

No. 4.

January, 1908

Vol. I.

Bulletin
OF THE
Toronto Hospital for
the Insane

*A Journal devoted
to the interests of
Psychiatry in Ontario*

Printed by Order of the Legislative Assembly

EDITORS:

C. K. CLARK, M.D., LL.D.,

W.K. ROSS, M.D., J. G. FITZGERALD, M.D., W. T. WILSON, M.D.

Printed by L. K. CAMERON,
Printer to the King's Most Excellent Majesty

Toronto :
Warwick Bro's & Rutter, Limited
1908

The Bulletin
OF THE
Toronto Hospital for the Insane

*A Journal devoted to the interests of
Psychiatry in Ontario*

THE PSYCHIATRIC CLINICS OF GERMANY.

During the early part of last year a good deal of discussion took place in medical and lay circles regarding the subject of clinics for the treatment of mental disease. Many excellent, and some unwise things were said and published, but on the whole, good followed, and in a general way people learned something of the trend of modern methods in dealing with problems not thoroughly understood, even by many who have been caring for the insane for years. It has been suggested that some of the results of a trip to Europe, made with the express purpose of investigating foreign institutions and their management, would prove of interest to the readers of the Bulletin, and add to their knowledge of what is being done in the realm of psychiatry. Of course, Munich is, at present, the Mecca of the alienist, and while Munich was the objective point, it was thought advisable to have a peep into other corners of Germany, France, and Great Britain.

Believing that science is without national limitations, we went abroad, with the understanding that there was no "favored nation clause" in our search for what was commendable and new. Of course, too, we fully realized that in foreign countries it would be impossible to make a correct estimate of the people and things we saw. Having read books by travellers who have taken flying trips through Canada, and learned how many absurd criticisms they made, we felt that we must reach con-

clusions cautiously, without letting our prejudices get the better of us. Conditions, in Europe, are so different from those in the New World that it is difficult for a Canadian to get the European point of view in all instances; in fact on some occasions in Germany we felt as if we were taking a jaunt with Alice in Wonderland. Then again, we did not for a minute suppose that we had fathomed the depths of the German character, nor did we attempt to guess the reason why the foreigner did so many things we were not accustomed to. Having gone abroad, then, with the idea of learning what appeared to be admirable in foreign systems of managing and caring for the insane, without attempting to criticize or record what appeared faulty, we came back to Canada well satisfied that there was abundant room for improvement in our methods.

Our loyalty to Canadian ideals is not in the least impaired by a contemplation of what has already been accomplished in older communities, and we are inspired to further efforts, not only to keep pace with what is being done there, but to initiate some things which have not yet been undertaken.

Our first experiences were acquired in La Charite, in Berlin, where we were fortunate in being piloted by Prof. T. Wesley Mills, of McGill University. Prof. Mills has spent several years in Germany and gave us much valuable advice in regard to the pursuit of our studies. Good advice is not without its advantages on such an occasion, as German methods are vastly different from our own, and the military training of this people stands for much in the customs developed.

The warnings were not without results, as we were everywhere received with the greatest consideration and kindness. We were regarded as students eager to acquire knowledge, and as such found all doors open. It may be confessed that some of these doors were a little long in opening, but that was only where we were seek-

ing interviews with the younger professors, who had not enjoyed great distinction long enough to wear their honors without embarrassment. In Berlin we were at once pleasantly greeted by the eminent Prof. Ziehen, who asked us to meet him at seven-thirty next morning. Of course we were on time, and the promptness with which this exceedingly active German met us, made us suspect that our enthusiasm in the search of knowledge wa. being quietly tested. However, the brevity of the Continental breakfast makes many things possible before noon in Germany, and if there was an excess of virtue on the part of any one it was with us, because we not only rose early, but we did not indulge in the afternoon nap, which is a well recognized function in many parts of the Old World. We merely mention this to show that the early bird has, after all, to take time to digest the unfortunate excessively virtuous worm.

Prof. Ziehen is an unusually energetic man, who walks, talks, and thinks with a rapidity that enables him to cover a surprising amount of territory in a day. He is eminent, particularly as a psychologist, although in his clinic he is both psychiatrist and neurologist, a combination of offices likely to overburden any one person, although it must be remembered that Prof. Ziehen is not to be judged by ordinary standards.

The Psychiatric and Neurologic Clinic at Berlin is not a modern building, and in many respects its equipment is inferior to that of the newer places, but it is doing an important work, although hampered by a want of funds. It is supported by the University and by fees received from patients whose friends are able to pay for their care. There is a connection, too, with the Federal Government, the Hospital having been provided by Frederick for military doctors. As a result, the staff always has an Army physician included among its members.

It is perhaps unfortunate that the Clinic attempts to treat both nervous and mental diseases, as neurotic

patients, whose mental status is not affected, are plainly not suitably housed in a psychiatric hospital. We are thoroughly in accord with what Prof. Kræpelin says on this subject :

“In a number of newly found clinics, the treatment
“and teaching has also been extended to the province
“of nerve diseases. Greisinger, and after him above all,
“Westphal and his school, have strongly emphasized
“the fact that mental diseases simply form a special
“group of nerve diseases and therefore may not be separated from them.

“Undoubtedly the example of neurology, which has
“advanced so rapidly in the last ten years, cannot be too
“highly valued by the alienist, because it refers him to
“the careful observation and examination of all bodily
“disturbances, and above all to the thorough investigation
“of the finer formation of the brain-structure and
“its changes in disease. That does not alter the fact,
“however, that insanity and nerve trouble stand quite
“independent of each other, in the realm of medicine,
“and further, it cannot be denied that neurology has
“gained far more than psychiatry has from the zealous
“work of the alienists. Psychiatry has had to stand
“aside and investigators have chosen the more accessible
“and hopeful questions of neurology. Brain tumors
“and rare diseases of the spinal column have always
“found willing workers in the psychiatric clinics, as the
“contents of our publications and the reports of our
“meetings show; while the great, unexplored realm of
“Beelenheilkunde (soul saving science) has lain fallow.

“This very development has been one of the most
“important causes of the estrangement between clinic
“and asylum, and which has had a retarding influence
“on the scientific life in the asylums. The practical
“alienist was cut off, for reasons not far to look for,
“from the study of nerve diseases so important to him.
“To the question which his daily work brought before

“him, his guides and teachers had no answer; indeed
“scarcely any understanding. For this and other reasons
“I cannot join the majority of my colleagues, in the hot
“battle that has again broken out between inner medicine
“and psychiatry, over the immediate realm of neurology.

“Although I am of the opinion that a thorough neu-
“rological training is indispensable to the alienist, and
“*vice versa* the neurologist requires even more psychi-
“atry.

“We hope to conquer a large province which up to
“the present the isolation of the insane asylum has made
“difficult. The large group of so-called nervous dis-
“cases: that is, the patients who really need the help
“of the psychiatrist, but who are not in the ordinary sense
“mentally affected, or who could not be taken to an asy-
“lum, we claim with a perfect right. We demand a
“free reception and a free department for their treatment
“in our hospitals.”

We had ample opportunity to compare institutions of the two classes and the comparisons were all in favor of the psychiatric hospital.

The official staff is composed of a director (Prof. Ziehen), and five assistants—one assistant from the Army. Four of the assistants are attached to the psychiatric department, two to the neurologic wards. In addition to this, voluntary assistants are taken on as required, to keep records in both clinical and clerical work. There is not any special assignment of duties, except that already referred to.

