

Dr. IRELAND said that he had tried to discover whether sensibility was diminished in idiots. He had found cases where it was diminished, but they were quite exceptional.

Dr. YELLOWLEES said that he thought it was a striking circumstance that these patients had not previously been aware of their analgetic condition, and that they had been able to go about the ordinary business of life unconscious of any diminution of sensation.

The CHAIRMAN then called attention to the case of *Nowell versus Williams*, which had just been concluded in the Court of Common Pleas, and in doing so expressed his surprise that such a case should have become the subject of litigation.

Dr. CLOUSTON thought it worthy of remark that the question of the insanity of the patient was not the point on which the judge or counsel seemed to lay most stress. The witnesses were certainly questioned about the insanity of the patient, but the point that was desired to be elicited was whether he was dangerous to himself or others. The jury also stated, as a sort of rider to their verdict, that they considered it irregular to write the two medical certificates on the same sheet of paper. Lord Coleridge, too, considered it to be the duty of the certifying medical men to state *all* the facts indicating insanity that were known to them.

After a conversation on this subject, a vote of thanks was given to the CHAIRMAN, and to the College of Physicians for the use of their hall, and the proceedings terminated.

PRIVATE LUNATIC ASYLUMS.

A Meeting of members of the South London District of the Metropolitan Counties branch of the British Medical Association was held January 21st, at Bethlem Royal Hospital, Dr. Alfred Carpenter presiding.

Dr. BUCKNILL read a paper on private asylums. The operation, he remarked, of the laws under which such asylums existed had tended in the past, and still more and more tended, to sequester the insane from the care and treatment of the medical profession at large; to render more and more perplexing, dangerous, and difficult the treatment of any single case of lunacy; to herd lunatics together in special institutions, where they could be more easily visited and accounted for by the authorities; and to create a class of men whom those authorities could make responsible to themselves for the confinement and detention of the insane according to certain regulations, but whom they did not, and could not, make responsible for their proper medical treatment. There were 98 private asylums in England and Wales, and of these 49, being just one half, were licensed to medical men alone—the remaining half being licensed to laymen or women, or to medical men in partnership for this purpose with laymen or with women. He desired to put aside any word which might be construed to have a personal reference; but he asked the opinion of those whom he addressed on the broad ground of principle, whether it was right that diseased and helpless persons should be detained and confined in asylums for the profit of private individuals, the amount of that profit depending upon what those individuals chose to expend upon the comfort and enjoyment of their inmates, and its continuance upon the duration of the disease, or what they might choose to think its duration. Might he not fairly ask what could possibly justify the existence of these institutions for private imprisonment, owned and kept by private people—lay and medical, male and female? There was nothing like a parallel instance in which the liberty of Englishmen was submitted to such control. What good reasons could be given by medical men for sending patients to such asylums? They knew pretty well what the motives of relatives were for so doing—the safe guarding of the patient; secrecy, and perhaps the hope

