boggy portion of the scalp before referred to. On getting down to the bone a fissured fracture was discovered, but no depression found. A circular piece of the calvarium was removed, when extensive extravasation of blood was seen on the surface of the brain below the dura mater. Some clots were removed, and it was then noticed that the pulse improved somewhat. This improvement, however, was only transient, for although the wound was dressed so as to allow all discharge to get away, the patient died three hours after the operation. On post-mortem examination an extensive fissured fracture was found running backwards from a little in front of the coronal suture on the left side to the petrous portion of the temporal bone on the right, and a large amount of extravasated blood was compressing the frontal and temporo-sphenoidal lobes of the brain, and there was also extensive contusion and laceration of brain substance.

Part Second.

REVIEWS.

Injuries of the Spine and Spinal Cord, without apparent mechanical lesion and Nervous Shock, in their Surgical and Medico-Legal Aspects. By Herbert Page, M.A., M.C. Cantab., F.R.C.S. Eng., Surgeon to St Mary's Hospital. London: J. & A. Churchill: 1883.

A late distinguished surgeon, whose wit had the sharpness and directness of his knife, used to recommend that to acquire a small competency easily, it was only necessary to get mixed up in a railway accident, not be much hurt, and then buy Erichsen on Injuries of the Spine. This work would not suit the modest ambition; and it might be advertised as a work suitable to be placed in the hands of the counsel for the defence in cases of actions against the railway company. It is a carefully written and rather clever criticism of much of Mr Erichsen's work; and were it not that in it is exhibited more than need be of the partisan spirit, we can find little fault with much of its statement.

Mr Skelton defends Queen Mary by denying the authenticity of the casket letters, or rather by suggesting that they are intentional forgeries. Mr Page is willing to save the pockets of the railway company by denying the existence of concussion of the spine, and suggesting that the so-called symptoms are purely imaginary.

After a discussion as to the rarity of pure concussion of the brain, apart from structural lesion, Mr Page gives anatomical and physio-
logical arguments to prove how well protected the spinal cord is, and how difficult it is to concuss it. MORS SILET is one of his strongest arguments against the existence of true lesion.

However, Mr Page allows the possibility of a patient being injured by a railway collision, and makes the following confession of faith: "The result of our own inquiries and experience leaves no doubt in our mind that where there is undoubted lesion of nerve centres or of nerve trunks, that lesion has been caused by localized injury at the part when the disease at first exists, and that general nervous shock is wholly inadequate to bring about so grave a result" (p. 120). He illustrates this by a well-marked case, where the poor sufferer showed he was not inventing or imagining his symptoms by dying of them, and which reads as a most typical example of what Mr Erichsen describes so well, and of what many of us have watched in the sick-room and described in the witness-box; but which also we have often been told from the railway side of the court was the result of imagination, hysteria in the male, or roguery.

Mr Page seems to doubt the possibility of subacute meningitis after injury so thoroughly, that he would put down cases showing such symptoms after a railway accident to pre-existent syphilis!! and treat them accordingly (p. 125). This really adds a new danger to railway travelling,—to be told that if you do show symptoms after a knock on the back, that it proves you syphilitic.

The author’s remarks are admirable on the great harm resulting to the patient’s mental and bodily symptoms from the delay, anxiety, and worry caused by the preliminary correspondence about compensation, and the subsequent litigation. He touches very lightly on the even more terrible ordeal of the subsequent trial, in which skilled lawyers are paid to take to pieces every symptom, make light of every suffering, and go back on any error, misfortune, or disease of the plaintiff’s previous life. He quotes Fanny Kemble as to the troubles of being a Chancery suitor. Her language might have been more severe had she been an innocent injured plaintiff in a railway case.

Want of occupation and bromide of potassium are classed as twin factors in the delay in the convalescence of such a patient; and with a cleverness worthy of a better cause, our author quotes largely from Sir James Paget’s lecture on nervous mimicry of disease, as if its author meant his words to describe a railway case—truly a most audacious petitio principii.