The number of beds is two hundred and thirty, seventy of which are in the wards for nervous diseases. Of course the whole Clinic is conducted strictly on the hospital plan; but everywhere there was the suggestion that there is a lack of funds to carry on the work as it should be done. This impression was fully confirmed later on, when we visited Munich.

Nurses in the proportion of one to four or five patients in the day, and one to six at night, are employed, but

the physicians did not speak enthusiastically of them. They are not of the highest type, because the remuneration offered is too small to attract persons who are educated and intelligent. This is rather remarkable in a country where education is held at such a high estimate. However, the nursing profession, as a whole, in Germany, does not compare favorably with the Canadian or American, as it has not attracted the attention of the same class of women.

There is no interchange of nurses between the Clinic and the General Hospital. The night service is without a physician unless one is specially summoned.

As a whole, the Clinic is bright, cheerful, and with abundant air-space for each patient. Indeed, in all of the institutions we visited great attention was given to this important point. The iron bedstead is not as great a favorite in the old countries as with us, and we are rather inclined to favor our own choice in this matter, as for institution purposes iron bedsteads have much to commend them. German bedding arrangements, at any rate, are so absolutely different from our own that it would take more than a two months' jaunt to accommodate our eccentricities to those of the much puffed up and elusive foreign feather coverlet. We always regarded it with awe and curiosity and if we did not deposit it on the bedroom floor before retiring it generally made its way there in a few minutes, of its own accord. Just why it was "evolved" is an unanswerable riddle to the transatlantic mind.

Here, for the first time, we appreciated to a great extent the difference between hospital and asylum. The wards were decidedly of hospital type in arrangement and management, and the form of admission enabled the early case of mental trouble, access, without the formality of certification. True, there are some subtle intricacies to be gone through with at times, but when urgency demands, the patient is very promptly admitted, passing

to the epileptic ward, from which he is transferred as occasion requires. If certificates are necessary and the patient is poor, only one certificate is made by an outside practitioner, the other being furnished, without cost, by a member of the Clinic staff.

Alcoholics and epileptics are admitted without certificates, under certain circumstances. For example, if an alcoholic case is willing to undergo treatment his wife can obtain admission for him, but a father cannot have his son committed without a certificate.

The patients come from the City of Berlin as a rule, but some reach the Clinic from outside towns. These must contribute a mark (25 cents) a day more than those from the city. All classes are admitted, and indigent patients are supported by the municipality. No less than two thousand five hundred patients are treated in a year, and this fact alone makes it apparent that the psychiatric hospital reaches cases in the incipient stages in a way impossible by the asylum system.

Of course the Clinic is a large sifting department and many of the admissions who prove to be hopelessly insane, scarcely pause on their way to the asylums at Daldorf and Buch.

The charges are from three to four marks a day and in addition to the municipal support there is a mutual insurance system in vogue, which comes to the relief of many poor persons. The organization of the *Kranken Kasse* is extremely interesting.

Patients are retained in the institution as long as there is prospect of an early cure, or while they are of scientific interest. It must be remembered always that a patient in Germany is not viewed from the same standpoint as we regard him. His material comforts are not as carefully considered, in fact he does not look for these as he has not become accustomed to them. We would think that his personal feelings were not thought of to as great an extent as might be advisable, but that is simply a question of custom and usage.

The equipment for treatment is elaborate and good, and, as was to be expected, the hydro-therapeutic apparatus figures largely more largely than would have been the case if there was not a combination of nervous and mental cases.

Among other things we observed baths of the following types: vapor, electric, faradic, carbonic acid, local, steam, douche, continuous, and sand.

The continuous baths are largely used for the control of excitement, and patients live in them for days.

The laboratory equipment is excellent, and ten or more rooms are devoted to scientific research, however it appeared to us that the staff was too small to accomplish all in this line that could be desired.

There were rooms for Kinesthetic experiments, Gross Anatomy, Microscopical Research, Photo-microscopy, Experimental Physiology, Neurological Research, etc.

The assistants appear to be under very strict discipline, and have a military bearing characteristic of Germans. Perhaps the fact that a standing army is an x quantity with us makes the militarism of Europe more striking than it would be if we were accustomed to it.

The educational side of the institution is admirable. There is a large and splendidly equipped lecture-room, with seating accommodation for two hundred and fifty students. Here clinics are given regularly by Prof. Ziehen and others to medical students, and the practical German thinks it advisable to have the law students acquire some real knowledge of insanity other than that which is shown by an ability to expound the right and wrong theory with an accuracy that makes the physician marvel how British law became such an exact science.

We left the Clinic strongly impressed with the idea that here was something to our liking, and yet not completely satisfied that the highest development of the possibilities had been attained. It was not until Munich was reached that our ideals were approached.

A beautiful custom of the German is that of honoring and paying tribute to the memories of the heroes of Science, and the busts, statues, and pictures of eminent physicians to be seen in the grounds and buildings of Le Charite testify to the appreciation of the virtues of those who have in their day done their part nobly. Perhaps this hero worship may not appeal to many of the vigorous and ambitious young men from America, where, too often, there is a tendency to jostle the older men out of the way, without consideration of what they have accomplished, or regard for the worth of their invaluable experience. Reverence for old age is not a common quality either in Canada or America, and sometimes the falsely called Oslerian theory is urged with a heartlessness that speaks ill for the up-bringing of some of our hot-headed young men.

Before going abroad we had been careful to obtain as much information as possible regarding European methods and knew pretty well what to expect. It was interesting, though, after reading Dr. Brush on Foreign Hospitals for the Insane, published at as late a date as 1905, to find how much Germany had advanced, even since that time. Munich was then just about opening, and Berlin, Kiel, Heidelberg, Giessen and other clinics were setting the pace. If Dr. Brush had foreseen the realization of the ideal at Munich he would not have penned his pessimistic conclusions regarding the possibility of establishing clinics in America. He says: "The wish has been expressed by many that clinics of a similar kind might be had in this country; and the statement made that every town of a certain size should have its psychopathic hospital. This cumbersome and by no means pleasant sounding name has been proposed with the belief that patients going to an institution with such a title would be relieved, in part at least, from the stigma that is supposed to attach itself to them and their families, if they are treated in a hospital for the

“insane. I am decidedly of the opinion that no subter-
“fuge of any sort ever succeeds in preventing the curious
“and the busybodies of every community and the yellow
“journals of a few, from knowing and publishing either
“by gossip or in print why their neighbors were taken to
“the hospital, and the very attempt to conceal the char-
“acter of the hospital under some new name awakens
“suspicion that there is something to conceal about the
“character of the disease it treats.

“The German Clinic is frankly called Irren-Klinik, or
“Psychiatric Clinic (insane or psychiatric clinics) and
“does not appear to be avoided because of the name.
“But questions of this kind aside: until the Government
“and the medical direction of the clinics or hospitals it
“is desired to establish, can be assuredly and forever
“freed from the baneful influence of politics it will be a
“hopeless task, bound to dismal failure, to attempt to
“imitate the German clinics or to approach them in the
“work which they are accomplishing for the public and
“the profession. What city, for example, would be
“expected to build and make annual appropriations for a
“hospital or clinic like that at Kiel or Munich without
“naming its managing or directing board? If anything
“can be done until the barbarism of our system of so-
“called self-government is overcome, it must be accom-
“plished by or in connection with a few universities with
“associated medical schools and hospitals. In no other
“way under the present conditions could the tenure of
“office of the medical director be assured, in no other
“way could the expectations be raised of the selection
“of the very best available man or men to carry out the
“work.