of cure. But had they, as medical men, any clear knowledge of the treatment carried on for purposes of cure in these places? Had they any assurance that secrecy would be observed when it was right, and not attempted when it was wrong? Above all, had they any confidence that when, with or without medical treatment, their patients had recovered in those asylums, they should be permitted to know the fact; or, if they should be so bold as to think they had observed it for themselves, were they sure that they should not be contradicted and deceived? Were they sure that their recovered patients would not be indefinitely detained, under the supposition that they only appeared to be recovered, and might, perhaps, have a relapse? What ought to be done? In the first place, he might broadly state his opinion that no change in the law could be satisfactory which did not contemplate the eventual abolition of all private lunatic asylums. The deprivation of the personal liberty of any of the Queen's subjects was an affair of the State, and must only be undertaken by the State. From that axiom there must be no finching. It might be very convenient for Commissioners that the insane should be gathered together in large herds or groups; but it was not to the advantage of any one except the custodians, and the Commissioners must eventually conform to the requirements of the age. The discussion of the large question of certification might well be postponed to another opportunity; but he might observe that no mere tinkering of the present certificate system would suffice to make it safe to the practitioner or satisfactory to the public. The medical man ought to be put firmly upon his right footing, as the exponent of scientific opinion, and the action taken upon evidence of that opinion in so grave a matter as that of depriving a person of his liberty ought to be no less than that of the civil power, whatever might be determined for the best, as to the judge, the court, or the form of inquiry. Moreover great changes were needful among the administrators of the Lunacy Laws. There ought to be only two authorities to administer the Lunacy Laws, and two laws for them to administer, as they severally regarded two distinct classes of the insane. The present division of authority between the Lord Chancellor's officers in Lunacy, the Commissioners in Lunacy, the Local Government Board, and the Boards of Guardians, the visiting Justices, &c., Visitors of Asylums, &c., was intricate, confused, and mischievous. Instead of this the Local Government Board ought to be placed in authority over all subordinate authorities, having control over the care and maintenance of all destitute lunatics; and the Lord Chancellor's officers in Lunacy—or, to speak with more technical accuracy, the Lord Chancellor with all his subordinate officers in lunacy under the Royal Prerogative—ought to have authority over all other lunatics and persons charged with their care and control. The change would leave no sphere of action for the present Board of Commissioners in Lunacy, the members of which might well be distributed between the two new and enlarged authorities—half of them going to the Local Government Board and half of them to the Lord Chancellor. Upon this broad basis the details of lunacy law reform could be built up with symmetry and effect; but without some broad basis of the kind, founded upon a logical principle, any reform which they might expect would but be some tinkering of the old pot. They might be assured, however, that the longer reform was delayed the more comprehensive it would be when it did come; for the history of social politics was the opposite of that of the Sibylline leaves, and generally the longer they waited for reform the larger it became. In the meanwhile it was their duty, both collectively and individually, to strive that the pitiable and helpless class of diseased persons from whom the profits of private lunatic asylums were derived should not suffer longer than could be helped under the disadvantage of a worn-out old law. Sequestered as such persons had been from the professional care of those for whom he spoke, they were still, as diseased persons, proper objects of interest and regard, and medical men owed it to themselves and their profession, to see that the law which governed their care and treatment should be conceived and executed in the spirit of benevolence, of a scientific knowledge of disease,

and of the true relations which the ethics of the profession taught as being consistent with the dignity and welfare of both medical practitioner and patient.—*Standard*, Jan. 22.

Mr. NELSON HARDY, honorary district secretary, read a letter from Dr. Lush M.P., in favour of the abolition of private asylums.

The CHAIRMAN said that he protested strongly against any of the work referred to being thrown upon the Local Government Board. There ought to be a Minister of Health in this country, on whom should devolve the care of all institutions connected with the health of the people. He did not think that it was a matter that the Local Government Board could possibly deal with in a proper spirit. The medical profession should themselves take the matter in hand, and should press strongly upon the Government the views that were put forward lately by Mr. Powell in his address on Public Health, so as to obtain from the Government a recognition of the rights of the medical profession and the appointment of a Minister of Health. One of the things that should be placed under his care was the management of the insane.

Mr. HAYES NEWINGTON said that the question was not whether proprietors of private asylums had honesty of purpose, but whether they were obliged by law to have honesty of action—whether there was not a sufficient guarantee for their honesty. Several charges had been made against them. One was made some years ago, and it originated in some terrible facts. It was said, first, that sane people were shut up, and secondly, that they were ill-treated by those who had charge of them. No doubt, previously to Mr. Warburton's Bill (he believed in 1828), there was a vast amount of wrong done. But since then there had been various Select Committees, and those charges were practically abandoned by all, who had any right to speak in the matter, including Dr. Bucknill himself, the Visitors, and also the Commissioners. Even the philanthropists did not state that there was now anything like shutting up of sane people, or cruelty to those who were shut up. A third charge was, that the patients were detained after they were cured. If that had been true for many years, one absurd effect would be that the asylums would be blocked up. He would put before the meeting a few figures extending over ten years, which he thought would put the case rather the other way. The average yearly residence in county asylums was in round numbers 32,000, and the admissions were 10,000—a proportion of $3\frac{1}{2}$. In the hospitals there were 785 admissions, and an average residence of 1,874; showing a proportion of $2\frac{1}{2}$. In private asylums there was an average residence of 4,445, the yearly admissions being 1,835; giving a proportion $2\frac{1}{2}$. Thus, in county asylums the proportion was $3\frac{1}{2}$, and in hospitals and private asylums together, $2\frac{1}{2}$. In other words, supposing the various classes of asylums were absolutely empty, and there were no deaths or removals, it would take $3\frac{1}{2}$ years to fill the county asylums; $2\frac{1}{2}$ years to fill the hospitals; and $2\frac{1}{2}$ years to fill the private asylums. Another view was still more convincing. The average residence in the county asylums was 32,231; the discharges and deaths together amounted to 8,893. The average residence in hospitals was 1,887; discharges and deaths, 786. In private asylums, the average residence was 4,445; discharges and deaths, 1,856. These proportions showed that, supposing no more admissions took place for a certain time, it would take three years and seven months to empty county asylums; two years and five months to empty hospitals; and two years and four months to empty private asylums. He found also that there were nearly 12,000 more in county asylums than there were ten years ago, in hospitals there were five fewer patients than there were ten years ago, in private asylums they were fewer now than there were ten years ago by 287. That showed that there was neither a stagnation nor a tendency to block up. It had been said that proprietors of private asylums did not wish to cure their patients, because it was better to keep them as patients. The average rate of yearly cure was calculated by dividing the admissions by the cures; that was supposing an asylum admitted one hundred patients in a year, and discharged forty-two, the rate of cure was put down as forty-two. The average rate of the