We took up this book with high expectations, which have not been realized. Instead of a scientific treatise we find a bit of special pleading, sharp rather than subtle, and yet simple enough to show from whom the brief is held.
On the Treatment of Wounds and Fractures: Clinical Lectures. By
SAMPSON GAMAGE, F.R.S.E. J. & A. Churchill: 1883.

Mr. Gamgee tells us that this work, being merely a series of clinical lectures, makes no attempt at the completeness and method of a treatise.

The arrangement of the lectures, and the cases recorded as illustrations, is consecutive and makes the book decidedly readable. Mr. Gamgee's style of lecturing, as demonstrated by these lectures, is good, and evidently calculated to convey information to students in a manner both interesting and likely to be permanent. Each case is prefaced by a few remarks which introduce and lead up to the injury or special treatment; and, consequently, these remarks are followed by the record of cases which specially illustrate the subject brought under consideration.

The author's main object throughout the whole of these lectures is to prove that wounds and fractures are the same, and therefore require similar methods of treatment. The argument and deduction is mainly from the fracture to the wound. The rest, coaptation, etc., that are essential for fractures are the proper indications for wounds. He also dwells strongly upon the dressing of wounds by the dry method with which his name has long been connected. He uses mostly absorbent wool and styptic colloid. For fractures he advocates, as he has long done, immovable apparatus such as starch, plaster, etc.

The interest in the lectures is greatly increased by quotations from the writings of the great surgeons of past generations, such as Syme, Liston, Pott, Hunter, etc. Many of these quotations show that the practice and opinions of these men were nowise behind the present day in many particulars.

Though we cannot say that we agree with all Mr. Gamgee says, we have no hesitation in recommending his lectures to our readers. They are very interesting, full of instructive cases, and replete with sound practical suggestions. The twelfth and last lecture on anti-septics will, we are sure, be read by all with interest, even by those who, being Listerians, will not agree with the author. The lecture is an able exposition and defence of simplicity in surgery.

In an appendix to the book there are many excellent practical directions given as to the application of surgical dressings and apparatus.

The Electro-Magnet and its Employment in Ophthalmic Surgery.
By SIMEON SNELL.

The removal of small pieces of iron or steel from the interior of the eye by means of the electro-magnet, has now become a recog-
nised operation in ophthalmic surgery. The author of the little book before us has had exceptional advantages for thoroughly testing the efficiency of this method. He has not only published a number of his own cases, in which he has met with more or less success, but has taken the trouble to collect a large number of published and unpublished cases from the practice of other surgeons at home and abroad. From this it is evident that we possess in the electro-magnet, now constructed for this purpose, a means of saving many eyes which would otherwise sooner or later have to be enucleated. Although chips of iron and steel, if situated in the aqueous chamber or lens, can in many cases be removed with the ordinary instruments used for operations on the eye, their removal may be effected with much greater certainty, and generally with less disturbance to other parts, by means of the electro-magnet. If the capabilities of this instrument were limited to the successful treatment of those cases alone, we should feel that a great advance had been made in its introduction into surgery. But a no considerable number of cases are now on record, and their number is no doubt being almost daily added to, in which similar particles have been successfully removed from the vitreous chamber without completely destroying vision,—sometimes, indeed, leaving a very large proportion of the original visual acuity, and in almost all cases necessarily leaving the eye in a more satisfactory state, as far as inflammatory destruction of a type dangerous to the safety of the other eye is concerned. When it is considered how almost universally unsuccessful attempts made with other instruments are in such cases, we cannot help coming to the conclusion that the results hitherto obtained with the magnet are not only encouraging, but impose upon those who are in the habit of meeting with accidents produced by the penetration of the magnetisable metals the duty of attempting their extraction, in all fresh cases at any rate, before adopting any other method of treatment. Experiments have been made with some success to diagnose the presence of and even localize the position of such foreign bodies in the eye. These are fully discussed in Mr Snell’s work, which will in all respects repay a careful perusal.