“The demand for clinical instruction in psychiatry in
“this country is a crying one, and those who know the
“situation and who have seen what is done elsewhere,
“long for the day when the material all about us may be
“made available, a day, the dawn of which will be for

“the lasting benefit alike of the insane, and of those who would study and treat their maladies. To confess that that dawn seems far off and that it is delayed by the clouds of political ignorance and political vice, which overshadow so many of the things which might work for the healing of the nation, is humiliating, but the truth compels the admission.”

We must say that whatever the drawbacks may be in the United States, we have more confidence in the sterling sense of both Government and people of Ontario to believe that Dr. Brush is correct in his conclusions. Mistakes have been made and the era of false economy has been passed through, but the establishment of clinics means the disappearance of the very evils Dr. Brush complains of. As for the stigma attached to going to the asylum—no matter how much we recognize the greatness of the popular error—we cannot help but sympathize with it and be willing to go far to lessen the feeling of degradation which undoubtedly exists.

As a matter of fact the conditions in Ontario are ideal for the establishment of a clinic and are similar in every particular to those in Munich, viz., a large State University—a new Hospital of provincial importance and a progressive and thoughtful Government.

Our first visit to a German asylum for the insane was made at Daldorf, near Berlin. We were informed that this was an institution of much importance, but found that it was not so regarded by those in touch with the facts; Daldorf is old and in many respects out of date, but provides accommodation for twelve hundred patients. Two things struck us at once as showing that the interests of the patients were keenly looked after. First there was a staff of no less than fourteen physicians; second, the nurses numbered one to five patients; a proportion that in most institutions in America would be regarded as excessive by those who have to “pay the piper.” If we were to judge the German asylums by the attention given

to what we would call material comforts they would be found sadly wanting, but it must be remembered at all times that social conditions in the two countries are absolutely different, and what are regarded as the essentials by us are considered luxuries by the Germans. From their point of view every necessity is supplied and we heard no complaints from patients. As is the case in all the best institutions in Canada, restraint is not used in any form, and if seclusion is resorted to it is under conditions that do not call for criticism. A room is not converted into a veritable dark-cell by the use of heavily wired and guarded shutters, but plenty of light is provided, the window being glazed with a very thick form of plate glass which is practically unbreakable. Thus the necessity for special precautions against suicide is done away with; an important detail, which will be much appreciated by the practical asylum man.

We were not so favorably impressed with the method of nursing weak and uncleanly patients in wooden beds with sides three feet high. These wooden boxes were padded and in many cases filled with wood wool, an absorbent that the Germans claim saved a world of worry and care. Perhaps we were prejudiced, but the whole apparatus did not appeal to either the æsthetic or the practical sides of our nature. We felt that the method might be open to honest criticism.

The grounds and surroundings at Daldorf are very beautiful and there was an air of contentment among the patients that was pleasing.

On the day following our visit to Daldorf, we went out to Buch, a new asylum, with a very large number of patients. Buch is arranged on the pavilion plan, there being in all about twenty buildings. Again we found a large staff of fourteen physicians, and nurses in the proportion of one to four patients. There was a splendidly equipped laboratory, too, with every facility for advanced pathological and psychological research, but the impres-

sion was left on our minds that this could not be satisfactorily undertaken with the staff on duty. If that is the case in Germany, what can be expected in Canada with staffs proportionately two-thirds smaller? Plainly, the inference is that hospitals and asylums can rarely, if ever, achieve the best results under the same roof. Everywhere we went this impression was forced home in such a way that we came away fully possessed of the indisputability of this conclusion. Such was the case at Daldorf, Buch, Egling and the British asylums, of which we shall speak later on.

At Daldorf and Buch, we had opportunity to observe and study the German method of dealing with the criminal insane and insane criminals. At Buch we were particularly interested in what is being done to make the best of these difficult classes. They are housed in an isolated building where there is no possibility of their coming in contact with the other patients. Their surroundings are comfortable and cheerful, but best of all is the earnest endeavor made to provide the most suitable employment for them, where, for obvious reasons, farming and gardening operations are excluded. It is difficult to find an outlet for the energies of a class which, above all, should be occupied. The ability shown in solving this problem was striking and it was possible to say at Buch that the criminals were just as thoughtfully cared for and treated as the patients in other parts of the asylum. The occupations developed were many and the bent of the individual was carefully studied. At last we had seen the criminal insane doing something more than fretting out their souls in idleness.

Indeed, the whole conception of the status of the man who commits a criminal act as the result of disease receives a very different treatment in Germany from what it does in Canada, although better days are rapidly coming even here. If a man, who has committed a crime, is suspected of being insane, he is sent to a Psychiatric

Clinic, where he is under constant observation for six weeks, or longer if necessary. He is isolated from the other patients and the methods of examination employed are so searching and thorough that there is no possibility of a malingerer making good his deception. The common impression that it is a simple matter to simulate insanity is a very erroneous one, and the man who can run the gauntlet of all the tests which may be applied, must possess a knowledge of psychiatry that is rarely attained. Even with that knowledge he would scarcely succeed. Be that as it may, the only rational plan to render fraud practically impossible, is that adopted in Germany. Then again, think what this plan saves the State in outlay. Some of the trials in cases of suspected insanity have cost the country enormous amounts, the expenditure of which would have been avoided had the German plan been followed, and best of all, justice would have been done. That justice has not always followed as a result of a jury's studies in psychiatry, is a matter of history, and no one who is seized of the facts will attempt to justify some verdicts which at the time satisfied popular prejudice, which is not always a safe guide when questions of disease are to be dealt with. The juries were honest, but not really competent to form opinions. If skilled observers, trained in the most subtle methods of examination, require six weeks in which to reach conclusions from which the probability of error is excluded, it is scarcely probable that juries, the members of which are absolutely without experience in the study of insanity, can be depended on to bring in verdicts of a satisfactory kind.

At Buch and Daldorf enquiries were made to discover how thoroughly the Psychiatric Clinic in Berlin was doing the work of receiving the acute cases of the district. It was important to ascertain this, because some who are not enamored of the Clinic have made the statement that these institutions have as their inspiration nothing more than the providing of material for the medical student and

physician. Now it is quite true that the educational value of the Clinic is of the utmost importance, but no one need make the shallow criticism that here the function ends. As a matter of fact the cure of the patient is, and always will be, the main function of the Clinic, but if the problems of causation and efficient treatment are to be worked out, it must be done in the laboratories of the Clinic. Then again, if physicians are to have an intelligent conception of psychiatry they must acquire their knowledge by an actual study of patients in the wards of the hospital. A surgeon is not made in the quiet of the student's den—a physician is not evolved by the simple process of reading, and in an eminently practical science such as medicine, clinical experience is the *sine qua non*.

The result of our inquiries was to make clear the fact that practically all of the acute cases pass through the Clinic, and many of the chronic as well. The people have just as much faith in the institution as in their general hospitals, where exactly similar conditions prevail. At Munich, too, this was made very plain, and what was more satisfactory still was the information that the case of an interesting patient was not lost sight of even when he left the Clinic. If a study of his disease was likely to be of interest and use, the staff of the Clinic still kept in touch with it. Every month, for example, Prof. Kraepelin of Munich attends medical conferences at Eglfing and Gabersee, two large institutions for chronics, with the express purpose of keeping in touch with some of the patients who had passed through the Clinic. In some of the clinics twenty beds are reserved for cases of unique interest, the study of which is likely to prove of particular value. For example, we found several lads suffering from the juvenile form of general paralysis, a disease so rare in Canada that it is practically unknown. It would have been a mistake to lose sight of such clinical material in the wards of an asylum for the insane.

