

*Public Asylum Reports for 1873.**(Continued from page 471.)*

GLAMORGAN.—*Ninth Annual Report.*—A Turkish bath has been instituted here. The Visiting Commissioners attribute the freedom from accidents during the night to the attendants sleeping in the dormitories with their patients, an arrangement which is still the rule at Bridgend.

The following remarks occur in the Superintendent's report. Some people might say they are a little uncharitable in tone.

There is a remarkable variation in the proportion of recoveries as given in the Annual Reports of different asylums, and comparison is apt to convey erroneous impressions. While the number of recoveries in any asylum must depend chiefly on the nature of the cases admitted, and may depend somewhat on the skill of the physician, the number of *tabulated* recoveries depends greatly on the views he may entertain as to the condition which deserves that pleasant name. A case of idiocy with epilepsy was once boldly styled a recovery because the child had recovered from an attack of fits under certain treatment. If this principle were adopted, and recovery meant only restoration to the condition which preceded the recent attack, or if it meant merely a condition in which no one unacquainted with the patient could sign a certificate of insanity; or, again, if the name could properly be given to the complete, though temporary intermission in recurrent cases, the proportion of recoveries here would be very different indeed. A person who is legally certified to be of *unsound* mind has not fully "recovered" till he can be certified to be of sound mind, and equal to all the responsibilities which that implies. If this standard be once departed from, the proportion of "recoveries" may rise to any amount. However pleasant it may be to tabulate a large portion of recoveries, it is better to be strictly accurate, and to enter as "relieved" all patients who cannot be thus certificated, even although they may be able to gain their own livelihood, and may be regarded as recovered by their friends. I strongly approve of the discharge of *partially recovered* patients who are not likely to derive further benefit from asylum treatment, whenever the circumstances give any prospect of their well-doing, but in recording the results of treatment absolute truthfulness is far more important than apparent success.

Whilst we must perforce agree to all that is said here by Dr. Yellowlees, we may, as an illustration of the difficulties not being fully got over by the suggestion that a man has recovered when he can be certified as of sound mind, refer to the case of the criminal lunatic cited by Dr. Gilland (*see notice of Berks' Report*), who was certified by two medical men as of sound mind, was held apparently by Dr. Gilland himself as equal to the responsibility of being tried as a criminal, and yet, as we read the context, was no more sane than on his admission.

We should like to impress the following opinion of Dr. Yellowlees and of ourselves on the magistrates of Middlesex:—

This addition, and other changes connected therewith, will increase the total accommodation of the asylum to about 570 beds, and I beg again to express my strong opinion that it should not be further enlarged. Individual attention and personal knowledge of each case are essential for proper treatment, and the character of the asylum as a hospital for the insane will be lowered when this

becomes impossible. Some provision should, therefore, be made for removing or separating the chronic incurable cases, which require care rather than treatment, so that the asylum may retain its true character, and that the recent and curable cases may not be overlooked or forgotten amid a great crowd of incurables.

We have with this report, as a separate appendix, a paper by Dr. Yellowlees on "Insanity and Intemperance." This has been read before the British Medical Association, and printed in the "British Medical Journal," and is noted in our English Retrospect. The portion—the larger portion—devoted to the forms of insanity depending on intemperance is admirable, and does not leave much of importance to be said; but the introduction to the paper demands closer attention. The *fact* stated here is that during two periods of respectively three and six months the male admissions fell by one half, and that these periods corresponded with the periods of strikes in the iron and coal trades of Glamorganshire. The conclusion drawn by Dr. Yellowlees is, that money being scarce, intemperance ceased, and with it insanity markedly diminished. This may be so, but there are at least two steps between the fact and the deduction, over which Dr. Yellowlees does not clearly show us our way.

In the first place such fluctuations in the admissions are common to all asylums, and these may have been quite accidental fluctuations—that is, quite accidental as concerned the strike; and, secondly, if the diminution depended on the strike, was intemperance any intermediate factor? May it not have been simply that the men had more time to attend to their insane friends, and so were enabled to keep them at home. What we want is a statement of what were the forms of insanity which were absent. We see that the male admissions at Glamorgan for 1871 and 1873 (the years containing the strike periods), though less than for 1872, are both larger than the previous average, so that there is some ground for supposing the defect to have been an accidental fluctuation.

The following extract from Dr. Sherlock's report tends quite in the opposite direction from Dr. Yellowlees' conclusions, showing that prosperity brings, if not at once, yet after a season, knowledge to use it, and being from facts spread over several years, is less open to doubt than those from Glamorgan.

