more than probable that his opinions as to the types of insanity prevailing in former times will be changed by further research. Besides, it must always be remembered that insanity as seen in an asylum is a modified disease; formerly it was often made worse by foolish treatment, now it is modified for the better by more enlightened management. But the whole question as to change of type in recent times is an exceedingly difficult one, and cannot be settled by the experience of any single observer. It is almost certain that Mr. Maclaren's experience has been exceptional, for he is able to say that, during the past eight years, during which he has seen several thousands of insane persons, he has not seen more than two or three cases of the worst form of acute mania.

"Much as the modern system of treatment has done to ameliorate the condition of the insane, and so ultimately to induce greater quiet and tranquillity in asylums, there is, I venture to think, another important element to be taken into account. It is difficult to believe that the types of insanity now met with are the same as those which formerly existed. Take one instance as an example:—There is no variety so constantly referred to by older writings as that of acute, dangerous delirious mania. Indeed, the furious madman, with corrugated brow, so constantly referred to in older writings as that of acute, dangerous, staring eyes, matted hair and torn raiment, is constantly met with, both in scientific works and the books of the poet and dramatist, as the characteristic type of the person of unsound mind; or, failing this, the victim is described as a prey of black despair. Until quite modern times, if I mistake not, little variety was known from these two broadly contrasted varieties. Now, within my own experience, and I

do not think it is a solitary one, the acute delirious maniac is becoming rarer and rarer, and fortunate it is for the success of modern lunacy practice that it is so. Were many such cases sent to us, with the murderous tendencies ascribed to them, and their sleepless ingenuity for evil, it is difficult to see how we could do much other by them than was done of old, restrain them in some fashion. In the past eight years, during which I must have seen several thousands of insane persons, I cannot say that I have seen more than two or three cases which really belong to the worst variety of this type. There is still certainly an acute mania, but it is very seldom indeed that those labouring under it are either dangerous or destructive. They are often noisy enough, and somewhat demonstrative; but if allowed space to work off their superfluous energy, they are very harmless to themselves and others. On the other hand, varieties of insanity representing mental enfeeblement are, I believe, constantly becoming more common. Probably at the very head of these is that dread disease, general paralysis of the insane, which is entirely a product of modern times—of the fierce struggle for wealth and power, and the enormous weight, not of mere work, but of high pressure, worry and strain, which is entailed on those who compete in the race. There are, too, many subtle varieties of melancholia brought on entirely in the same way.”

It is reported that “no stimulants and no narcotics are employed.” This is to be regretted, for beyond doubt many melancholiacs are thereby deprived of some few hours’ peace of mind. At night the fate of the melancholiac is peculiarly distressing. As he does not disturb his neighbours or spend his time in muscular exercise which engages his thoughts for the time, he lies in bed wide awake, perfectly wretched, and wishing for death. A man in such a condition needs rest as much as a patient labouring under cancer, and is more benefited by it. If such patients get a good night’s sleep they are wonderfully improved by it, and rapidly gain weight as a rule. But, even were the facts the other way, a miserable wretch is entitled to as much peace of mind as we can give him. Even should the case be incurable, follow the rule of relieving the symptoms and let the man die in peace. It may be remarked in passing that it is almost only in Scotch Asylums reports that the fact is stated, that narcotics are not used. Why should this be?

Surrey, Wandsworth.—In several reports this year the unsatisfactory arrangements for the disposal of criminal lunatics are noticed. Nothing could be more troublesome than the state of things indicated in the following paragraph from the visitors’ report to Quarter Sessions.

“During the first quarter of the year two female patients were sent to the asylum from H.M. Prison at Wandsworth, under the orders of the Secretary of State. No such order had been made since 1865,

when on a representation being made to the Home Office by the Medical Superintendent of the desire expressed by the Visitors that criminals should be removed to Fisherton House, the Secretary was pleased to make an order accordingly. The Visitors have always strongly felt that patients of this class are quite unsuitable for association with ordinary lunatics. Application was made to the Home Secretary to order the removal of the two in question, and he consented to make such order *provided* the Authorities of the place of settlement consented to pay the amount which would be charged for their maintenance. One remains to the prejudice of the ordinary patients, notwithstanding the Secretary of State's remark in the House of Commons (as reported) to the effect that so long as a man was undergoing his sentence the counties had nothing to do with him? The liability to the payment of the expenses of maintenance in such a case has been, and is still the subject of litigation. In the third quarter another criminal patient was similarly sent, and was reported by the Medical Superintendent on the 29th July to have recovered. The patient, however, being a prisoner, could not be discharged by the Visitors, but remained in the asylum awaiting the orders of the Secretary of State until the 20th of August, when he was removed to H.M. Prison at Lewes, this asylum having been used for that period as a prison in every respect with regard to this patient. The attention of the Legislature and the Government has been called to this objectionable state of affairs, but no remedy has been provided."

A remedy may, however, be soon expected, as a departmental committee is, or was, engaged on it.

