the Dundee Asylum;” Dr. Maclaren (Stirling District Asylum) read a “Pathological Study of Louis XVI;” Dr. Campbell Clark (Glasgow District Asylum) followed with details of an asylum service provident scheme; and Dr. Urquhart (Perth Royal Asylum) read “Notes of Two Cases of Syphilitic Insanity.” There was a very good attendance of members, and considerable discussion was evoked by the papers read. In the evening the association dined in the Edinburgh Hotel. The next quarterly meeting in Scotland will be held in the Hall of the Faculty of Physicians and Surgeons in Glasgow, on the second Thursday of March.

We observe that there is to be a Congress of the South Australian Branch of the British Medical Association, to be held at Adelaide in the month of September next, in conjunction with the International Jubilee Exhibition to be held there.

**REVIEWS.**

*The Insane in the United States and Canada.* By D. Hack Tuke, M.D., LL.D., Fellow of the Royal College of Physicians, London, Co-Editor of *The Journal of Mental Science*. London: H. K. Lewis. 1885.

A direct descendant of the distinguished pioneers in the reform of the lunatic asylums of this country, Dr. D. H. Tuke worthily sustains the credit of the honoured name he bears. He is an industrious contributor to the literature of psychological medicine, and all his writings are of high practical value. In the work before us we have the most complete account of the asylums and lunacy system of America that has yet been published. In the year 1869, Dr. Robertson, of Glasgow, visited a number of these institutions in the United States and Canada, and afterwards recorded his observations.* Another visit was paid to them in 1876 by Dr. Bucknill, whose “Notes” were published in the *Lancet*, as well as in a separate form. But neither of these writers enters so fully into the subject as Dr. Tuke does in the book under review.

In all, he visited forty asylums in the course of his tour in

* *Journal of Mental Science and Glasgow Medical Journal for 1869.*
the autumn of 1884, and every facility seems to have been given him to make a thorough inspection of their arrangements and condition. His visit had not extended to the Southern or Western States, so that his own observations were of the Northern and Eastern institutions. He had, however, received much reliable information in regard to the asylums of the former States. He had been told, respecting the Southern section, that the condition of the insane is particularly distressing; and he had heard of a Western asylum where the treatment of the patients was admittedly most disgraceful. This, however, is probably exceptional, as unquestionably very many of the Asylums in Western America are well and creditably managed.

It is evident from the author's observations, that, during recent years, there have been very great improvements in the provision for the care and treatment of the insane. So late as the time of Dr. Robertson's visit, a large proportion of the pauper lunatics were inmates of the poorhouses and jails where, as shown by his extracts from Dr. Willard's report, their treatment was of the worst possible description. It is pleasing to think that most of these horrors are things of the past in so many of the States, though it would seem that in the South generally, and to some extent in the West, this dark blot still remains.

Dr. Tuke made particular enquiries about the medical treatment and general management of the patients. With respect to the use of drugs, he did not find that there is much difference between the practice of British and American asylum physicians. Hyoscyamine is used by some of them in acute cases, but others testified to the somewhat uncertain and occasionally dangerous properties of the drug. It is administered by hypodermic injection in doses of one-tenth to one-twentieth of a grain, Merck's preparation being preferred.

As might be expected, the vexed question of mechanical restraint is carefully considered. He is not himself an extreme advocate of the non-restraint system, and freely acknowledges that it is not absolutely enforced in several good asylums in this country. At the same time, he unhesitatingly states, that, in the great majority even of otherwise well managed institutions, he observed an altogether unwarrantable use of the instruments of restraint. To show the extent to which it is employed, we quote the following paragraph:—"The number of patients in asylums in 1880 was 40,992, and the number reported to be under restraint 2,242, or 5.4 per cent. The mode of restraint was as follows:"
The author is under the impression that the crib bed is much more largely used than is here indicated. He counted no fewer than fifty in actual use in one asylum. Some physicians do not regard these beds as mechanical restraint at all, even though there is a sparred cover over them, so that the patient cannot stand erect nor get out till the lid is unlocked. Since the date of the return just quoted, Dr. Tuke feels certain that the number restrained in asylums has been greatly reduced.

The worst of the asylums in the States fell short in objectionable features of two in Eastern Canada—namely, the Hospice des Alienés de St. Jean de Dieu, seven miles from Montreal, and the asylum at Beauport near Quebec. They are conducted by a sisterhood of nuns, the Sœurs de Providence. The Government of the Province of Quebec contract with the sisters at so much a head. The charge in 1884 was £20 for each patient. The system is radically a bad one; and it is clear, from Dr. Tuke's description, that however self-sacrificing and devoted to their charges, as many of the nuns undoubtedly are, they are not competent to manage the insane and asylums properly. While mentioning the good points, he has unsparingly exposed the defects of these establishments, and has consequently brought down upon himself the wrath of some of the Provincial editors in their papers. He has, however, done an important public service, and already good fruits have resulted from it, as is evinced by the introduction of a bill into the Canadian Parliament, "respecting Lunatic Asylums in the Province of Quebec."