The accompanying return shows the sources whence the admissions of the year have been derived. It presents no very marked difference from that of the preceding year, and the number of patients received from the larger unions of this county and city closely approximate; but on comparing this return with that for the year 1871 very important reductions, in respect of the number of admissions from the unions containing a manufacturing and commercial population, are perceptible. The purely agricultural unions show less deviation in the number of those sent to your asylum for care, and indicate less change in the surroundings of their community. It is, therefore, a matter of reasonable supposition that the activity of trade and the larger earnings of the working classes, together with the more efficient control and supervision of houses where intoxicating drinks are sold, added considerably to the material prosperity of the people, and prevented much of that privation from poverty and dissipation which, in a very large number of persons so circumstanced, culminates in bodily and mental disease.

The following remarks by Dr. McCullough, from the Abergavenny report, refers to this subject :—

In the adjoining county of Glamorgan attention has been called to the fact that during the last six months of 1871 and the first three months of 1873, when the mines, and consequently the docks, were deserted on account of strikes, the admissions of male patients into the county asylum fell to half their usual number, the female admissions being almost unaffected, and the natural inference was drawn that the diminution was due, as the decrease in drunkenness and crime no doubt was, to the want of money to spend in drink and debauchery. As these strikes affected Monmouthshire almost equally with Glamorganshire, and in the last strike especially, when the 60,000 men "out" were divided almost equally between the two counties, I have examined the male admissions into this asylum during the two periods. In the former there was no marked difference in the admissions during the first and second halves of 1871; and in the latter there was, instead of a decrease, a considerable increase in the male admissions of the first three months of 1873, whether compared with the preceding three months or the corresponding periods of previous years. My experience, therefore, does not bear out the inference that has been drawn in the other portion of the district affected by the strike, but is rather at variance with it. The causes of insanity are many and far-reaching, and in but comparatively few cases can an attack be traced to a distinct recent cause. One case seemed clearly due to the strike. A man who had come a long distance in the expectation of high wages, found he could get no employment, and having left a wife and children at home, depending on him, he became depressed, and was for some months in the asylum.

It has been suggested that Glamorganshire shipping much more coal than Monmouthshire (ten to twenty times) possesses a large population of coal trimmers, and others engaged in this business, whose habits render them even more likely to be affected by enforced sobriety than the colliers themselves.

If this be so, an analysis of the occupations and residences of the admissions would at once show it; whilst, as we have already said, an analysis of the forms of insanity that were absent would show whether intemperance was the causative agent in abeyance.

Unless such an analysis shows the deficit to be due to the absence of cases of *Mania d potù*, *Delirium Tremens*, and other forms of Insanity due to recent drinking, the hypothesis breaks down; as most cases of insanity, like other diseases, result from causes long in operation, and the cases presented in one six months probably find their causes acting during the previous six months or often years.

NORTHUMBERLAND.—*Reports and Accounts for 1873.*—Without desiring that dead level of uniformity in the asylums themselves, which would be so insuperable a bar to all progress, a uniformity in the reports is desirable in order that the differences in the asylums themselves may be readily grasped and compared. The large quarto form in which this report is given is very objectionable; Norfolk is nearly as bad; it will not range on shelves with the other reports, and is therefore very unhandy for comparison, although its contents are in a form that would render it a good pattern for not a few other reports. We recognise that a break from the present size to an octavo, like nearly all others, would present for Northumberland itself the same evils that

we are deprecating, notwithstanding which we think the change so desirable that we have mentioned it here.

The death of Mr. Wilson deprives us of the superintendent's report.

The Visiting Commissioners are sorry to find that since the suicide of a female patient in the river the distant walks have been discontinued, and no one now goes beyond the asylum precincts. It does not appear whether this change was by order of the superintendent or visitors. If the latter, they might advantageously peruse Dr. Parsey's remarks on a case of suicide at Warwick, or Dr. Deas on escapes at Macclesfield.

STAFFORD. — *Fifty-fifth Report*. — BURNWOOD. — *Ninth Report*. — As there is little to remark in these reports we may take them together. The high death-rate at Stafford is noteworthy from a statistical point of view. We remarked in connection with Hanwell on the uselessness of calculating the recoveries on the average residents. Here we should, to get a trustworthy ground of comparison with other asylums, have to calculate the death-rate on the admissions. From the large number of chronic cases transferred there is a number of admissions large out of all proportion to the average number resident, and these have probably the usual proportion of rapidly fatal cases. This is further illustrated by the fact that the recoveries exceed the deaths in much more than the usual ratio. The deaths due from the transfers are absent, the average number resident being at the same time reduced in greater proportion, chronic cases having a mortality of only about 5 per cent. ; recent admissions 15 to 20 on the average numbers.

WARWICK. — *Annual Report for 1873*. — As we have just referred to Dr. Parsey's comment on a case of suicide, we append it:—

“Here with a population, if it may be so expressed, teeming with suicidal propensities, but one out of every 380 of the deaths, or, including the doubtful one just mentioned, one in 253, has resulted from this cause, whereas of the deaths registered throughout England and Wales in the year 1871 suicides numbered one in every 344 ; and as among the counties of England and Wales Warwickshire has the unenviable notoriety of being one of the most suicidal, I hope you will feel yourselves warranted in accepting the deduction, that results do not indicate a want of proper vigilance on the part of those engaged in the care of this, perhaps the most anxious, section of our inmates.