cure of lunatic patients was between 38 and 40 per cent.; in private asylums it was 32 per cent. Those figures, however, must not be taken alone. Dr. Thurman brought out some tables, and Dr. Needham had followed, taking twenty-six or twenty-eight years of the more recent results. On the Select Committee, of 1877, Mr. Wilkes, in his evidence, produced some figures which he had elaborated from reports of thirteen county asylums; and it was shown that 54 per cent. of the patients taken into asylums within one year of the seizure should be cured, and that between 5 and 7 per cent. was all that could be expected to be cured after the first year. To compare with these figures, he had not any extended returns from private asylums, as these did not publish printed reports; and he had therefore been obliged to take one hundred cases from his asylum at Ticehurst. Of these patients, 31 were already cured, and six were patients that were curable; if four were cured, there could be 35 cured out of 100. That would answer the objection that there was not a wish to cure the patients. If the figures were read in a proper way, the private asylum proprietors did as much work towards recovery as their colleagues did in the public asylums or hospitals. As to the question of self-interest, the great fallacy in all this argument was that, because a man's interest might lead him to do wrong, he was bound to do it. He did not see why private asylum proprietors should be necessarily wanting in honesty. A man's interest might lie one way, but there was no necessity for him to follow it. It was assuming that he had no moral integrity whatever. As to private patients, there were only about 3,000 really private patients; a considerable number ought not to be placed in that category. For instance, at Grove Hall, there were 452 soldiers paid for by the Government, and who therefore ought not to be regarded as private patients. With regard to single patients, it appeared that the cures were nine per cent. With regard to the originators of the charges, there were patients who always had grievances against the private asylum proprietors, and a few of these had lately abused them; but against their statements could be put the kindness shown by other patients. As to the lay newspaper writers, their experience must be borrowed, and their information came through the narrow channel of a few people. The journalistic profession must depend for most of their knowledge on what they were told by other people. A writer in a medical paper had started weighted with an old editorial tradition; but he (Mr. Newington) believed he had not had any practical knowledge of insanity to back up his theoretical opinions. He would answer Dr. Bucknill by quoting his opinions given before the Select Committee. He had expressed in his paper a wish to abolish private asylums. In answer to Question 1,910 before the Select Committee, "Would it not be desirable to get rid of private houses by degrees?" he observed, "I should be very sorry to see them got rid of."

Dr. BODINGTON (Kingswinford) said that he desired to bear testimony to the endeavour which Dr. Bucknill had made to treat the subject in a moderate and temperate manner. A great deal of heat had been imported into the controversy, not by the private proprietors of asylums, but by agitators against them. It was very desirable that members of the same profession, occupying different callings, should treat one another with temper, moderation, and forbearance. Dr. Bucknill did not quite bear out his argument with regard to the analogy between private asylum proprietors and their profits and ordinary practitioners and their profits. In all callings there were some dishonourable men, but it was hoped many more honourable ones. Dr. Bucknill first stated that a number of charges might be made against proprietors, and then he took as exceptions a certain number of honourable men whom he had known. If private asylums were to be defended, they must be defended upon the ground of the medical proprietors being equally honourable with the rest of the profession. It seemed to him hard that, because the present private asylum proprietors happened to be the incumbents of offices which had been handed down to them from time immemorial they should be attacked as if they were a special race of pariahs not worthy to be associated with ordinary decent people. In the last report of the

Commissioners, there was some excellent testimony that medical proprietors of asylums were men of at least equal honour and equal sensitiveness to their honour with any other body of men.

