more was expected in the surgery of cerebral atrophies than would ever be realized.

Dr. Starr said it was all very well to talk of operating early in these cases, as one of the speakers had proposed, but who was to make such an absolute diagnosis and to decide when and when not to carry out such serious procedures?

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**Asylum Notes.**

**COMMITMENT OF THE INSANE.**

By MARGARET A. CLEAVES, M.D.

The matter of the commitment of the insane is one of vital importance, and it is, therefore, with regret that we learn that a new law has been proposed in Pennsylvania, by Judge Brewster, providing for a jury of twelve laymen, who should judge as to the sanity of a person before his committal to an asylum.

In a paper read before the Section of Neurology and Medical Jurisprudence of the American Medical Association by Dr. N. Roe Bradner, of Philadelphia, the following objections were made to this proposed law, which in our judgment are pertinent: First, that laymen were not capable of acting as judges in these cases; that there was loss of time in the treatment of acute mania, which should be promptly treated, and that it was a great injustice to the families of these afflicted persons to give such publicity to their unfortunate condition. To this we would add that the injustice often done to the patient by the publicity of this method of commitment is greater still. A similar law, as is well known, has been in operation in Illinois for some years, while more recently such a one has been enacted in England.

The law in Illinois is found extremely objectionable in practice, and Dr. Sanger Brown, of Chicago, recently testified that the horror felt by insane persons and their relatives at the general character of the legal proceedings under the present law has led to the establishment of private institutions just outside the State, of which many avail themselves.

In England the new Lunacy Act is found to render the administrative machinery more cumbrous than ever. Much
time is lost in getting formalities arranged, much injury is
done to patients, and much inconvenience and expense is
incurred by relatives.

We sincerely trust that nothing will come of the proposed
Pennsylvania law, as it cannot fail to be detrimental to the
best interests of the insane. We echo the sentiment "that
we have said there is no cruelty like the cruelty of ignorance;
we shall have to admit that there is one form of it still more
remorseless, and that is the cruelty of sentimentalism."

PRIVATE VS. PUBLIC ASYLUMS.

Dr. Bradner also discusses the private treatment of the
insane in the same paper, and while recognizing the great
value of public asylums, believes that the time has come
when the private treatment of the insane demands greater
attention.

Dr. Bradner objected to our public asylums on the ground
that the medical attention was not sufficient, as the phy-
sicians in charge always had many more patients than they
could properly attend, and as a consequence many cases
which might be benefited by treatment became incurably
insane because of this neglect. He seemed disposed to
regard many of our public asylums as simply places of
detention. Another objection raised by Dr. Bradner to
public asylums was the class of attendants found in many
of them, who are often secured because of their "brute
force" and the cheapness of their service.

He based his plea for private institutions on the ground
that the physician in charge would not have a greater
number of patients than he could properly attend to; that
the educated and refined would not be thrown together
with the lower classes of society, as is often the case in
public institutions; that the restraint would not be so severe
and adapted more nearly to each patient.

The reasons given for the private institution are good
ones, but we doubt if the percentage of recoveries would be
markedly increased—that is one of the fallacies of all
reasoning about the care and treatment of insane people.
Insanity as it reaches asylums is largely an incurable
disease, and one in which the most discouraging of all
elements—heredity—enters with great frequency.

There is, however, despite this fact, much to be said for
the private treatment of a considerable number of insane
patients.
As a rule the saner the influences thrown about the insane, the better the opportunity for establishing right modes of thinking, acting and feeling. But this is not always true, and there are patients who do not improve under the most skilled treatment at home or in small private institutions, who improve rapidly in a large asylum without any especial treatment at all.

Insanity is characterized in all cases by a very exaggerated egoism, and in some cases excessive attention is positively injurious.

An increase in the number of private asylums, houses or retreats might bring about an increase of cures, simply because the patient (or those interested for him) would consent, at a much earlier stage of disease, to enter a private rather than a public asylum.

And when a voluntary commitment is possible, so much more readily will certain cases be placed under the conditions most favorable to recovery. Every makeshift is resorted to before the public asylum is considered at all. Therefore it is not the fault, but rather the misfortune of the latter institution that so many cases remain incurable.

There should be private asylums by all means, but if patients are not placed in them any sooner than in public institutions, the increased medical attention—made possible by the fewer numbers—the better classification, the individualized attention, the saner influences will be of little avail in increasing the percentage of cures.