A hypercritic, who does not appreciate the full force of the argument, will at once retort, “But you ought to have no suicides at all. Everything you require to obviate it is at your disposal, and no such event should occur.” The logical cogency of such a retort must be admitted, but it should be remembered that you have really done all that could be expected of you when you have brought an insane population to the level of the sané in any matter which their insanity renders them in danger of, and to do more implies an amount of restriction and coercion absolutely unjustifiable ; indeed, we firmly believe that at present with the large number of nearly harmless

demented cases now in asylums, to have classed whom with madmen would, fifty years ago, have raised a smile of derision, the protection of the few is gained at the expense of a wholly unnecessary amount of restriction on the many.

Dr. Parsey notes an unusual run of ill-luck, but denies us the details.

“This death from self-destruction did not, however, come as a solitary trouble on the asylum. As with suicides, so with serious accidents; we have, as a rule, enjoyed an immunity from them quite equal, I believe, to that of other large asylums in which no vigilance can entirely prevent such occurrences among a population containing so large an element of impulsiveness, irresponsibility, and more or less helplessness. We had passed through nearly eleven months of the year with only one troublesome accident, when, in the course of less than five weeks we had, in addition to the one commented on, a succession of seven—one to an attendant, the rest to patients, and all of a more or less grave character. Anything of the kind has never before been experienced in the asylum, and it is a great satisfaction to me, as its responsible head, that your Committee regard them as unavoidable, and attaches no blame to the officials in charge. No doubt there has been an unusual strain put upon the attendants by the rapid influx in the latter half of the year of unfavourable male admissions, but the majority of the accidents were quite independent of these influences, and such as are necessarily incidental to asylum life, only they would be expected to be scattered over a period of years instead of weeks.

It would appear that the idiot branch asylum is nearly a failure from want of proper material.

Returning to the admissions, I regret to have to state that those of idiots have not been at all equal to what was hoped would have followed on the erection of a building for the separate care and training of this class, and that of those admitted in the past year only two have been under sixteen years of age—that is the period of life when there exists hope of effecting mental improvement in habits and intellectual development—and of these two one at ten is dumb and unable to walk, or even put his feet firmly to the ground. Of the ninety-one idiots now under care, only seventeen (twelve males and five females) are under sixteen years old, and of these eight (in addition to twelve adults) are dumb, and five (in addition to seventeen adults) are epileptics, complications most adverse to successful training. And on the whole it appears that the asylum for idiots is as yet looked upon by the union authorities merely as a receptacle for the most degraded of this class—those who are simply too great a burden on the resources of the workhouse staff to be longer retained there. Under such circumstances great results cannot be attained or expected here; and our work may, in many instances, be summed up as consisting in the endeavour to correct vicious, repulsive, or dirty habits, and enforce cleanliness, to induce some degree of attention and self-respect, and to improve bodily health. Still, the effects of their training are not in all instances of so bald a character.

One female patient made her escape three times during the year, and twice did so in combination with another patient, though not the same one. This combination among the insane is extremely rare, and seldom occurs except in those whose moral nature is more affected than their intellectual faculties. This patient, at the age of 18, was sent to the Chester Asylum as a criminal patient, having been found to be insane while undergoing imprisonment for theft. She had already been several times in prison since the age of 14. Her moral faculties were terribly defective, and since she came here in 1871 has at different times been a most troublesome patient; and yet sometimes for months together she will behave with perfect propriety, and be of great use in assisting the nurses.

Twice she has been sent out on trial, but on both occasions it was found necessary to send her back. In planning her escapes she displays great cunning and ingenuity, and when really bent on getting away will elude all vigilance. The two patients in whose company she escaped were both of a similar class to herself—of low moral perceptions, and decidedly of the criminal class. On the first occasion the two, having contrived at odd moments to loosen the beading of a window, at length, when unobserved for a few minutes, pulled out the sash and so escaped. On the second occasion, two months later, the patient with whom she escaped before broke, at her suggestion, a window frame in the ward dining-room after tea (having previously blown out the gas), and she then escaped with another patient. Her companion on her previous trip had arranged to go a little later in company with a fourth patient, but the absence of the first two was discovered in the meantime. This patient has escaped now eight times in all, and on four of these occasions in company with another patient.

Altogether, during the past year, 7 women have made their escape; two of whom did so twice, and one three times; 11 men have escaped; one on two occasions.