We were too much occupied in Berlin to see much of its attractions, although the beauty of its architecture, its well ordered streets, and splendid civic management were object lessons to those of us who had come from a country where the æsthetic has not had time for development, and where the hideous cedar electric light pole is not considered from any other standpoint than that of necessity. The beauty of many of the European cities is a revelation to visitors who hail from towns where brick and mortar are used to box in so many cubic feet of air space in the cheapest and quickest way possible. The greatest disappointment in Berlin was the unrealized glory of the Unter den Linden street. Germany is a country of trees, but the trees are small and the basswoods of Berlin's great thoroughfare are a poor example of what we think basswoods should be. They lack inspiration for a Canadian, and it is quite evident that a Connecticut tradesman could not thrive on the sale of basswood hams if he had to draw his supply from the trees of Unter den Linden.

We went directly from Berlin to Munich, but as the latter place occupied so much of our attention we shall treat of the other European clinics studied before discussing it.

After Munich came Zurich, in Switzerland, a clinic famous for the work done by Dr. Jung, whose psychological studies and researches have brought him no end of renown. It was greatly to be regretted that Dr. Jung was absent from the hospital owing to the fact that he was doing enforced military duty. It is a far cry from the "goose step" to an analysis of the emotions, but such is the law of Europe, and a brilliant psychologist of to-day is an ordinary Tommy Atkins to-morrow. Fortunately the usual rule is, that the University man is not enforced to squander more than a year of his time in military experiences.

The director of the Zurich Clinic is Dr. Bleuler, an eminent and accomplished physician who speaks English

fluently. This clinic should really be called a small asylum, as its construction and character throughout are, strictly speaking, those of an asylum. Its connection with the University is similar to that of Toronto or Rockwood Hospitals for the Insane, and its population (420 patients) puts it out of the clinic classification. During the semester students receive instruction twice a week for two hours. Even in this institution we found a comparatively large staff of physicians, and nurses in the proportion of one to four patients. Dr. Meyer, one of the assistants, devoted much time to showing us the various departments of the Clinic, and Prof. Bleuler kindly explained much that was interesting.

The laboratories were small, but apparently well equipped, and a department for the study of hypnotism was a new feature to us. Of course its results have been more of psychological interest than of practical value.

Here, too, the famous work on association word tests by Jung and Freud of Vienna has been done. These association word tests are of the most intense interest psychologically and have a practical application in the diagnosis of some forms of mental disease.

That the possibilities of association word tests are quite as great as Prof. Munsterberg of Harvard claims, in a recent popular article on the detection of crime, is a very open question, and it is possible, even probable, that he has hoped for too much. The psychological apparatus at Zurich was almost uncanny when it came to the reading of the emotions, and the work of the galvanometer and other apparatus, bordering on the marvellous. We are not yet far enough advanced in psycho-pathology and psycho-therapeutics to understand their great importance, but just such groping as that being done at Zurich will add greatly to our knowledge. We were much disappointed that Dr. Jung was not present at the time of our visit, as it is evident that Zurich occupies a unique position as regards the fields of investigation which he is tilling with such industry.

At Zurich we found that no special provision is made for the isolation of the tuberculous, indeed in all of our travels we learned that no organized effort is made to protect the non-tubercular from those infected with tubercle. In view of the thoroughness of most of the methods employed, this is distinctly surprising, indeed the comparative freedom which most of the institutions claim from tubercular complaints is not easily explained.

Perhaps the greater air-space allowed for patients has something to do with it. Nowhere did we see tents in operation as we use them, and there seemed to be an aversion to their employment. Possibly the difference in climate will account for what seemed to be prejudice. With us there is no question regarding the value of the tent treatment in cases of tuberculosis.

From Zurich we went to Tübingen, a quaint little town in Wurtemberg, but an important University centre. We discovered that we had arrived at a time when hotel accommodation was almost impossible to be obtained, owing to a students' celebration then in progress. Finally we secured a haven in an ancient hostelry that had been doing duty for many a long year. It had not the merit of fashionable patronage, but turned out to be a most comfortable and satisfactory establishment. If we could know just where to "put up" in Europe, we would rarely accept the fashionable choice of tourists, as the people from our own continent have long ago corrupted the servants of these establishments, and made them too mercenary to be attractive.

The normal European tip is not a bugbear, and its size, in spite of the frequency with which it is expected, does not make it an undue burden, even to a person of moderate means, but where the American tourist has broken traditions, which were born of common sense, the result has been lamentable. Great is the American tourist: even the canny Scot of Edinburgh recognizes the color of Uncle Sam's coinage and the Stars and Stripes

flying over a prominent hotel on Princess street was evidence enough of the popularity of the ubiquitous American.

The Psychiatric Clinic in Tübingen has been built for thirteen years and has accommodation for 120 patients. The Director is Prof. Robert Gaup, a young man who attained some distinction in the Clinic at Munich under Professors Kræpelin and Alzheimer. The staff consists of a director and five assistants. There are two voluntary assistants. The patients are admitted either voluntarily or by means of certificates. Tübingen being a small town with some seventeen thousand inhabitants, it at once became a matter of interest to compare its admissions with those of the clinics in the large cities. Two important facts came to light: first that the proportion of alcoholics was very much smaller, not more than ten per cent. being of this class; second, that the admissions were far fewer, not more than seven hundred in all being received in a year. General paresis, too, was much rarer, and the majority of the patients received belonged to the manic depressive or dementia præcox groups.

As far as the nursing equipment was concerned, there was nothing that we had not seen in other clinics. The continuous baths and other hydro-therapeutic apparatus were much to the fore, and a good deal of attention was being paid apparently to electro-therapy.

Psycho-therapeutics are studied and employed in treatment whenever possible. The arrangement of the hydro-therapeutic apparatus was excellent, perhaps better than in most of the clinics visited, and on the whole it was apparent that the management of the Tübingen institution was bent on carrying on advanced work. Experimental work on word association in the Korsakoff-Syndrome was being done, but of course the supply of clinical material was much smaller than it would be in such centres as Munich and Berlin, where alcoholism is rampant.

Again the proportion of nurses was found to be large, about twenty-five for sixty patients, but difficulty is experienced in getting a suitable class of girls. It was stated by one of the physicians that in the Protestant parts of Germany it was almost impossible to induce women to undertake nursing. In the Catholic communities, such as Munich, the "Schwestern," or Sisters of Charity, cheerfully undertake this work.

Tübingen is open to neurological as well as psychiatric cases, but the proportion of neurological patients is exceedingly small and pretty well limited to those in which the mental condition is involved.

One of the striking features of this Clinic is its splendidly arranged library; indeed its collection of Psychiatric literature is probably the largest and best in Germany. Very large sums of money are expended on this library.

On the whole the Clinic at Tübingen is admirable and when it is remembered that Wurtemberg is not a wealthy principality the rulers are to be congratulated on their liberal expenditure in such a splendid cause.

GIESSEN.