Warwick.—An interesting case is recorded by Dr. Parsey; that of a sailor who laboured under a very transient attack of insanity due to privation. It belongs to a very interesting and little studied class of cases. "The man (C. W., æt. 25), during his short stay with us, gave no indication of mental disorder, though it was stated to have been, for two or three days previously, markedly manifested in the workhouse from which he was sent here. Sufficient time was taken to test his condition, and he was then sent on his way, better nourished, and, thanks to a fund I have been able to establish for the aid of discharged patients, better clothed and provided in every way than he had probably been for some time past. He appears to have been a discharged sailor, tramping from London to Liverpool in the very severe weather of the latter part of November, and could give a straightforward account of himself till after leaving Banbury on the morning of the 27th. He was found at about 11 p.m. the next night by a policeman in Coleshill, in this county, about thirty-five miles from Banbury, with little clothing on him, strange in manner, and in a state of utter mental aberration, but apparently not under the influence of drink. He was detained under medical observation at the workhouse until the 2nd of December, when he was brought

here. For the first two days in the workhouse he seemed quite demented; on the third was more rational, and wanted to go on his way; on the fourth there was a little excitement of manner. Whilst here he was rational, and of good average intelligence. His condition was probably one of transient mental disturbance induced by privation, fatigue, and exposure for several days in an unusually inclement season. He stated that his mind had never before been affected."

Wilts.—Various improvements and extensions continue to be made in this asylum. Four cases of typhoid fever occurred, and there can be no doubt that the disease was due to escape of sewer gas into the building. In calculating the death-rate, a mistake has been made or the numbers have been misprinted. The average numbers resident were, males 266, females 306, total 572. The deaths were, males 33, females 25, total 58. The percentages on the average numbers resident are given as 10·4, 6·9, 8·5 respectively. They should be 12·4, 8·1, and 10·1. As all numbers are gone over at least twice, when they are used in official returns, it is curious that such evident blunders should have escaped detection.

Worcester.—In his excellent report Dr. Sherlock has several paragraphs on the causation of insanity. Want of space compels us to leave them unnoticed further than by saying that, taking the two sexes together, he found intemperance to have acted as the cause of the attack in 14·3 per cent. of the admissions.

Yorkshire, East Riding.—In Table III. of this report, a serious error occurs as to the mean mortality during the nine years the asylum has been occupied. It was evidently discovered shortly after publication, and a circular sent out to correct it. But curiously enough the figures are still wrong, as can be easily proved by anyone who will take the trouble to go over them. As originally published they are, males 10·41, females 9·42, mean 9·85. As corrected in the circular they are, 12·92, 11·44, and 12·21 respectively. They should be 12·3, 11·1, and 11·7. This is another illustration of the absolute necessity of all statistics being thoroughly revised before publication.

Yorkshire, West Riding.—Dr. Major has adopted a method of ascertaining the history of the admissions, which may with advantage be adopted elsewhere. He says: "With the object of obtaining information regarding the apparent cause and origin of cases where no history has accompanied the patient, or of supplementing information when this has been defective, printed circulars have of late been issued to the relatives of patients when deemed advisable, the enquiry thus made being limited to a few simple and definite questions. Of the results of this procedure it is too early to express a decided opinion, still, already in several instances, important facts have in this way been elicited, which would otherwise probably have escaped notice, and it is thought that, in the case of a large County Asylum at least, the practice indicated may, as a supplementary measure, be of practical utility."

The general character of the admissions continues very unfavourable. In fully one-half the prognosis was from the first bad.

To talk of narcotics as "chemical restraint," appears to us an abuse of language; we are therefore pleased to find Dr. Major stating that he continues to use nervine sedatives freely. He does not consider an annual report the place to discuss the question of the efficacy or the reverse of these remedies; but he holds the belief, and acts on it, that, given judiciously, their effects in a large class of cases are distinctly beneficial.

Yorkshire, South.—Dr. Mitchell is to be congratulated on the result of the special enquiry which was held concerning the death of a patient who sustained injuries of the bones of the chest. At the time that the enquiry was ordered, a belief prevailed that malice towards the asylum authorities, rather than any special philanthropic interest in the patient, was at the bottom of the agitation. The Commissioners report, *inter alia*, "That he was not in the asylum subjected to any such culpable neglect, or ill-treatment, as could have produced the fractures. That while in the asylum, his general treatment was as good as it could be in a large public asylum, where a special attendant in each single room for every restless case is an impossibility. That while in the asylum, the deceased met with an accident on the 22nd June last, which possibly produced the fractures."

2. *German Retrospect.*

BY DR. W. W. IRELAND.

(Continued from p. 124, April, 1881).

Insanity from Lead Poisoning.

Dr. Bartens ("Zeitschrift," xxxvii. Band, 1 Heft) observes that poisoning with lead is not so common as poisoning with alcohol, simply because lead is not so often introduced into the system, as it rarely affects any one who does not have occasion to work with that metal. From a wide survey of French and German literature, he has collected a few descriptions of lead poisoning where the nervous system was affected, and he has carefully studied nine cases which he met with in the asylums of Liegburg and Duren. Three of these were painters; one was employed at a factory for making white lead; the others worked at the lead mines. In most instances the insanity either preceded or closely followed an attack of lead colic, though occasionally there were none of the ordinary symptoms of lead poisoning. The insanity may take an acute or a chronic course. Generally the patients have suffered from derangements of digestion, such as want of appetite, foul breath, and constipation, more rarely diarrhoea.

They become emaciated, the complexion sallow, and the gums show