I have alluded to this subject thus fully, and described what I may call different types of these incidents, because, from a letter written by a magistrate of this county to the Manchester papers in the course of last summer, some people seem to have most extraordinary ideas upon this subject. The writer seemed to think that because escapes took place from an asylum, that asylum must be badly managed; and that the Cheshire asylums were exceptionally badly managed because in their accounts there was a larger item for Recapture of Patients than in another asylum picked out for comparison! So far from this idea being correct, *à priori*, I should be inclined to consider an asylum badly managed from which escapes did not take place. Under the modern system of treating the insane, self-control and self-respect are cultivated as much as possible, and by being judiciously trusted a patient is ultimately taught to trust himself. To this view of treatment a certain amount of liberty is essential, and it would be manifestly unjust and irrational to restrict the liberty of all the patients on account of the propensities of a few. By means of bars high walls, constantly-locked doors, and never trusting a patient in any way, escapes could soon be abolished. We try to insure the proper care and safety of the patients by means of intelligent supervision; and though vigilance will slumber or be evaded sometimes, it is better to run the risk of this than to fall back on irksome restraint and irritating restrictions. The latter would be, perhaps, the easier system, and entail less responsibility; but the advantages of the "free system" amply make up for this, and also for the risk of an occasional escape or even accident. The cases that, under this system, cause real trouble are those of Moral Insanity, to which I have alluded, who, from their low moral faculties, and the cunning, ingenuity, and power of combination which they display, almost need to be treated as criminals; and on whom, as a rule, the kind and forbearing treatment generally successful with the insane seems to be quite thrown away. They are indeed generally criminals who have become insane, after their whole moral nature has been perverted by crime and drink. A few cases of this class are the curse of an asylum, not only through the trouble they give themselves, but for the baneful influence which they exert on the other patients.

MACCLESFIELD.—*Third Annual Report*.—A considerable portion of this report is taken up by the Petschla case. As this case has already been sufficiently noticed in our columns, we will not further allude to it, except, as we have mentioned it, to say that the Committee are clearly correct in saying that this patient, far from being ill-used, was treated with exceptional kindness and consideration.

Great difficulty is experienced in reaching an adequate source of water supply, owing to the alternating beds of clay and quicksands.

The Commissioners note the number of wet beds as three in each division. This item is frequently noted in the Commissioners' reports. Our suspicion being roused by the varying number of wet beds stated to occur each night in different asylums, we find on enquiry that the same fact is not always taken on the basis of the entry. In some cases it is the number of patients found wet by the night attendants and changed; in others it means those neglected by the night attendants, and found out in the morning by the day attendants when entering on duty. The latter is always a much smaller number than the former.

We find more interesting details, as to certain differences in the character of the cases sent from the different unions, given by Dr. Deas in his report. As these are no doubt embodied in the paper read by Dr. Deas, at a quarterly meeting of the Association, we do not here extract them.

Had our space admitted, we should have wished to reproduce some well-put observations condemning the practice of bringing patients to the asylum under some deceptive pretext, and leaving the officers of the asylum to explain matters.

We extract the following from an Appendix of Medical Notes.

In three cases during the year, that peculiar combination of symptoms following upon maniacal excitement was observed, which is best described by the word *Typhoid*. The ordinary symptoms of a maniacal attack rapidly change to low, muttering delirium, with great muscular weakness and general prostration, passing into unconsciousness and collapse; and these symptoms are out of all proportion to the duration of the previous mania. Treatment seems of little avail in such cases, and the three referred to all ended fatally; one in 6 days after admission, one in 24 hours, and one in 20 days. In one of these another symptom was present, which I have observed before in cases of this description. This is a subacute inflammatory swelling of the parotid and submaxillary glands on one side—tense, brawny, and of a dusky red colour, but not proceeding to suppuration. The significance of this symptom is not fully evident, but it may be remarked that in such cases the power of assimilating nourishment seems impaired to a remarkable extent, and that the symptoms generally seem to point to the sympathetic system being greatly involved. The only pathological condition observed in common in these cases was congestion of the substance of the brain, this being most marked in the case which proved fatal most rapidly.

No less than three examples occurred during the year of that comparatively rare lesion, ulceration ending in perforation of a hollow viscus; in two instances of the bowel, in one of the bladder. One of the former was due to tubercular ulceration; the other, apparently, was the result of idiopathic peritonitis. It occurred in a stout, healthy epileptic, who, rising one morning, apparently in his ordinary health, was observed shortly afterwards, while sitting in the day-room, to be looking pale and ill. He was put to bed, and sank from collapse in a few hours. At the autopsy general peritonitis was discovered, and a small ulcerated opening where the jejunum passes into the ileum. In both these cases that latency of symptoms in regard to bodily disease so often noticed among the insane was very remarkable. To all appearance no pain was felt, and the first symptoms presented were those of collapse, due to the perforation. The case of

ulceration of the bladder exhibited the same characteristic. The patient had only been two days in the asylum, and had been found wandering at large, unable to give any account of himself. The mental symptoms were those of primary dementia. He hardly spoke, and could make no intelligible statement. The second morning after admission, he rose, sat at table, and took his breakfast. While still sitting at table, the attendant noticed him turn pale and faint, and caught him just as he was falling off his chair. He died in a few hours with symptoms of collapse. At the autopsy a ragged ulcerated opening, the size of a half-penny, was found in the posterior wall of the bladder, which was the seat of extensive malignant disease. There was blood and urine in the pelvic portion of the peritoneal cavity, but no peritonitis, there not having been time for inflammation to set in.