On July 28th, 1907, we reached Giessen and found this little town in a state of ferment and excitement on account of the celebration of the three hundredth anniversary of the establishment of the University. It is not every university that can boast of an existence of three hundred years, and very properly the graduates and undergraduates were making the most of the occasion. The city was a mass of evergreens and bunting, and the picturesque costumes of the Saxony peasants, who had come to town in large numbers, together with the gorgeous uniforms of the student classes, made a gay scene, and we were duly impressed by the fact that the German people know how to take advantage of the opportunity

for a good time. The peasant women, in abbreviated, but very full pleated skirts, were among the most active we have ever seen, and they moved about with a vigor and alertness that were astonishing. The German student, though, was a revelation to us, and during our wanderings through Germany we saw him at his best and his worst. As a student he is a model to be copied and praised. His devotion to work is admirable, his results are splendid, but his social customs and ideas of sport are not in common with ours, and it is doubtful if we may fairly judge him. To any one hailing from countries where intercollegiate sports are on a high plane, it is difficult to even guess at the German point of view in such things. To us their ideals appeared either trivial or repulsive. It so happened both at Tübingen and Gießen that an epidemic of student duelling was raging and the results were to us exceedingly distressing, and contrary to what are our ideas of honorable sport. It is bad enough to have players injured by accident in the hurly burly of football, but if any footballer were to deliberately maim an opposing player he would properly be ostracized and condemned by all right-thinking companions. In Germany we found the students deliberately setting out to mutilate and disfigure each other for life. How well they succeed in their object was attested by the hundreds of hideous scars and recent wounds we saw on students in the streets and in the restaurants. That these wounds are considered honorable was plainly evident by the pains taken to attract attention to them, and the jaunty air of the wounded stripling in the presence of Dulcinea was proof positive that she shared the illusions of the youthful Don Quixote. It is said that this duelling is made sacred by the traditions of hundreds of years, but if we were to honor some of the dreadful traditions of days long gone by, this would be an extremely unpleasant country to live in. The Germans talked freely of the duelling custom and the older university men freely con-

fessed that they would be glad to see it disappear, but seemed to think that while the exuberance of youth remained the game would be carried on.

The Giessen Clinic was found, as was the case with others in Germany, situated in a part of the town where it was easily accessible to the student and physician. It provides accommodation for a hundred patients. Prof. Robert Sommer, who is Director, is a man of eminence and is known particularly in the field of psychology, being regarded as a man of great resource and originality. Some of his apparatus is wonderfully clever and his investigations of deep interest, especially those in connection with expression, etc.

Psychiatric and neurologic cases are received, each class being treated in a separate building. Epileptics and idiots are also cared for separately. The staff is composed of a director, four assistants, and an Army physician. In addition there are two or three voluntary assistants. Almost four hundred patients are admitted in a year. Many criminals are received for examination and study.

The laboratories are splendidly equipped for research work and much original investigation is carried on by the staff. The anomalies of speech are studied by means of the graphophone, and important records in this way are preserved for future use and comparison.

Apparatus for the study of time reactions is most ingenious.

The Giessen Clinic is constructed on the pavilion plan and is not regarded by some members of the staff as a success, and a difficulty is encountered in not being able to dispose of patients as they wish. This in a way accounts for the small number under treatment during the year.

The proportion of nurses is thirty-two to ninety patients, and the night service is decidedly small.

Some provision is made for paying patients in a small building which is comfortably furnished.

No beer is furnished the patients, although in some of the institutions in southern Germany beer was considered requisite, especially with the chronics, who will not work without it.

There is an outdoor or polyclinic department in charge of the assistant director, where some two hundred patients are treated in the course of a year. The library for psychiatric literature is extensive.

On the whole, Giessen is rather suggestive of a compromise between hospital and asylum, and as such is not as attractive as some of the institutions visited. Possibly if we had not been at Munich before going to Tübingen and Giessen we should have been much more impressed by what we saw there.

MUNICH.

We have described in a general way several of the German clinics, but have reserved that of Munich until the last, as it represents the highest development in such institutions, and is worthy of far more detailed description: it is the ideal to which we should aspire, and is without doubt the best example of what the modern psychiatric hospital should be. Its management is fortunate in having such great men as Prof. Kræpelin and Prof. Alzheimer associated in its management, and the selection of the assistants has been made with such discretion that success is easily ensured. Drs. Gudden, Moers, Plaut, Weiler and others have already won well-deserved fame, and the labors of this enthusiastic band have enriched psychiatric science in a remarkable way and have elucidated many of the most intricate problems we have to deal with. However, of this we shall speak later on.

DESCRIPTION OF THE BUILDING.

The Clinic is built in the form of a broad horse-shoe, and while plain and without excessive ornamentation, is

pleasing from an architectural standpoint, the grey stuccoed walls and red tiled roof harmonizing. Even the wall about the Clinic is graceful and picturesque, although of simple construction, but in perfect keeping with the Clinic itself. In just such details we have much to learn from the Old World.

The Clinic at once strikes the observer as being a building in which the definite aim has been to devote every dollar to the great humanitarian purpose for which it was constructed.

The principal department has a ground floor with three upper stories and main entrance. It is one hundred and five metres in length. Three wings are attached, the east wing thirty-seven metres in length; the west forty-five metres long, and a middle wing about the same length. An enclosing wall with oval and round grated openings showing glimpses of the front gardens runs around the building.

The entrance is imposing, but in strict keeping with the requirements of the Clinic. Near the entrance is the main staircase. The halls are towards the boundaries and the streets. The patients' rooms face the cheerful gardens almost exclusively. All ceilings and stairways are fireproof, and floors, generally, made of terrazzo. Many of the halls and rooms are covered with Pompeiian red linoleum of good quality.

Inside the entrance, through the chief portal, is the bright hall with a two-armed staircase, under which at one side is the porter's room, on the other side the office of the matron. Three hall doors show the visitor the division of the house. The left side, towards the east, is the division for women, the right for men. The middle part contains the rooms which belong to the management and attendants as well as those for scientific and study purposes. The third storey is principally for the last named and contains the apartments of nine physicians.

In the south-west pavilion are the apartments of the director.

The kitchen, laundry, etc., are at the rear of the main building; built separately but connected to the wings by covered corridors.

The arrangements of the wards are most complete and almost every imaginable detail necessary to ensure comfort and proper supervision has been thought out and cleverly applied.

There is no home for nurses, but they, as well as the orderlies and other employees, are accommodated in the Clinic, an arrangement that might easily be improved on; however, as before said, the question of nurses and nursing has not received anything like the attention we have given it on this side of the Atlantic. More men are employed in the Clinic than would be the case with us, and it is certain that a Nurses' Home would be an advantage.

The wards themselves are bright; plainly but comfortably furnished and cheerful, and consist largely of small dormitories, but few single rooms being provided. The chief part of the whole building and the two middle stories are devoted to patients' apartments, containing one hundred beds, and, in case of emergency a larger number can be accommodated. There are at least from fifteen hundred to two thousand patients received yearly, without reference to the outdoor department.

Nearly two-thirds of the patients are under constant and careful watch; only the trivial cases and convalescents are without night supervision. The night service is on the Scottish plan: each group of nurses taking duty for two weeks at a time, with complete rest during the day, in order to ensure reliable care of the patients as well as to save the strength of the nurses.

The single room is done away with, as Prof. Kræpelin explains, to avoid the well-known evils of isolation. He says: "If we lock a patient in a padded room we have

“saved his fellow patients and surroundings from him, “but we no longer know what his condition is, although “we may listen to his screams or peer at him through a “peep-hole. We can no longer speak of the real care of “the patient. After a long battle on the part of alienists “for the freedom of their patients, and the abolishment “of the ‘raving cell,’ the celless treatment has taken its “place.