The reader who is interested in such subjects as the Lunacy Laws of the various States, the total number of the insane in each one, and the proportion to population, &c., will find a great deal of information in this work. Attention is directed to the very large amount of insanity among immigrants.

In contrasting the asylums and the provision for the insane in this country and the United States, the author remarks that the two countries may learn something from each
other. Among the merits of the American asylums, he mentions the larger proportion of resident medical men than at home, and approvingly refers to the number of married assistant physicians amongst them. They, as a class, both married and unmarried, are paid higher salaries than with us. He also approves of the appointment of lady physicians, who are in charge of some asylums. The chief drawback is the one already referred to—the much greater amount of mechanical restraint than in the home asylums. He thinks also that they contrast unfavourably in respect to their arrangements for the excited class of inmates. Their apartments were comparatively unfurnished and the walls were bare. A more important defect was the generally much smaller proportion of patients who were employed than in our asylums.

Enough has been said to show that this is a very valuable work. It must be regarded as a standard and authoritative treatise on lunacy in America, inclusive of Canada. In all respects it fully sustains the high reputation of its author.

_Private Treatment of the Insane_. By EDWARD EAST, M.R.C.S., L.S.A. London: J. & A. Churchill. 1886.

Of late years a strong opinion has been forming in the minds of many members of the community, lay as well as professional, that the growth of our lunatic asylums, both in numbers and size, is becoming unduly great. One of the highest merits of our Scottish Board of Lunacy has been their efforts to check the aggregation in institutions of inmates whose mental condition did not call for their being separated from the same community. Hence has arisen what is known as the Scottish boarding-out system. Under it the harmless insane—some who have never been in asylums, and others, who, having been confined to these institutions for a longer or shorter period, have ceased to be dangerous or offensive to the public—are boarded out in private dwellings in country districts. The removal of patients from asylums and entrusting them to the care of strangers is the distinctive feature of the Scottish system. No such method exists in any other part of the kingdom, hence the more frequently recurring demand for an increase in asylum accommodation in England and Ireland. Indeed, in Scotland too, notwithstanding the important relief obtained by the removal of a large proportion of the class of patients referred to, we still hear of fresh calls upon the ratepayers for the extension of existing asylums or
the erection of new ones. It is worthy of remark that the supervision of the insane poor who live with their friends, in the other sections in the kingdom, is comparatively imperfect, as there is no skilled supervision, such as exists in Scotland, in the periodical visits of the Deputy Commissioners in Lunacy. These gentlemen have brought to light and succeeded in remedying many grievous cases of neglect from time to time, and there can be little doubt that similar cases, equally clamant, exist in the sister countries.

These remarks apply to the chronic insane. Similar observations may be made in regard to acute cases. Many patients are now sent to asylums who might be equally well treated in private dwellings. There is no particular virtue or charm in asylums to induce recovery. No doubt it is quite usual to find in the reports of asylum superintendents statements to the effect that the insanity in chronic cases admitted under their care has become confirmed by the patients not having been sent to the asylum at an early stage of the disease. This may be true in some cases, but it must not be forgotten that a large proportion of acute cases that are sent to asylums do not recover, but continue insane. In too many asylums medical treatment does not get its proper place, and is altogether subordinate to general management. The medical superintendent, with his hundreds of cases in charge, and his multifarious administrative duties, cannot individualise his patients so much as is desirable, or at least in the same way that a private practitioner can do. Besides labouring under this disadvantage in treatment, the asylum patient receives what in some cases amounts to a very painful shock, when reason is returning, by finding that he is an inmate of such an institution. And there is further the fact, that a very real stigma, however unjustly, attaches ever afterwards to one who has been the inmate of an asylum, so that he goes seriously handicapped through life. Such facts are now becoming more fully appreciated than they were before, and a growing indisposition is arising to send cases of insanity to asylums, unless they be of a severe type. Even the most acute cases of mania have been treated to a successful conclusion in private dwellings, where money sufficient to meet the necessary expenses was forthcoming. There is required for such cases a dwelling apart from others, where a suite of apartments can be devoted to the patient, a garden for exercise, and two, three, or four attendants, according to the severity of the insanity. However, it is only the wealthier classes who can bear the necessary expense, so that the
asylum will continue to be the proper place for the great majority of cases of acute mania. But even in this form of insanity it is not necessary in most cases to send the patients right off to asylums in the earlier stage of the disease. A fair trial should be given to treatment at home, and not infrequently the practitioner will be rewarded by seeing cases of clear mental derangement gradually subside under the measures adopted. If the case be more protracted, and it is determined to try private treatment, it is usually, indeed almost invariably best, to have the patient removed from the surroundings in which the insanity developed. But the difficulty of obtaining trained attendants, especially where more than one is necessary, will suggest itself as an objection. But their services are by no means essential. Cases even of great severity are sometimes managed by ordinary sick nurses quite as satisfactorily as by asylum attendants. And besides, in our large cities, both men and women who have had training in asylums now hire themselves out for private cases.