A case of compound fracture of the leg in an epileptic, treated antiseptically, is given in detail. We need not copy this, though its successful result says much for the antiseptic method.

Treatment.—This has been almost exclusively, as far as drugs, directed towards the bodily health. With the exception of chloral as a hypnotic, no sedative or neurotic medicine of any kind has now been used for upwards of two years, and my present opinion is that on this principle treatment, even of cases attended with much excitement, is not more difficult, and not less successful, than where medicines are freely employed; and if this be so, must not what, on this theory, cannot but be called the unnecessary use of powerful drugs, often for lengthened periods, be not unfrequently productive of injurious effects upon the general health or the nervous system? I am far from wishing to dogmatise on this subject, but I could wish that more would give a fair trial to the Non-sedative System, and that we heard a little less of those who advocate it being termed Medical Sceptics, Do-nothings, and so forth,

Seclusion has been resorted to in some cases as a valuable means of removing external sources of irritation, and affording rest to the excited brain; in others as a preferable alternative to manual restraint by attendants, so provocative of mutual irritation and struggles; and in others again as a precautionary measure for the safety of the other patients, and of the attendants—a consideration now-a-days rather lost sight of. The cases in which it has been chiefly used are these:—

1.—Certain recent cases of mania, especially where attended with great restlessness and weakness combined.

2.—The periodical furor of epileptics. In many cases of this sort, if the oncoming of the attack can be recognised, and the patient at this stage be persuaded to go to bed, the technical bugbear, *seclusion*, may not only be avoided, but the actual maniacal attack averted by a few days' rest in bed.

3.—The furious stages occurring sometimes in the mania of General Paralysis.

4.—Certain cases of "recurrent" mania, especially when associated as is not unfrequently the case, with marked perversion of the moral faculties (even during the so-called lucid intervals). Not to seclude such cases at times, when in their paroxysms, I should consider a grave neglect of my duty towards the other patients and the attendants.

Chloral.—This has been used whenever sleeplessness was a marked symptom, and as a reliable and safe hypnotic, it is, in my opinion, most valuable. I generally find 30 grains, given soon after going to bed, a sufficient dose; in a few cases repeating it, if needful, in two hours' time. In all it was given to 58 men on 898 occasions, and to 66 women on 2,442 occasions. 2 women, the subjects of chronic melancholia, took it during the whole year; 4 women took it for seven or eight months; 5 from four to five months; 9 from one to two months; the remainder for shorter periods, 9 having it only once. 2 men took it from four to five months; 1 from two to three months; 8 from one to two

months; and 15 had only one dose. In none of these cases were any injurious effects observed from even the prolonged use of the drug; though in many, beyond securing some hours' sleep each night, no direct benefit was derived from its employment. On the other hand, of those who had it more than once 24 recovered, and of these, in 12 cases, I believe it contributed materially towards recovery; and in the others it seemed to render it more speedy and satisfactory. Of the remainder, 12 improved considerably after having it for a time. As to the readiness with which it acts, our experience shows a marked difference between the sexes. Amongst the men, out of 898 doses it failed on 111 occasions; among the women, out of 2,442 doses, it is only recorded as having failed on seven occasions. The key, however, to a large part of this difference seems to lie in the fact that, out of the 111 failures among the men, 69 occurred in eight cases of general paralysis, being about one-sixth of the total occasions on which it was administered in that disease. The cases in which its use seemed most beneficial were those of atonic melancholia and the insanity of intemperance—whether in its acute or more chronic form; and if it may be said that these are forms of insanity readily curable by ordinary means, it must also be remembered that they are likewise forms in which sleeplessness is one of the most distressing and persistent symptoms.