“The disadvantages of the isolation, of which we “need only mention the uncleanliness and the violence, “are so apparent that no one who has once known the “blessings of its removal will ever return to it. If we “abandon the locking up of excited patients we must use “other means of judicious treatment. Aside from nar- “cotics, which we consider only an emergency, and “merely as temporary aids, we have at our disposal a “course which, in spite of its startling simplicity and “naturalness, has only been used widely within the last “twenty years, viz.. rest in bed. Since we have aimed “at this principle for those just taken ill, and for excited “patients, the insane asylum has lost most of its terror.”

This being the practice, most of the patients are kept in bed as in the ordinary general hospital, so that the difference is not noticeable at a glance. For the convalescent and very quiet patients there are rooms for recreation and light occupation.

Excellent elevators made it possible to have many patients taken to the gardens, which are arranged with pleasant walks, fountains, and summer-houses. We found many patients in bed in the open air, others in invalid chairs, etc.

The ward arrangements included almost every possible detail necessary for the comfort and convenience of patients and nurses. Electricity is used wherever possible, and in many respects its application has been most ingenious.

Now that hydro-therapeutics are regarded as the *sine qua non* in the treatment of mental diseases, it was to be

expected that the bath-rooms at Munich would prove an interesting feature. In this we were not disappointed and the same regard for detail that characterizes the whole institution was shown. As patients have frequently to remain in these baths for days or even weeks at a time it is essential that their surroundings should be made as attractive as possible, and it is surprising to find how cheerful even a bath-room can be rendered by careful attention to details. Continuous baths are of course a prominent feature, and in different parts of the Clinic about every form of the modern douche apparatus is to be found. Electric baths and vibratory appliances are to be seen in the outdoor department. Electricity has been a disappointment in the treatment of mental disease, but in some forms of nervous trouble is useful. Portable baths are freely employed where the patients cannot go to the continuous bath-room. Electricity is made to serve the purposes of the physicians and nurses wherever possible, and some of the devices used are ingenious and labor saving.

The rooms in which the patients are examined have every convenience for the examining physician, and a dark room is attached so that the eye conditions may be satisfactorily observed.

The arrangements for the night service are well thought out; in fact one of the strong points of the Munich Clinic is the attention given to the most minute details.

The purely medical side then is carefully organized, and nothing is left undone that will aid the patient to recovery.

Now as to the scientific work: Twenty beds are reserved for the study of cases of unusual interest. Some of these, at the time of our visit, were occupied by cases of juvenile general paresis, a disease rarely met with in Canada. By this plan the patients likely to afford opportunity for much needed observation are always available.

When it is remembered that the staff of physicians is very large and that each case is looked into most carefully by the director and the assistants detailed to study it, and that it is considered by the staff at one of its daily conferences, it can easily be understood that the individual is not lost sight of, but on the contrary receives every attention possible. Those who have been accustomed to the very general and perfunctory methods of care and examination so commonly used in large asylums are somewhat surprised at the elaborate details insisted on at Munich. Of course the objection is sometimes urged that the excess of zeal manifested in the search of scientific facts is apt to induce the observer to neglect the personal comfort and best interests of the patient. This objection is not beyond the mark in some of the institutions visited, but at Munich is absolutely without force and it was clear that the welfare of the individual was not neglected. To those most familiar with the trend of modern methods, the psychological studies gone into at Munich and other clinics are most interesting. That this field of investigation will yield as brilliant aids to diagnosis and prognosis as some predict is doubtful, but at all events the addition of such is of great importance and the results astonishing. Dr. Weiler is in charge of this department, and some of his apparatus is of exceptional interest. Reactions of all kinds; word associations; memory; emotion; attention; fatigue, and a hundred other problems are attacked in original ways and results carefully preserved. If these results are correlated with studies in normal psychology a good deal that is of use to the world may be added to literature.

In the ideal clinic the psychologists who study normal reactions should make investigations with abnormal subjects as well; in this way true standards will be found. In the Canadian clinics which will be brought into existence, relationship between the University departments of psychology and the clinic laboratories should be intimate.

There are rooms for psychic time measurement and for measurement of mental work. Another room is reserved for the ergograph, which contains the writing scales, the apparatus for measuring involuntary and reflex movements, for the observation of the influence of mental processes on the pupils of the eyes; respiration, heart beat, pulse beat. A silent room with padded, double doors and darkening arrangements insures the possibility of shutting out all sense excitation. A sleeping-room is arranged for the measurement of the depth of sleep.

Disturbances of speech and voluntary movement are studied by means of phonographs and cinematographs, etc.; in fact every realm that is likely to offer a clue to the elucidation of mental problems is carefully studied.

The pathological laboratories are most complete and as Prof. Alzheimer is one of the foremost of living neuropathologists the work done is of the highest order. The devotion of his assistants is just as great as is the devotion to Prof. Kræpelin. These two men are unique among psychiatrists and neurologists, and are worthy of their reputations.

As an adjunct to the neuro-pathological department are found the rooms devoted to studies of the secretions, body-fluids, blood, etc. Here the investigations of Plaut are carried on and all students of psychiatry are cognizant of the additions to our diagnostic resources the studies of this young enthusiast have given us. Experimental work of this kind requires the keeping up of groups of animals and the care devoted to these is interesting. Monkeys, sheep, rabbits, etc., are used and comparative studies are carried on under ideal conditions. The operating room for this comparative work is as carefully arranged and equipped as it would be were investigations on the human subject being carried on.

The photographic outfit is complete and micro-photography done on an extensive scale. Coloring of plates is done by artists, in fact the attempt is made to have everything undertaken done in the best way possible.

The outdoor department, or polyclinic, as it is called, is under the direction of Prof. Gudden. His position is filled directly by the University without reference to the Government. This is interesting in view of the relationship existing between Government, City and University in the organization of the Clinic.

The site of the building was given by the City of Munich, the only reservation made being that city patients should receive a preference in case any question of this kind should come up. The Clinic was erected by the Bavarian Government and the officials are Government appointees. At the same time many of these officials are on the University staff; indeed Prof. Kraepelin is Dean of the Medical Faculty of the University. No appointment is made to the staff by the Government without the recommendation of the director. Of course this works out that no one is appointed who is not *persona grata* both to Government and University. It is universally recognized that the scientific side of the work is the important one, and men who combine executive and scientific ability are looked for.

So celebrated has the Munich Clinic become that visitors reach it from all over the world, and so great is the ambition to get on its staff that its voluntary assistants may be selected from the very best of the graduates. While we were there several foreigners were present; two even from Brazil. Americans, of course, have gone there frequently, but the Munich idea is that if any young man from abroad wishes to get what is best, he must have more than a fragmentary knowledge of German. If he has not this, there is much time lost; in other words, he should not go to Munich to acquire German, but to learn psychiatry. There appears to be a good deal of common sense in this style of reasoning. Above all, the visitor should be a student in the broadest sense, with his eye closed to the social seductions of this fascinating town, and if possible his mouth closed to the equally

attractive Munich beer. The beer is excellent, the very best made, but even Munich beer has possibilities that are denied by its admirers. The two things that struck us with amazement in Munich were the beer and the radishes. If the youthful visitor must make his choice between these unique seductions, let him stick to radishes. They are stronger than the beer, but not so fatal in their results. It is significant that of the patients admitted to Munich Psychiatric Clinic, about sixty per cent. are alcoholic. This should settle the argument in favor of the radishes, but if any doubt remains let the visitor see the first floor of the Hopfbrauhaus when it is fully occupied.