Dr. HICKS said that he was one of the proprietors to whom Dr. Bucknill had referred. He was not prepared to hear all he had heard; but he was not surprised. He was anxious to hear what statements Dr. Bucknill was going to make, and what facts he was going to bring forward to support those statements. Dr. Bucknill had brought forward cases in support of the system of private patients. If Dr. Bucknill had any facts to bring forward, he ought to have done so; but he had not. Two years ago, he (Dr. Hicks) appeared with Dr. Bucknill to prosecute a medical man for keeping a single case. It was a case under the care of a private medical man, and Dr. Bucknill's report proved that it was a most detestable one, such as could not possibly have occurred in any private asylum in this country, and such as he would venture to say had never been reported in this country. He believed Dr. Bucknill had appeared on other occasions to prosecute cases of this kind; and yet he now stated that private asylums were most detestable places; that the proprietors were the black sheep of the profession; and that their patients should be scattered far and wide, leaving them without government, protection, or anything else. The private cases were not, perhaps, visited once a year, while the private asylums were visited six times in a year, and every possible contingency had to be reported to the Commissioners. Dr. Bucknill had told him, on the occasion referred to, that he would like to have a private asylum in the suburbs of London, but that the Commissioners would not sanction it. [Dr. BUCKNILL denied that he had said this.] Dr. Hicks said that he was a proprietor, and he did his utmost to act honourably, and had never given cause of complaint. There were also other proprietors who had had no complaint brought against them; and yet Dr. Bucknill charged them with keeping patients longer than they ought to do, that they did it from personal motives, and that the proprietors had not attempted to discharge cases when they were cured.

Mr. W. G. BALFOUR did not think that the argument for and against private asylums was likely to do much good. Last session, Mr Dillwyn introduced into Parliament a Bill containing every one of the things which Dr. Bucknill had proposed as remedies for existing evils. He did not see what was the use of keeping up this sort of warfare. He would rather bring before the meeting a resolution that it accepted Mr Dillwyn's Bill as a measure of reform in lunacy laws, and that they should proceed to consider its clauses.

Dr. WOOD moved the adjournment of the discussion.

Dr. BODINGTON seconded the motion for the adjournment. He believed that the great majority of medical asylum proprietors were in favour of abolition. In that he quite agreed with Dr. Bucknill.

Dr. BUCKNILL entirely concurred in what the Chairman had said with regard to the Minister of Health. He had only mentioned the Local Government Board as the authority in possession. As regarded Dr. Hicks's statement, if he had thought fit to apply for a license, the Commissioners in Lunacy would have been most willing to give him one.

The resolution for the adjournment was carried unanimously.

At an adjourned Meeting of the South London District of the Metropolitan Counties Branch on Wednesday, February 4th, the discussion on this subject was resumed by Mr. W. G. BALFOUR, who read a paper on Private Asylums.

Dr. WILLIAM WOOD had moved the adjournment of the discussion because he thought that Dr. Bucknill had not been sufficiently understood. His paper had been read, not as a voluntary communication, but in response to a request from the secretary of the district. The paper must then be looked on as the production of a literary athlete rather than of an eminent physician attacking his professional brethren. With regard to the proposed abolition of private asylums, he would ask, Who are those who wish that private asylums should be

abolished? It would scarcely be said that the patients themselves would wish it as a rule. No doubt there would be exceptions; but these would abolish asylums altogether. It certainly would not be the friends of patients, because they were under no kind of compulsion to make use of the asylums; and, as regarded the public generally, it could not be pretended that any case had been made out to rouse them to action. It must, then, be the generally philanthropic desire of the literary profession to protect the oppressed, which in fact personated public opinion and asked for the abolition of private asylums, not because they had disregarded the claims of the public, but lest they might be tempted to take unfair advantage of the powers entrusted to them. He contended that private asylums, far from being deserving of obloquy, were entitled to the gratitude of the public, for they had rendered an important service in the providing the means of treating the insane of the upper and middle classes. Dr. Bucknill had expressed the opinion that "the deprivation of the liberty of any of the Queen's subjects was an affair of the State alone;" this observation, however, applied with precisely the same force to public asylums, whose authority to receive patients was identical with that of private asylums. He admitted that the deprivation of the liberty of any of the Queen's subjects was an affair of the State alone. The State had availed itself of the services of private individuals, and by legislative enactment had directly authorised them to take care of insane persons, for whose safety and treatment there was no other provision. It had also the aid of private individuals in such part of the duty of maintaining the safety and integrity of the empire, as the Government thought could be better carried out by such means. All governments had availed themselves of private assistance, even in the most important of their functions; and so in the case of insanity they had availed themselves of the assistance of private asylums, and in fact directly so until recently, in the charge of what were called criminal lunatics in Dr. Lush's asylum at Salisbury, and up to the present time in the charge of insane soldiers in Dr. Mickle's asylum at Bow. The proprietors of private asylums were not so foolish as to expect that they would be maintained for their own personal benefit if the Government had reason to believe that the work would be better done under some different system; but they would ask that, if any such good reason could be shown why in the best interest of the public they should be abolished, their past services should be fairly considered.