The author of the little work under review has had experience of the treatment of the insane above the pauper class in private dwellings, and he speaks of its advantages in no hesitating terms. In fact, the commendation of this method to his professional brethren is avowedly his leading object in its publication. However, he is by no means extreme in his views. Thus he very properly urges that in some cases the insanity is too dangerous or revolting in its form to allow of treatment elsewhere than in an asylum, but he also remarks, "For the majority of acute cases where there is reason present on many points, or where memory is not affected, it is cruel to consign them to an asylum, to inevitably acquire the brand of lunacy, and where they will run no little or fancied risk of becoming chronic lunatics on account of their surroundings."

These being his opinions he proceeds to explain the necessary steps in arranging for the disposal of the patients in private homes. He rightly gives the houses of medical men the preference in most cases, when willing to undertake such a charge. A chapter of the book is devoted to treatment. This is rather general and superficial, but, at the same time, the counsels given are sensible and judicious. Exception, however, must be taken to his advice respecting orders for the patients' management. He says, "When once resolved upon, no evasion or alteration should be permitted." Now, absolute rules of this kind are dangerous in treatment. The attempt to carry them out has, in not a few cases, given rise to serious quarrels and injuries in asylums. It is often better,
particularly when resistance is offered, to give way at the time and defer the execution of the order, unless when doing so would involve risk to the patient or to others.

Altogether this is a useful work, containing in small compass all the necessary information the practitioner requires for the legal disposal of the insane in private dwellings in England, and also general directions for their management and treatment.

__Handbook of Diseases of the Ear for the use of Students and Practitioners. By Urban Pritchard, M.D. (Edin.), F.R.C.S. (Eng.) London: H. K. Lewis. 1886.__

This book forms one of Lewis's Practical Series, and notwithstanding the many handbooks on Aural Surgery recently published, as a practical manual it will be highly appreciated both by the student and practitioner of medicine.

The subject is taken up systematically, the abnormal conditions clearly explained, and the methods of treatment pursued by the author are concisely detailed.

Any few points to which one might make objection are of a trivial nature—the most serious, to our mind, being that under the heading of Treatment of Impacted Cerumen, he recommends, should the plug be very hard, warm instillations of oil or glycerine and water. Then, in a foot-note, our author states that many surgeons object to the use of oil, as it favours the growth of fungi, which objection does not hold good in this country. To our mind, it is not through fear of fungi forming that the use of oil is deprecated, but because in some alkaline solutions, especially sodæ bicarb. or liquor potassæ, in water or glycerine and water, we have direct solvents of the waxy accumulation, and cleaner and more agreeable applications. The book can, however, be warmly recommended to all in want of a reliable handbook on diseases of the ear. It is fairly well illustrated, and is furnished with a complete index, and an appendix containing several useful formulæ.

__Diseases and their Commencement: Lectures to Trained Nurses, delivered at the West London Hospital. By Donald W. Charles Hood, M.D, Cantab. London: J. & A. Churchill. 1886.__

Doubtless we were wrong in permitting ourselves to be allured by the title of a book addressed to trained nurses.
We have paid our forfeit in a perusal of its contents. The dull monotony of repetition, which characterises most of the Lectures, reminds us of nothing so much as the drone of the bagpipes, which, by the way, is not in fault in the peculiar style of its music. Neither is Dr. Hood’s material at fault as regards accuracy. What he has to say concerning the coagulation of the blood, and the theories (facts if you please to call them so) of inflammation, is accurate, even if it is incomplete, and to the uninitiated more perplexing than useful. We doubt, indeed, whether the topics selected for the first three lectures in the book can be presented in a useful form to the audience to which they are addressed.

It is far otherwise with the remaining two lectures. They contain sound instruction and well timed warning, and with great advantage may be read and studied not only by trained nurses, but by all mothers of families. Had the first part of the book been written upon similar lines it would almost have been “something to make yourself famous by,” as the author not very eloquently puts it.

REPORTS OF HOSPITAL AND PRIVATE PRACTICE.

WESTERN INFIRMARY, GLASGOW.

PROFESSOR BUCHANAN’S WARDS.

CASE OF EMPYEMA—OPERATION—RECOVERY.—[Reported by GEORGE G. BANNERMAN, M.B., C.M., late House Surgeon to Professor Buchanan.]

David S., aged 16, a clerk, was transferred from Professor M’Call Anderson’s wards on 17th June. On admission into Professor Anderson’s wards he complained of pain in the left side of the chest of a pleuritic nature, and on examination there was found to be distinct bulging of this side, with greatly impaired respiratory movement, absolute dulness, absence of vocal fremitus and vocal resonance, and suppressed respiratory murmur, save at the apex, where it was exaggerated. A fluctuant swelling was distinctly observable in the infraclavicular region.

The history of his present illness dates as far back as fourteen weeks ago. It began with shivering, pain in the chest, and profuse sweating. There was slight cough and mucous expectoration, but the sputum at no time contained pus or