The outdoor department of the Clinic is largely attended and gets in touch with many incipient cases of mental trouble as well as all sorts of neurological patients. Its work is most important both from the purely medical and research work standpoint. It is just as thoroughly equipped as any other section of the Clinic.

The lecture-room for students is one of the finest to be found anywhere. It is a large room with seating accommodation for about two hundred and fifty, and its equipment is elaborate and designed to meet every need of the lecturer and listener. If, for example, it is desired to shut out the light from the many windows, each of which is thirty feet in height, the lecturer presses a button—at once black blinds slide noiselessly down and darkness is complete. All sorts of little details such as this are arranged and the result is excellent. We heard a good many clinical lectures and found much to admire in the methods followed. The German patient does not seem to object to appearing before a class and if he realizes that he may be regarded as an object of curiosity his reaction would not lead us to suspect that such is the case. The interest taken in these clinical lectures, even in July, was marked, and both in Berlin and Munich there was a full attendance of students. Evidently psychiatry

is regarded as one of the most important branches of medicine. In Berlin some of the demonstrations lasted two hours at a stretch, but every one seemed interested, and in turn each student received opportunity to prove the amount of his practical knowledge.

From what has been said it will be inferred that the Commissioners were enthusiastic over what they saw in Munich and felt that in the establishment of clinics lay the solution of many well known difficulties, clearly apparent to those at the head of the asylums for the insane. It was clear that the word clinic stood for something quite definite, apart from the reputations of Kraepelin and Alzheimer, and while it is true that the work of Kraepelin alone would have had a great influence on the study of psychiatry, this influence has doubtless been trebled by the greatness of his associates and the perfect equipment of the Clinic. After all, psychiatry should be an eminently practical study, and patient groping along clinical and biological lines such as are now possible will add much that has been overlooked by the symptomatic school of observers. We have no fault to find with what the latter school has done, but merely wish to express the opinion that the Kraepelin idea seems to offer the greatest field for advancement, and that the clinic seems the most promising means of developing progressive studies of practical importance. To quote from our official report:

"We do not advocate a slavish copy of all that belongs to the Munich Hospital, but we ask for the institution of a Clinic suited to our conditions and surroundings, and with an equipment that will enable our young men to acquire a knowledge of psychiatry and its problems, at present unattainable. Now what are these advantages to which we refer?

"First the advantage of the patient himself. Only by the hospital plan can he receive the individual treatment so important and necessary to the cure of mental disease, in its early stages. The absolute dissociation

“of the hospital from the asylum is imperative. The arguments in favor of this are unanswerable.

“Next in importance is the educational side of the problem. The educational advantages of the clinic form one of its most valuable features: here are adequate provision for instruction in treatment, and in the investigation of practical problems, upon the solution of which must depend the arrest of increasing insanity among the people of the Province. Its inestimable service to the community is that it provides for saving an indefinite but considerable percentage of the victims of incipient mental disease and restores them to lives of usefulness, instead of leaving them to degenerate into chronic dements, who are a burden to the State.

“It provides the most thorough and efficient examination and treatment, at a stage of the disease when there is the best chance of averting more pronounced disease; it detects and takes early charge of a large class of patients who themselves realize that they are on the borderland of insanity, but who have a horror of the name ‘asylum.’”

There can be no question that psychiatry in Germany is on a very different plane from that found in America, and the attitude of the public to the clinic is very different from that of our own people towards asylums. The admission of the patient is free from circumlocution and red tape. There is no complaint about illegal detention; in fact persons confined in the clinics are simply regarded in the same light as patients in other hospitals.

All this is creditable to Germany, as it is not many years since that country was apparently hopelessly behind in the way of treatment of the insane. Indeed, the study of psychiatry, as pointed out by Brush, is comparatively a new field in medicine. Not only were their views narrow, but their methods crude, harsh and unscientific until a very late period. The English and French were years ahead of them in their knowledge and methods. Now

the reverse is the case and in her great awakening Germany has not neglected psychiatry. Only the narrowest provincialism could make us shut our eyes to this truth, and such being the case it is manifestly our duty to be up and doing. It is not a case of being loyal to old ideals, but of creating new and better ones.

Dr. Edward Ryan, of the Commission, visited the institutions of Paris, and with Hon. Dr. Willoughby also saw several of the Irish asylums. Dr. Ryan has reported their experiences in these institutions in the present number of the Bulletin.

Our visit abroad would not have been complete without a survey of some of the noted British asylums, consequently we spent some time in London, Edinburgh, Derby, etc.

The institution at Claybury, near London, proved a magnificent asylum for chronics and its appointments surpassed anything we had seen. Certainly the three thousand patients are comfortably housed and their material comforts looked after in the best manner possible, but the medical staff is far too small to be expected to do anything more than purely routine work. Six physicians for such a number of patients cannot be called a large staff. At Claybury the pathological laboratories presided over by Dr. Mott, of world-wide reputation, are to be found. Dr. Mott was not at home at the time of our visit, but his assistants assured us that the chief work in hand was the investigation of problems in connection with the sleeping sickness, a subject not closely allied to insanity. This we regretted, as we were anxious to make comparison between the German and British methods of dealing with the pathology of mental diseases. In Edinburgh we were just as unfortunate, both at Morningside and Craig House. Dr. Ford Robertson, whose writings on the diphtheroid bacillus in general paralysis have attracted attention, was absent, and we could learn but little of his technique or methods.

In none of the British Isles did we find anything analogous to the German clinic, so comparisons were not possible. The asylum methods of Great Britain, Germany and America are very similar, and here we have nothing much to learn from the older countries as far as the care of the chronic insane is concerned. In the matter of the acutely insane America has far to travel before she can compare her best work with the best work of the German clinic.

We have faith in the progressiveness and intelligence of the people of this side of the Atlantic, and believe that Ontario will do well to lead the way in placing psychiatry on just as high a pedestal as it occupies in Germany. It is eminently fit that Ontario should lead in this magnificent work, and it is singularly fortunate that the present Provincial Secretary has been broad enough to grasp the possibilities of the situation.

C. K. C.

DR. E. RYAN'S REMARKS ON FRENCH AND IRISH ASYLUMS.

The visit to Paris brought forth many interesting facts. In many departments of medicine France has, for many years, occupied a foremost position. This is more particularly true with reference to physiological chemistry, physiological pathology, and experimental medicine. In psychiatry, also, the French people have made contributions entitling them to the gratitude of mankind.

It is, however, open to question if at the present time they are keeping pace with the modern trend. Their work in this respect seems to lack that organization and cohesion so essential to success. In one hospital visited, the insane, indigent and neurotic were all admitted, but consigned to separate divisions.

Though some of the most famous names in the annals of medicine are connected with this hospital, it is now wanting in modern organization and equipment. Path-

ology, more especially neuro-pathology, is studied with care and skill. Indeed, many of the most valuable contributions to our knowledge of this subject were worked out in this same hospital. Of advanced and modern methods and teaching in psycho-pathology, there did not appear to be much evidence.

To the asylum for the insane and indigent, the students are admitted. In fact all these institutions in Paris are under one civic head, and all are associated with the institutions of public instruction. Psychology and psychiatry are demonstrated by expert teachers and clinicians, and yet the idea of the modern hospital, as demonstrated in psychiatric clinics, is wanting.

From information received, however, this state of affairs will not long continue. New buildings are in contemplation, and with these modern organization, scholastic and clinical methods will quickly develop.

IRELAND.