Electricity.—The effect of the continuous current, derived from Foveaux's battery of 50 elements, as made by Weiss and Co., has been tried in a few cases during the year; but these were not sufficiently numerous, or the effects produced sufficiently marked, to justify me in forming a definite opinion on the value of electricity as an aid to treatment. I propose to continue the trial of it, both in the galvanic and Faradaic forms; as both the experience already recorded and *à priori* reasoning would lead one to expect decided results from its use, if we once had a key to the proper cases for its employment. Among the women, the cases selected were four cases of melancholia, in which no improvement had taken place for some months, and all having the common symptoms of great want of tone and energy, with refusal of food. Each had about 24 applications, the strength of current being gradually increased from 5 to about 30 cells. Each sitting lasted about six minutes, and the current, with short pauses, was passed from the right to the left temple, from the forehead to the occiput, and from the neck to the head. In two of the cases, which were also the worst, no appreciable effect was produced. In one, a decided, though not very great, improvement was observed, and this continued progressive after the treatment was stopped, culminating in recovery in a few months. In the fourth case a slight improvement was noted. In these two cases, the sensitiveness to the current was marked, and the pulse, as a rule, was fuller and slower, by a few beats, after the application than before. Among the men it was tried in two cases of melancholia, two of partial dementia, and one of incipient general paralysis. In one of the cases of dementia, though not much effect was observed at the time, he began to improve very much soon afterwards. In the other cases no change was effected. In the case of commencing general paralysis, extreme sensitiveness to the current was noted, even from only a very few cells.

Two letters on sewage farming prove what is sufficiently admitted, that the products of a properly managed sewage farm are perfectly wholesome.

SHREWSBURY.—*29th Annual Report.*—The changes among the staff of attendants here have been very numerous. As the number of the staff is nowhere given, we cannot say with accuracy; but the changes, 44 in number, probably exceed the number of the staff. We fear the Committee here are too parsimonious; the wages of the attendants are nowhere mentioned; but the proportion of the cost per week due

to salaries and wages is less than in all but a very few asylums, and their frequent loss of their medical superintendent is notoriously due to their reluctance to give an adequate salary.

HEREFORD.—*2nd Annual Report.*—We notice some statistics as to the attention paid to patients by their relatives, from which it appears that—

The number of patients who had no visit paid them, or no enquiries made about them, amount to more than half the males and more than a third of the females.

Dr. Chapman remarks on the non-existence of phthisis in the Asylum :

So far as I am aware, there is no case of pulmonary consumption in the asylum at present, whilst its absence from among the causes of death is conspicuous. I believe this is a circumstance to be fairly attributed to the hygienic condition of the asylum in the matter of ventilation and freedom from overcrowding, to the adequate dietary, and to the attention paid to a sufficiency of exercise in the open air. Phthisis is usually regarded as a disease endemic in asylums, and it is usually expected that a large portion of the chronic patients will become sufferers from it, and in many it is a large item among the causes of death. My experience at Abergavenny and here leads me to rank phthisis with the preventable causes of death in asylums. When I went to the asylum at Abergavenny phthisis was very rare there, and I was struck with the improvement and recovery which took place in some apparently confirmed cases. Before I left, the asylum became very overcrowded, and phthisis became a very common and fatal disease. I believe it has since, with the relief to the overcrowding afforded by the opening of this asylum, much diminished ; whilst here we enjoy for the present a comparative immunity from it.

ST. LUKE'S HOSPITAL.—*Report for 1873.*—We miss from this report the entry of the Visiting Commissioners. Two clinical assistants are to be appointed in consequence of some observations of the Commissioners in Lunacy as to the necessity of an increase of the medical staff by the appointment of an Assistant Medical Officer.

The numbers show a strong tendency to increase.

THREE COUNTIES ASYLUM.—*Report for 1873.*—This report does not afford us any extracts.

ROXBURGH, BERWICK, AND SELKIRK.—*Report for 1873.*—Mr. Pierson analyses the admissions and the residents, so as to illustrate the effect of proximity to the asylum in increasing the admissions.

Dr. Mitchell says :

Two women—Jessie Brown and Mrs. Turnbull—appear very frequently in the record of restraint and seclusion. They were both excited and noisy during the visit, and the habits of the first are very degraded.

And Mr. Grierson states that—

One female—the Jessie Brown mentioned in the report by Dr. Mitchell—was transferred to the Argyle and Bute Asylum on the recommendation of the Commissioners in Lunacy, with the belief that change of scene and surroundings and regimen might accomplish what had hitherto baffled every attempt at amelioration.

The Visiting Commissioners afterwards found the patient at Lochgilhead, engaged in knitting stockings. We do not quote this incident as by any means to the discredit of Roxburgh, or in any very special way creditable to Lochgilhead.* But it is an instance of what we think might very advantageously be a more frequent occurrence. When any patient proves markedly unimproveable, a change to another asylum is a resource that ought not to be neglected. Yet in the present state of the law there are so many difficulties in the way of its being carried out, that it is practically never done, unless in the very exceptional case of one patient killing another, when the offender is sent to Broadmoor or Fisherton. What we suggest is something far short of this. How beneficial a change from one ward to another is! How often have patients special delusions about particular officers or attendants that quite prevent any improvement in their state! Not unfrequently a patient gets into a vicious circle, he is treated as a bad patient because he is a bad patient, and he is a bad patient because he is treated as one. That there is great difficulty in getting out of this circle, or at least that not a few patients are in it, is clear from the circumstance so frequently commented on by the Visiting Commissioners, that a whole wardfull of patients are improved in behaviour, often marvellously, by improving their surroundings. For these and other reasons of smaller detail, and of daily experience, we are satisfied that the Jessie Browns of asylums would be much fewer in number if the treatment adopted in her case could be more freely resorted to.