Dr. HACK TUBE said the most salient feature in Dr. Bucknill's paper was, that the time had come for abolishing private asylums. He supposed that, in the abstract, the State had the right to interfere to abolish them, and therefore it became a question of expediency; and this would depend on whether there was a very great abuse or any strong public feeling against them; and on the feeling of private proprietors themselves. He thought the time had come for some radical change, such as transfer to the State; but it should not be on the ground of proved abuse. It must be on that which really lay at the bottom of public feeling on the subject—the undesirableness of helpless persons being confined against their will by those who derived profit for keeping them. However little this could be proved to end in abuse, it had become expedient to contemplate a change; and this was greatly facilitated by the readiness of the proprietors themselves to yield to public opinion, provided proper compensation were made. He thought Mr. Dillwyn's Bill, if modified, might possibly prove satisfactory both to them and to the public.

Dr. RAYNER said Dr. Bucknill had spoken of lunatics being "herded together," but this happened more in public than in private asylums, and was due to want of a sufficient number of medical officers.

Dr. BODINGTON advocated the abolition of private asylums on the ground that it would be beneficial both to the public and the proprietors, who, of course, must be fairly treated.

Dr. L. FORBES WINSLOW said that he approached the consideration of the subject in no unfriendly spirit towards Dr. Bucknill, for whose opinion he had always entertained great respect and esteem. He found himself, however, on

this occasion, diametrically opposed to his views. The question of the abolition of private asylums had from time to time cropped up, generally, as a rule, after some sensational case of lunacy which had occupied the attention of the law-courts. It was an extraordinary fact, however, that in all the recent great lunacy trials private asylums had come out of the attack without a single impeachment against them, whilst their proprietors remained unspotted and unscathed. Notwithstanding this, the cry was still for their abolition. For many years since 1816, Committees of the Houses of Parliament had sat at various intervals to discuss private asylums and their management. The late Committee, which sat two years ago, after various allegations and accusations had been brought against proprietors of private asylums, and the evidence had been heard on both sides, arrived at the conclusion that no *malu fides* had been proved against the medical proprietors of private asylums. In 1859, Lord Shaftesbury gave evidence before the then sitting Lunacy Committee, which was condemnatory of private asylums; but, at the recent investigation by the Lunacy Committee, he said in reply to a question as to the present state of private asylums, "At present, from a variety of causes, the licensed houses are in a far better condition in every sense of the word. More is expended on them by the proprietors, and I must do them the justice to say that the change is very great; and, so far as the evidence I gave in 1859 is correct, I should not give it now. I can speak in high terms of many licensed houses and their proprietors; but I will add, that if you relax your vigilance ever so little, whether it be of licensed houses or of hospitals, or of county asylums, the whole thing will speedily go back to its former level." His (Dr. Winslow's) object was not to defend the Act of Parliament, but to endeavour to show that the asylum proprietors performed their duties in a right spirit. He therefore protested against their being held up to public opprobrium. There was no justification for the aspersions which had been freely vented against a large body of the medical profession. If it could be proved that they had detained patients in the asylums longer than was absolutely necessary for their welfare and cure, or had received them when they ought not to have done so, then let them be repudiated by the medical profession. Any one who so insulted medical proprietors of private asylums insulted the whole of the medical profession. They were all members of a noble profession, which was not likely to disgrace itself as was alleged. To legislate in lunacy was doubtless a most difficult and intricate subject. He had not wish or desire to attempt to suggest legislative measures for private asylums; but he would hail with pleasure any clause in the new Act which should be of itself sufficient to protect proprietors from a possibility of accusation.