Lectures on Cataract. By George Cowell, F.R.C.S.

We miss in these lectures any detailed discussion of the various methods of healing after cataract, according to the nature and consistency of the opaque membrane, as well as the treatment adopted by the author in different complications which may arise during or after the operation of extraction. The lectures contain no new matter, although sound so far as they go; they are certainly neither sufficiently exhaustive nor sufficiently critical to be of much practical value. The time is surely past when statistics of 100 suc-
cessive operations can be held to give sufficient weight to the advocacy of any slight modification from the ordinary methods of operation.

Illustrated Medicine and Surgery, April 1883.

This number of the above journal is particularly interesting and well illustrated. Dr Dawson gives a report, with two excellent plates, of an enormous enchondroma of the humerus. Dr P. Hard gives a case of Trichophytosis barbae, with a plate faithfully executed from a photograph. Dr Pooley reports a case of rupture of the choroid, with four illustrations. Dr Knight shows drawings of a case of syphilitic stenosis of the larynx. There are other interesting and valuable papers and illustrations. On the whole, the fasciculus is both interesting and valuable.

Twenty-Fourth Annual Report of the General Board of Commissioners in Lunacy for Scotland. Edinburgh: 1882.

1882: New Zealand. Reports on Lunatic Asylums of the Colony for 1881. Presented to both Houses of the General Assembly by command of His Excellency.

The number of the insane officially known to the Scottish Lunacy Board was, for the year 1881, 10,355. Of these 1638 were maintained from private sources; 8655 by parochial rates; and 62 at the expense of the State. The increase of pauper lunatics during the year was no less than 337, with a decrease of 4 private patients. In training-schools for imbeciles there was an increase of 6 paupers and a decrease of 3 private patients.

The commissioners intimate that, while presenting the statistics for the year, they do not give any detailed analysis, thinking it enough to do so every five years; and no doubt conclusions from statistics are much safer when drawn from lengthened periods.

What deeply interests the Scottish Board of Lunacy is the "open door system" in asylums, and the "boarding-out system." The first has attracted some attention in foreign countries. In a favourable notice of "Woodilee, a Model Lunatic Asylum," by Dr Seip, which appeared in the Philadelphia Medical Times (December 16, 1882), we are told that various visiting physicians from France, Germany, England, Ireland, and the United States, unite in the statement that Scotch lunacy differs materially from that found in their respective countries. The Scotch are soberer even in their frenzy, wiser even in their madness, "have more respect for authority, and hence are easier managed." Dr Seip does not
think this style of argument of any weight; and in this he will likely find many to agree with him.

We have looked at the statistical tables to see if the increased liberty given in some Scottish asylums be accompanied with any serious increase in the number of escapes and accidents. There seems to be a small increase in the number of escapes, for we cannot quite accept the remark at the foot of the return of escapes at p. xiii. of the Report:—"This statement shows that the number of escapes during 1881 has been about the average proportion for the last ten years." On examining the figures we find that the number of escapes in 1881 was 37 in the thousand, and the average of the ten preceding years was 34 in the thousand. The average of the three years from 1871 to 1873 was only 29, after which it rose. The number of accidents returned to the Board was 141. Of these 11 were fatal; 2 died from injuries inflicted by others; and 7 seem to have been returned as suicides, though the Board holds that in only one case does it appear to have been determined with certainty that the acts were committed with suicidal purposes. In the other six the death was more or less the result of the patients' own acts.

The reports of the deputy-commissioners are, as usual, of an interesting character. Dr Fraser commences by frankly stating his belief that it is desirable that as many patients as possible should be provided for out of asylums. He observes that the majority of improper removals from private dwellings to asylums is due "to the failure on the part of inspectors of poor to take the trouble required to find suitable guardians for the patients, and to the ease with which pauper patients may be placed in asylums."