The objection made to the present class of attendants in public asylums is not altogether a just one. The average human being could learn many a lesson from the asylum attendant in fidelity, patience, forbearance and kindness—qualities exercised under the most trying circumstances and without any previous training. Still we will hail the day when every State shall have an asylum, training nurses for the insane, "through whom the asylums shall become hospitals in truth, and both the humane and the scientific spirit invited to dwell therein."

"CAN THE GYNAECOLOGIST AID THE ALIENIST IN INSTITUTIONS FOR THE INSANE?"

Such is the title of a paper read before the Obstetric Section of the American Medical Association at its recent meeting by Dr. J. S. Stone of Washington.

In no controversy do we ever find more forcibly exemplified the old legend of the knights and the shield than that
which goes on periodically between the gynaecologist and the alienist.

As with the knights, everything depends upon the point of view, and the shield takes on its golden or silvery aspect according to the side from which it is seen.

Unfortunately there is truth in the statement that all disease is colored by the nature of one's specialty. As a physician's nature is, after all, human nature and medicine not yet an exact science, this is not strange. But it is unfortunate.

Dr. Stone views the matter from the gynaecological side of the shield, and believes that the need for a gynaecologist in hospitals for the insane is an imperative one.

He had systematically investigated the present status of medical practice in the institutions for the insane in many States. His investigations opened up the fact that superintendents of asylums, with but few creditable exceptions, felt themselves competent to treat all cases of diseases of women, and were not at all gracious to outsiders, especially gynaecologists, who might endeavor to offer aid.

To his query, "Can the Gynaecologist aid the Alienist in the institutions for the insane," he received largely negative replies.

So far as he was able to determine, female diseases were seldom recognized, much less treated, by asylum physicians.

This led to the inquiry: "Why is it that insane women apparently do not have the same diseases that afflict so many sane members of their own sex?"

He drew the inference that asylum superintendents thought gynaecologists meddlesome and bungling men, who did more harm than good; and in closing, urged that the fullest details be obtained that we may know the real relation between diseases of the female pelvic organs and insanity.

Whether the position of the alienist, as set forth by Dr. Stone, is due to the fact that he recognizes in women other organs than the reproductive ones, we do not know. In a way, the possibility is rather refreshing, in contrast to the tendency to regard the ill health of sane women as largely due to pelvic disease.

Be that as it may, there is no doubt of the correctness of the position taken in regard to the lack of gynaecological work done in asylums.

Substantially the same proportion of insane as sane women will, upon investigation, be found to have the various forms of pelvic disease. It is equally true that, save in
exceptional instances, treatment is not instituted. But the fact should not be lost sight of that the removal of many a patient from the work, care and anxiety incident to her home life, from the bearing of children and exhausting influence of marital relations, to the rest, quiet and systematic regularity of a well-conducted asylum exerts a favorable influence upon many pelvic congestions, controls or restores disordered function and induces in some cases complete pelvic recovery. In other cases, because of the nature of the diseased conditions, no such good results follow, and no treatment being instituted, the latter estate of the patient is as bad as the first. Mental recovery, on the other hand, not only may, but does ensue, without recovery from the local disease; but in our opinion, it is not so sure nor so firmly established as though every organ had recovered its normal tone.

To the question forming the title of Dr. Stone's paper, an unqualified affirmative answer must be given; but as to the result being an increased number of recoveries, we doubt. However, the gynaecological work should be done, for in the securing of the highest physical tone the best mental results are to be hoped for.

But the gynaecologist should bear in mind that his excitable, irritable, depressed and erratic gynaecological cases are largely those who get dangerously near the borderland, but who, because of inherent strength of nervous organization, do not pass beyond it. To such women the removal of an offending organ, the cure of an irritative condition, restores mental and emotional equanimity. For the other, gynaecological treatment would have no such beautiful results. It is so easy for such to be insane, and they are insane not because of their diseased pelvic organs, but despite them.

Insanity is quite as often, if not more often, abdominal rather than pelvic in its origin, and a better practice, in the way of regimen and diet, based upon a better knowledge of digestion, assimilation and oxidation, in relation to health and disease, would bring about much more startling results in the treatment of the insane than would follow gynaecological treatment.

It is a matter of interest, in this connection, to state that for ten years gynaecological treatment has been systematically carried on, in one of the large public asylums, by the women physicians in charge. In the last report of that institution, the woman physician says:

"That the work inaugurated there ten years ago is still carried on systematically—there being regular days for
treatment—and that the result is to improve the physical condition of such patients and to contribute to their mental comfort and tranquillity."