Dr. BUCKNILL, in reply, read extracts from the evidence of Mr. Balfour before the Select Committee of 1877, before he became the proprietor of a private asylum. Mr. Balfour said: "Private asylums are the property of individuals who derive large incomes from keeping them; it is the interest of the proprietor to have as many good paying patients as possible in his house; it is not his interest to get rid of patients who pay well; and, as the law is, it is as nearly as possible impossible for any person to get out of a private asylum without the sanction of the person who signed the application, should the person who signed the application be unwilling to apply for the discharge. There are thus two things against the person getting out; the one is the desire of the medical officer so to keep him in the house, the other is the unwillingness of the relative or the person who applied for the admission to take him out." Mr. Balfour's account of that element of asylum-life upon which the good or ill treatment of the patients most depended was even more instructive. After telling the Committee that "the language of attendants is often coarse and rough, and the patients get pushed about in a rough way," Mr. Balfour replied to a question as to whether the proprietors of asylums are generally willing to give such pay as will secure them good attendants, "They take men as cheaply as they can get them; the cheaper they can get attendants into the asylum the better for them, because it is so much more gain." Much had been said of the advantage which the

superior secrecy of private asylums offered to the upper classes. There was no more privacy in private asylums than in hospitals for the insane, if so much. On the other hand, there was such a thing as improper secrecy. And if private asylums had no advantage over hospitals in respect of secrecy, they were under every disadvantage in respect to the temptations to detain patients unduly, to neglect corrective treatment, and to exact the uttermost farthing which the patients or their friends could pay. He was extremely sorry for those professional men who, having sensitive feelings as to professional honour, were engaged in keeping private asylums; and he heartily wished them success in any attempts they might make to escape from their embarrassing position. He had made no attack upon professional honour or professional duties, but simply upon the business of keeping lunatics for profit; and that it was a business was proved by the disreputable discount business which existed until it was stopped by law, and by the still existing system of letting out attendants on job, and taking half their wages, and also by the system of requiring long notice before a patient could be removed from an asylum. He knew of a patient at the present time in a private asylum, the proprietor of which had demanded six months' notice before the patient could be removed, although such removal had been recommended by the authorities. It was quite a mistake to say that Lord Shaftesbury had changed his opinion about private asylums. What he had said was, that the present generation of asylum-keepers was better than the last. It was also an inaccuracy to state that the verdict of the Select Committee of 1877 had been in favour of the private asylums. The Committee, in their report, recommended that legislative facilities should be afforded by enlargement of the powers of magistrates or otherwise for the extension of the system of public institutions for all classes of the insane, by which means they considered that the demand for licensed houses for the upper and middle classes would cease. The meaning of the Committee was clearly that, in their opinion, it was not desirable to abolish private lunatic asylums immediately; but that public asylums for the upper and middle classes should be established, by the operation of which, through the spontaneous selection of the public, private lunatic asylums would be starved out of existence. Dr. Bucknill, in conclusion, thanked the members for the patience with which they had listened to opinions which he would willingly have made more agreeable to them had it been possible to do so. Some one had said in the meeting that there was really no public opinion on the matter; but, in May last, Mr. Cross, the Home Secretary, said to a deputation on the Drunkards' Bill that "there was a great feeling at the present moment throughout the country against private lunatic asylums altogether."

THE PRESENT PUBLIC AND CHARITABLE PROVISION FOR IMBECILES, COMPARED WITH THE EXISTING LEGISLATION RESPECTING THEM. BY W. M. WILKINSON, Esq.*

In January, 1877, the number of imbeciles requiring the benefits of public administration was calculated to be 28,348, of whom 10,599 were under 20 years, and 17,749 were above that age—the equality of the sexes being remarkable. Of these only 1,210, or 3 per cent. of the whole, are in charitable institutions. Of the rest there were at that date in the Metropolitan District Asylums 4,205, all excellently cared for, and the young separated from adults, and educated, trained and improved, whilst the country cases were neglected in workhouses, misplaced in lunatic asylums, or living as out-door paupers weighing down the energies of poor families, and merely kept alive without teaching or training of any kind.

* Mr. Wilkinson's legal knowledge, and his large acquaintance with public institutions and their needs, in connection with the Charity Organization Society, of which he has long been an active member, entitle his views to consideration, and are of interest in connection with the discussion on Dr. Burman's paper, but their insertion must not be taken to imply assent. Mr. Wilkinson was a member of the Committee on Imbeciles and Harmless Lunatics. [Eds.]