"Let me," he writes, "however, sketch briefly what would be seen by a visit, say to Gartmore, where thirty patients are provided for. The patients in this village would be found enjoying the amenities of private homes, and the majority the freedom of rural life,—their physical condition good,—their complexions indicative of life in the fresh air and of a satisfactory dietary,—their clothing, cleanliness, and tidiness as satisfactory as those of their neighbours and as the nature of their work will permit,—the homes in which they live clean and orderly, having been well selected,—their guardians generally good Scotch housewives."

There is clearly one standard for lunatics boarded out and another for those in asylums. Instead of the anxious attention to outward appearance, and the pretentious display of furniture and decoration, which occasionally puts one in mind of a museum rather than of a home, one has to be content with the patients being as clean and tidy as their neighbours.

Dr Lawson, the other deputy-commissioner, thus states the case:—"I am quite prepared to admit that there is room for honest difference of opinion whether many or all of these 595 pauper lunatics might not enjoy many comforts in a well-managed and medically superintended institution which they do not enjoy in
their present dwellings. Most of them might be fed with greater precision, and perhaps more nutritiously; their surroundings would be more luxurious, and their habits of living more regular. They might be placed in the presence of many amusements designed to relieve the monotony which had been superadded to their already too monotonous lives. They might even be trained to employ themselves to a greater extent than if they had remained in private dwellings. But there can be no reasonable doubt that they would also sacrifice much by the change. What leads a pauper to prefer a miserable pittance in a private dwelling to the comparative luxury even of a poorhouse? It is the sense of liberty; the idea of having a home; the desire for voluntary isolation or for voluntary sociability.” There is no question that Dr Lawson seizes on the essential point. He will not have his mind seduced by the spectacle of a large number of composite zoids efficiently organized, with a circulation of proper nutrient fluids, and bathed by enough of fresh water. Our efforts should be directed to afford the chronic insane the means of happiness, that unattained, our wisdom is more a fool than folly, “a melancholy fool without her bells.”

At Woodilee Asylum Dr Rutherford has got a number of cottages built at suitable parts of the extensive farm around the asylum, with accommodation for quiet patients, managed by an attendant and his wife, each cottage having a vegetable garden attached large enough to give suitable employment. This “system of location” is preferred by the majority of Barony Parish Board, though a short while ago some of the managers were anxious to sell the costly asylum of Woodilee and board all the lunatics out in private houses!

There has been a tendency to favour a trial of lay superintendents in asylums for the insane. The law requires a resident physician where there are more than a hundred lunatics, and this has been met by having a young medical man at a low salary to reside in the asylum and to carry out the directions of the visiting physician. Between these two there is a non-medical superintendent whose precise functions are not known to us. In one of the commissioner’s entries on the Paisley Burgh Asylum, containing 114 patients, we read:—“The recommendation in the last entry as to the preparation of rules defining the position and duties of the assistant medical officer has not yet received effect. It is again made, and it is suggested that the rules of the Greenock Parochial Asylum should be adopted, as far as the different circumstances of the two institutions will permit.” This arrangement, therefore, holds good in two parochial asylums. We do not know on what considerations it has been adopted. To judge from the report published in the newspapers of a deputation from the City of Glasgow Parochial Board who lately visited the Paisley Burgh Asylum, the arrangement does not seem a complete success, and the trial of a non-resident medical officer to
the Larbert Institution has been followed by an increased mortality of the inmates. In 1882 it amounted to 3·8 per cent., whereas the mortality of the last clear year in which there was a resident medical man was 0·8 per cent., and the mean death-rate of ten years 1·5 per cent.

The report contains an elaborate argument against the continuance of the grant of 4s. a week to pauper lunatics from the imperial exchequer. It is shown that this ill-advised measure has led to a great increase in the number of such dependents upon the taxpayers, without in any way improving the condition of the insane.