By all means the two should work hand in hand, but the gynaecologist ardor should be tempered by the alienist judgment.

GASTRO-INTESTINAL DISORDERS, ESPECIALLY CATARRH AND HEPATIC DISEASES, IN THEIR RELATION TO INSANITY.

At the last meeting of the Pennsylvania State Medical Society, held in Reading, June 2, 3, 4 and 5, 1891, Dr. Samuel Ayres, of Pittsburg, Pa., read the address, in "Mental Disorders," upon the above subject.

The subject is one deserving increased attention. Dr. Ayres enlarged upon some of the obscure causes of insanity, including the relationship existing between dyspepsia and melancholia.

An unpleasant feeling in the body produces a corresponding feeling in the mind, and mental disorders are thus produced reflexly from physical indispositions.

The alterations in the liver in these cases are chiefly those of chronic congestion. Catarrh is probably the chief cause of these changes, while in many cases there is a feature of heredity. As a result of this catarrh, noxious gases, especially sulphureted hydrogen, distend the viscera, while ptomaines and micro-organisms are generated. All of these, together with the leucomaines which are not properly eliminated, are absorbed. Toxaemia follows, and is manifested by headache, vertigo, morbid thinking—the effects of the poisonous action upon the nervous system. Cathartics or diuretics generally avail to remove this condition; but let the toxaemia continue, and failure of the emunctories to act, and nervous and mental disorders follow, often resulting in insanity and suicide.

Acute mania and delirium may be explained on the hypothesis of infection from microbic action secondary to gastro-intestinal disorders.

Prophylaxis is the leading indication in the treatment of this condition. The question of heredity must be considered, while especial treatment of the catarrhal trouble should be instituted, especially associated with diaphoretic elimination of the putrefactive matter in the system.—Medical News, June 6, 1891.
HOSPITALS FOR ACUTE INSANITY VS. ASYLUMS.

YORKSHIRE, WEST RIDING—WAKEFIELD.

Dr. Bevan Lewis, the superintendent of this well-known asylum, gives expression to the following excellent views on medical work in asylums:

"That the large county asylums should eventually become receptacles for the hopelessly incurable chronic class, officered and managed upon a far more economical system than the present; that special hospitals for dealing with the acute insane, with a well-trained staff of experienced alienists, and affording facilities for a development of clinical teaching, should be instituted; and that they should constitute centres for scientific investigation and research are facts so self-evident that they require no further emphasis here."

Bearing directly upon this subject is the following, from the report of the

YORKSHIRE, WEST RIDING—MENSTONE.

Dr. McDowell, the superintendent, says:

"It is objected to the present system that patients are allowed to recover rather than attempted to be cured, and that the medical officers have their time too much occupied by administrative duties to allow them to devote sufficient attention to their purely medical work, or to carry on independent scientific investigation.

"Whether patients suffering from insanity would recover in greater numbers in a hospital situated in a large town, and provided with a staff of visiting physicians, than in an asylum in the country without such a staff, there is great room to doubt; but there can be no doubt that such a hospital would afford the visiting physicians very valuable opportunity for the study of insanity—opportunity not otherwise to be obtained.

"That the amount of individual attention paid to recent cases could with advantage be increased, there can be, I believe, no doubt, and this can only be attained by a corresponding increase, not only of the medical, but also of the nursing staff. The duties of a medical officer, as at present arranged, are such that much of his time is occupied in purely clerical work, the keeping of the cases alone, where there are numerous admissions, requiring several hours a
ASYLUM NOTES.

day. In some asylums, clinical assistants relieve the medical officers to some extent; but I believe the difficulty is to be more satisfactorily overcome rather by an increase of the permanent and responsible staff. The work and anxiety of the medical as well as the nursing staff vary rather with the number of admissions than with the numbers resident; but it is difficult to see how, even with an increased staff, the admissions are to be more equally apportioned to each medical officer. As the value of the work done in the pathological laboratory must often to a great extent depend on the clinical observation which has preceded it, it seems desirable that both clinical and pathological work should be carried out by the same observer."

MELANCHOLIA AS SEQUELÆ OF LA GRIPPE.

No more interesting report of the influence of the influenza epidemic of 1889-90 has fallen under observation than that embodied in the last annual report of Dr. Clouston, superintendent of the Royal Edinburgh Asylum.