DORSET.—*Annual Report for 1873.*—A large surplus continues to be made here from out-county patients.

Early in the summer a very serious loss was experienced by the death of a valued and most faithful servant, Samuel Guppy. He had been in the service of the County for nearly 27 years, and during the last 18 had acted as head attendant in the wards on the male side, beside superintending the farm and outdoor work, and the meat supply for the two establishments. The visitors have caused a tombstone, with a suitable inscription, to be placed in memory of so truly a good man in the churchyard of Buckland Newton, where he was buried.

Mr. Symes says, concerning the mode of bringing patients to the asylum :

Here I would take the liberty of remarking that in almost all cases some special covered carriage should be got, whereby the patient may be taken from his home in as quiet and private a manner as possible, and this should be done by the relieving officer and some other assistant, if necessary ; and whenever it is possible to avoid it, policemen should not be employed, for I know the presence of these officers tends to irritate rather than soothe the mentally-disturbed patient.

We have already commented in connection with the Hanwell

* She soon became as bad as ever, we understand.

Report on a recommendation of the Visiting Commissioners similar to the following :—

It would be well, however, to have scales in each ward for inquiry into deficiency of weight of the subject of complaint by any patient. The meat, when cooked, is weighed in bulk in the kitchen. Having arrived early in the morning at Forstone, we found the wards there in some disorder, from scrubbing and cleaning ; but there was nothing to find fault with in the beds and bedding, except that mackintoshes are placed between the sheet and blanket, instead of below the blanket.

There is something enigmatical about the gruel here. The Visiting Commissioners say :

A few still complain of the gruel given at breakfast, which, as far as we could learn, is not the fare of the poor in this district. It is made with milk, and from 80 to 100 quarts is the proportion of water to 15lbs. of the oatmeal. Still, it is not popular, and tea would be a wise substitution, with bread and butter.

We should like the ratio of milk as well as that of water.

This appears to be one of the few asylums where the neighbours object to walking parties of the patients.

It is the more necessary that their number should be increased, and that entertainments should be multiplied, since we are informed that there is a difficulty in taking the patients into the neighbouring town and villages, on account of objections unreasonably raised by some of the inhabitants.

The maintenance rate, like the wages of the Dorsetshire labourer, continues the lowest of any in England. The recovery and death rates will bear favourable comparison with those of almost any other asylum.

CHESTER.—*Report for 1873.*

There is no padded room in this asylum, and we think that this want should be supplied in each division. These rooms are very necessary as a means of protection to feeble and restless patients affected with paralysis or epilepsy.

BIRMINGHAM.—*23rd Annual Report.*—The report of the Visiting Commissioners is omitted.

NORTHAMPTON LUNATIC HOSPITAL.—*Report for 1873.*—Nothing specially attracts our attention in this report, except the progress which is being made in converting this into a middle class and non-pauper asylum.

The Visiting Commissioners note—

Although the hospital contains only one more patient than at the date of our colleagues' visit, there has been an increase of 22 in the private class—a proof, we trust, that the public appreciate the great advantage offered in the hospital for the care and treatment of patients of moderate means. The charges for maintenance remain as before. The lowest sum at which patients are received is 15s. per week ; but this sum is often reduced, upon the Committee ascertaining that the patient's means are inadequate to meet the charge.

And Mr. Bayley tells us that—

There has been an increase of 55 in the total number of admissions, as compared with the previous year ; and the number is higher by 47 than in any other year since the Asylum has been opened. The increase has been on the part of the private class. The number of this class admitted in each year, during the past ten years, is as follows. —

1863 18	1869 29
1864 21	1870 29
1865 23	1871 45
1866 20	1872 74
1867 31	1873 92
1868 22	

The number of discharges, 124, includes 67 recovered, 20 relieved and well enough to return to their friends, and 37 not improved, 36 of whom were pauper patients, transferred to Macclesfield, in accordance with the agreement with that county.