In consequence of the death of the Inspector-General of Asylums, Dr Skae, and in the absence of his successor, the Colonial Secretary directed that a report should be made from the deputy-inspectors and superintendents of the lunatic asylums in the colony. Naturally these reports are of unequal merit—some ill-written, others tolerable compositions; some very short, others long; on the whole, contrasting unfavourably with Dr Skae's able, clear-sighted, and interesting reports.

The percentage of deaths on the average number resident was, for males, 6·29; for females, 3·60; for both, 5·55. In Scotland the mortality was, in 1881, in the royal and district asylums, for the males, 7·7; females, 7·4; total, 7·5. In the private asylums it was, males, 6·3; females, 5·5; total, 5·8. And in the parochial asylums—males, 9·2; females, 9·1. The percentage of recoveries on admissions was, in New Zealand, for males, 40; for females, 51; for both, 44. In Scotland it was, in royal and district asylums, for males, 36; females, 42; both, 39; in private asylums—males, 53; females, 50; both, 51; in parochial asylums—males, 35; females, 51; both, 43. These figures look well for New Zealand, but to get at their relative value it would, we suspect, be needful to compare the ages of the patients in the two countries.

There is a refreshing frankness about some of these colonial reports, and a redundance of detail in one or other direction, which contrasts pleasantly with the vague and conventional language often employed in similar documents in the old country. Mr J. Mackay, deputy-inspector of the Wellington Asylum, seems to claim special notice for the very careful way he has done his inspecting work and the careless way in which he has read his proof-sheets. His visits "have been paid at irregular intervals, at various hours of the day and evening, and sometimes on three days consecutively." He thinks that the female patients should have flax beds instead of straw ones, which are "generally uncomfortable, and especially difficult to sleep on when newly filled, because of their convexity." Not only did he see that the patients got the use of billiard-tables, draughts, and books, but he watched to ascertain if they used them. The result is reassuring; he "has occasionally seen a game of billiards and draughts going on, and a few of the patients reading or pretending to read." The books
are not very entertaining, being chiefly school readers, and are not much used in the female wards. "In fact," he observes, "the female patients do next to nothing, with the exception of helping occasionally at meal-times. The matron informs me they will not work, and that really there is little for them to do." Mr Mackay is justly distrustful of this excuse of the matron's, since he has seen them working at another asylum.

The best and most carefully written of all the reports is by Mr W. E. Hacon, M.R.C.S. and L.R.C.P., the medical superintendent of the Christchurch Asylum. It contains the following passage:

"With the deepest respect and grief I wish to refer to the death of my late inspector, Dr Skae, whose well-known reputation and ability attracted me to remain in the colony and work under him. While he lived, his kindly, sound, and practical advice was of the utmost service to me, and on his last visit of inspection here he took the greatest interest in every particular, pointing out to me any defects which he noticed in my administration in a firm but conciliatory manner. His presence was a stimulus for 'better things' beyond the daily routine work—for higher aims and motives."

Another grateful tribute is given to Dr Skae's memory by Mr H. Gribben, the superintendent of Hokitika Asylum. It is clear that, though Dr Skae accomplished a good deal under great difficulties, much is still to be done ere the insane in New Zealand receive such treatment as might be expected in a British colony. The attention attracted by Dr Skae's death has probably had a good effect in arousing the Government to place proper sums upon the estimates, and to grant what was absolutely needed without unnecessary delay and circumlocution. More land is being granted, and better sites talked of for new asylums; and in several the dual arrangement of lay superintendent and visiting physician has been done away with, and the whole establishment placed under one responsible head.

We hope that under the charge of Dr Grabham, the newly appointed inspector of asylums, the improvement of the insane in this important colony will go on without difficulty or interruption.

---

**Part Third.**

**MEETINGS OF SOCIETIES.**

**OBSTETRICAL SOCIETY OF EDINBURGH.**

**SESSION XLII.—MEETING IX.**

*Wednesday, 27th June 1883.—Professor Simpson, President, in the Chair.*

I. Dr Peter Young showed a MONSTER FÆTUS, weighing 12 lbs., and which, from its excessive size, required to be mutilated before