An examination into the character of cases admitted during that period (1889-90) demonstrated two marked facts: First, that the general health of the patients admitted was much lower than usual, fifty having been admitted "in bad health and very exhausted condition," i.e., in imminent risk of death, as compared with an average of thirty-eight during the fifteen previous years.

The other prominent fact concerning the admissions during the year was this: In the two chief divisions—of the mental conditions of patients, mania and melancholia, the number of cases of melancholia more than equaled those of mania, there being 140 of the former against 134 of the latter.

This is contrary to the usual rule, as mania commonly predominates. During the five years previous, 847 cases of mania were admitted to 617 of melancholia, or thirty-seven per cent. more cases of mania. In no previous year in the history of the institution had the number of cases of melancholia exceeded those of mania. Not that melancholia was a less common form of trouble than mania, if all who suffer from it are taken into account. In his experience the contrary was true; but much melancholia was never sent to an institution, and did not need to be sent. From his observation, he had concluded that the year 1890 was, with them in Edinburgh at least, depressing in its conditions to the
nervous tone and lowering generally to human vitality. Whether it was the influenza in the early part of the year that perceptibly lowered human vitality as a whole, or whether its presence merely showed that European humanity was in a lowered state of vitality, thus being a fit nidus for the influenza germs to propagate in, or whether it was the sunless, summerless general character of the year, he could not tell.

Dr. Clouston distinctly connects the increased number of melancholiacs with the influenza in some way. His experience, with that of medical confrères, he states, went to show that a considerable number of influenza patients felt great mental depression, both during and after attack had passed off, often for months. If a few with a tendency to insanity, of the thousands who were simply depressed in mind, became insane, the increased number of melancholiacs would be accounted for.

In his opinion the subsequent lowered nervous tone left as an evil residuum long after the disease had been recovered from had not had the attention paid to it that it deserved. He believes that the epidemic of 1889-90 left the European world's nerves and spirits in a far worse state than it found them, and that they had scarcely yet recovered normal tone. The influenza poison seemed to burn up the nervous energy, and leave the brain unable in some cases to recuperate.

OBITUARY.

It is with the most profound regret that we chronicle the death of Dr. RICHARD GUNDRY, superintendent of the Maryland Hospital for the Insane at Catonsville, near Baltimore, at that institution on April 23d, 1891. His death was caused by Bright's disease and complications.

Dr. Gundry was born at Hampstead Heath, near London, England, in 1829, and he was educated in a private school at Hampstead. In 1845 he came to America, and subsequently studied medicine with Dr. Chas. W. Coverton, at Simcoe, Ontario.

Entering Harvard, he took all the honors, and was graduated from the medical department in 1851. He began practice in Rochester, N.Y., where he remained until 1854, when he removed to Columbus, O.

His alienistic career began at the Central Insane Asylum at Columbus in 1855. Subsequently he became superintendent of the Hospital for the Insane at Athens, O. In 1878 he became superintendent of the institution with which he
was connected at the time of his death. He was also Professor of Materia Medica, Therapeutics and Mental Diseases at the College of Physicians and Surgeons, Baltimore.

Dr. Gundry was a man of exceptional ability, and one of the best-known experts in diseases of the mind in this country.

He possessed rare tact and discernment in the treatment of the insane, and was one of the earliest of American superintendents to abolish the use of mechanical restraint.

For some years he was one of the most active and helpful workers in the National Conference of Charities, and through his papers, read before that body, exerted a widespread influence for good. Dr. Gundry was also a member of the Association of American Superintendents of Insane Hospitals.

His death is a great loss to the profession as well as to the hospital which he so long and faithfully served. His successor has not, to our knowledge, yet been appointed.

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**Miscellany.**

**HIGHER MEDICAL EDUCATION.**

At a meeting of the Board of Trustees of the University of Pennsylvania, held May 21st, Dr. Pepper made an offer of $50,000 towards an endowment fund of $250,000, and $1,000 annually towards a guarantee fund of $20,000 annually, for five years, conditioned upon the establishment of an obligatory graded four-year course of medical study. This was accompanied by a communication from the Medical Faculty, pledging themselves to carry out this proposal, and to enter upon the four-year course in September, 1893.

It was also reported that the members of the Medical Faculty had themselves subscribed $10,000 annually for five years to the endowment fund. The Board of Trustees expressed warm approval of the proposed advance in medical education, but postponed their assent until the success of both funds had been demonstrated.

The approaching completion of the fine Laboratory of Hygiene, built by Henry C. Lea, Esq., will render the medical facilities of this school unequaled. It is to be