On August 10th your Commissioners visited the District Asylum at Waterford, under the charge of Dr. Oakshott. At the time of our visit Dr. Oakshott was absent on his holidays. We were very kindly received by Dr. Fitzgerald, who conducted us through the institution. There are 567 patients in this asylum. The staff consists of two physicians. The proportion of nurses on the female side is 1 to 12, and on the male side 1 to 13. There is a separate home for the male attendants, but none for the female nurses.

The hospital accommodation for the sick is excellent. The buildings modern, and well equipped. The number of phthisical patients is very large, and, according to the statement of Dr. Fitzgerald, much of this is acquired, and he expressed a strong desire for a separate building for phthisical patients.

On August 12th your Commissioners visited the asylum at Clonmel. There are 800 patients in this asy-

lum. There is a central building for male and one for female patients, with cottages attached for better classification. There are separate hospitals for the sick of both sexes, and the foundation is now laid for the erection of a separate phthysical hospital for the affected of both sexes. This is a marked step in advance, and the only phthysical hospital, in connection with an asylum, that your Commissioners met with in their investigations. There was nothing further worthy of special mention in connection with this institution.

On August 13th your Commissioners visited Richmond Asylum, Dublin, where they were very cordially received by the Superintendent, Dr. Norman, who personally conducted them through the institution. There are 1,700 patients in Richmond Asylum.

In connection with the asylum is a well-equipped post-mortem room, and a pathological laboratory. All the conveniences for the carrying on of post-mortem work are at hand. There is also accommodation for microphotography, and also for the treatment by Röntgen rays.

Dr. Norman explained to us that, on account of their financial position, little was being done in the line of pathological research. There was no pathologist appointed, and the staff found that the burden of their other duties gave little time for pathological work.

The institution is closely identified with Trinity University; the students visit the asylum regularly for clinical work, and Dr. Norman gives a regular course of lectures on mental diseases, to the students.

In one respect our experience in Richmond hospital was quite unique. Nowhere did we witness such industrial activity as obtains in this institution. The patients are well trained in all sorts of industrial work. The work-rooms are large and well lighted, and as cheerful as such can be made. Everything necessary for the institution, in the way of wearing apparel, furniture, and

equipment is made by the patients. The patients seem to enjoy their work, and went about it in a cheerful and pleasing manner.

Both the male and female nurses are obliged to pass a regular examination. The papers are set and examined under the direction of the Medico-Phychological Association of Great Britain and Ireland.

A SIMPLE STAINING METHOD FOR THE GONOCOCCUS

By J. G. FITZGERALD and E. H. YOUNG, from the Laboratory
of the Toronto Asylum.

Preliminary Note.—The method here suggested has been found very useful and because of its simplicity it must appeal to the busy practitioner, by whom so many laboratory procedures are difficult of performance and require the expenditure of no inconsiderable amount of time.

The gonococcus is stained by any aniline basic dye and is decolorized by Gram's method. These facts are taken advantage of by the advocates of the common method of staining where Bismarck brown is used to differentiate the gonococcus.

Our method is simply the application of Nissl's soapy methylene blue solution without any counterstain. The solution is made up as follows :

Methylene blue B. patent	3.75
Venetian soap	1.75
*Distilled water	1000

The smears, which should be made on slides (and care must be taken to have them as thin as possible) are fixed in the air and then stained (without heating) for one minute with Nissl's, washed, blotted and are ready for examination with the oil-immersion lens.

The objections to the method are that there is no counterstain and other pyogenic cocci may be mistaken for the gonococcus. We feel that if the smears are thin so that individual pus cells can be carefully studied this objection will lose weight. The other objection that any

* This stain may be obtained prepared according to the above formula from Messrs. Chandler, Ingram & Bell, or the J. F. Hartz Co., Limited, of Toronto.

ordinary methylene blue solution would do as well we have not found to be the case.

For many years Nissl's stain has been a popular differential cell stain in the preparation of tissue of the central nervous system, and although it is unreliable at times for permanent preparations, its value in the study of sections that are examined at once is of undoubted value, and we have found it is of equal value as a simple laboratory method for the study of gonococcus.

THE CONTINUOUS BATH.

“There is nothing new under the sun,” and a perusal of old works on the treatment of insanity proves that the old adage is not astray. From Burroughs, who published his “Treatise on Insanity” in 1828, we make two quotations, one referring to the continuous bath, so much exploited at present, the other anticipating the manic depressive classification.

Bathing.

“The good effect of the bath in the treatment of insanity has been fully appreciated in all ages. But the mode of applying this sovereign agent, and the degree of temperature of the bath, have equally been matter of discussion; some recommending it to be hot, others tepid or cold. Celsus advised beginning with hot, then tepid, and lastly to pour cold water over the head and whole body for some time, and then to dry it and anoint. And he expressly says that it is very beneficial for one who has a weak head to hold it where a strong stream of water may fall upon it. Hence we trace the douche to be of great antiquity.

“Cælius Aurelianus ordered warm fomentations, applied with sponges to the eyelids, because he supposed it relaxed their hardness, and was of service to the brain by penetrating to the membranes through the eyes. Injecting warm infusions through the ears he recommended with the same view. Although we may not be quite satisfied, from this specimen, with the physiological or anatomical knowledge of Cælius, yet we must recollect that he treats very ably of the cure of insanity, and that he doubtless had experienced good effects from the topical application of warm fomentations.

“Immersion in a bath of 90° Fahr. is considered generally as the most useful. The time to continue it must

be regulated by the constitution. Commonly, half an hour is the extent, keeping up carefully the temperature of the bath. But when the patient is spare, highly nervous, and irritable, he may be kept so immersed for many hours. If there be any disposition to determination of blood, refrigerating the head while in the bath is not only a safe but beneficial practice.

“According to Poggius the Florentine, in his time the insane were placed in baths to the knees, waist or higher, as the state of the disease required. Pomme treated maniacal patients by employing the warm bath for eight hours every few days, and applying cloths constantly wet with cold water to the head during the whole time. He even kept them in the bath for twenty-four hours.”

“Sometimes mania and melancholia were treated as distinct diseases; but the best authors, as Aretæus, Cælius Aurelanus, and Alex. Trallianus bear evidence to their identity, admitting, however, varieties. Aretæus aptly remarks, that there are many kinds of insanity, but only one genus, and Trallianus coinciding, alleges, that the incipient attack may be mania succeeded by melancholia, and vice versa, or that they may alternate and interchange with each other with the greatest degree of rapidity. Cælius Aurelianus declares that both affections may be synchronous, and that the precursory symptoms are similar. Paulus Ægineta seems to entertain the same opinion, nor has he thought fit to treat of them as distinct diseases.

“Thomas Willis, Morgagni and Boerhaave especially refer to the affinity of the two affections, and their interchanges, observing, also, that it is difficult to pronounce under which a patient labors. Hoffman not only refers both mania and melancholia to one species, but alleges that they have one common origin and cause; viz., from an excessive afflux of blood to a weak brain: he maintains that the only difference is in degree and time of invasion, and that they are not only apt to change one

into the other, but may exist separately, conjointly or alternately; in all which he professes to follow Aretæus and Trallianus.

“Dissections demonstrate that the morbid appearances in mania and melancholia are the same. and the like in respect to all the varieties recognized; such as monomania, theomania, demomania, erotomania, suicide, lycanthropia, zoanthropia, panaphobia, nostalgia, etc. No form of insanity is characterized by any peculiar organic change. Such investigations, therefore, oppose all divisions founded on organic causes, though they confirm most satisfactorily the common origin and relationship of every form which presents itself.”