SUFFOLK.—*36th Annual Report.*—We have here only the report of the Superintendent, and the first six tables of the Association, the diet table, and a list of the visitors—no report of the visitors or of the Commissioners, nor any financial information whatever. The following, by Dr. Kirkman, is rather gossipy, but worthy, we think, of presentation :—

The comparison between different asylums would be invidious, were it not that some phenomena have gone so far back into the past, that their chronological place is well nigh forgotten. It is upon this ground that special notice is requested to the case of a patient recently re-admitted, after a residence at home of forty years. He has been industriously employed as a shoemaker in the parish of Melton. He was well known to the earlier visitors of the asylum as one among others from whom all instrumental restraint was removed by the present medical superintendent, in the year 1831. He had been confined every night to his bed by an ankle strap, with an iron ringlet attached to it, and he still bears some significant marks of this torturing treatment. Neither the medical officer or his patient are likely to forget the night when this unwarrantable instrument was cut away, or the objections raised by the attendants to its removal. The notice of this overpowering evidence of the blessing of the treatment of the insane without restraint was urged in a lecture given by the Superintendent at Woodbridge, when he introduced himself from the County Asylum as a representative of freedom there. This interesting patient alluded to was admitted in November, 1831, and when re-admitted on the 3rd of this December, 1873, he held up his foot in grateful remembrance of his liberty.

YORK LUNATIC HOSPITAL.—*Report for 1873.*—We extract the following remarks by Dr. Needham on an unsuccessful attempt at suicide. Similar expressions of opinion are to be found in several reports. We have not reproduced more than one or two of these—

I have recorded this case as illustrating two facts of importance in reference to the management of asylums. The first, that under the present liberal and enlightened, and, therefore, only possible, treatment of insanity, a certain risk of danger to the individual must be run, in order to secure the benefit of the many ; and the second, that while a salutary influence is undoubtedly exercised by the public imputation of full responsibility, where there is full control, it is yet requisite that a discriminating judgment should be passed upon accidents which no care can prevent and no provision foresee.

LANCASTER, PRESTWICH, RAINHILL, AND WHITTINGHAM.—These reports are in the same form, and furnished with a title page for the four reports, with a view to their being bound together. The principal items of remark in the report of the older asylums have reference to seclusions, to the question of suitable attendants, and to the sending of workhouse cases to the asylum, and retaining in the workhouses cases requiring asylum treatment. The asylum at Whittingham is now opened, but is not yet fully completed.

Up to the present date there has been expended in all, on the land and building account, the sum of £119,981 18s. 2d., of which £14,005 8s. 10d. have been spent on land and foundations, the rest on the main building and its accessories, roads, water mains, &c., &c.

For these purposes the sum of £120,000 has been already voted by the court. It is calculated that a further sum of £35,000 will be required to meet all the requirements of the institution which the county is called upon to provide.

The accommodation is for 1100 patients, coming to something like £145, say £150, per bed. This fully confirms the wisdom of the course pursued here of making the appointment of its superintendent the first step towards the construction of the asylum. and contrasts favourably with several recently built asylums, which have cost over £200 per bed.

ESSEX.—*Reports and other documents, printed January, 1874.*—Dr. Campbell draws the attention of the Committee to the question of removing patients to workhouses, and points out, by reference to the statements of the Commissioners, that special provision must be made in the workhouses before much can be done in this direction.

HANTS.—Dr. Manley's remarks on Criminal Lunatics, giving another expression to an opinion now very generally entertained, are as follows :

“ I take this opportunity to make a few observations on the detention of Criminal Lunatics in County Asylums. In my Report for the year 1856, I pointed out the great distinction there exists between criminal lunatics and lunatics with criminal intentions, as instanced by Dr. Bucknill, now one of the Lord Chancellor's Visitors in Lunacy. He remarks that “ The criminal lunatic may be a harmless imbecile without sufficient wit to keep him out of mischief, committed for some misdemeanour or petty crime ; whereas the other, though not actually criminal, may have the most vicious and dangerous propensities.” I showed also that it depends occasionally very much whether a person brought before a magistrate in his official capacity is sent to an asylum or consigned to prison, and that, therefore, it is sometimes a matter of chance alone whether a lunatic is made a criminal or not.

I can call to my recollection patients who were evidently insane at the time of the commission of the act which made them criminal, and for which they were sent to prison, and I can remember also several

who, though sent to the asylum, should, in my opinion, have been dealt with as criminals.

It has been recently pointed out that in the Criminal Asylum at Broadmoor, the principal part of the inmates consists of persons who, having been acquitted of crimes on the ground of insanity, are detained during her Majesty's pleasure, and that these constitute the better class; that the other class—the most troublesome and dangerous to deal with—are composed of those who have been removed from convict prisons.

Both classes find their way into County Asylums, the Secretary of State having power to order thereto any person who, whilst imprisoned in any prison, or other place of confinement, under any sentence, or under a charge of offence, or for not finding bail, &c., may become insane (27 and 28 Vict., c. 29, s. 2); or to transfer thereto any criminal lunatic whose sentence has expired, as if he had been found wandering within the place where the offence was committed, in respect of which he became a criminal lunatic (30 Vict., c. 12, s. 6).

There are in this house, at the present time, 25 males and 4 females sent here on such orders, and I venture to assert that seven of the men are our most violent and dangerous lunatics, and are unfit subjects for detention here. Of these, one was a convict and four were soldiers undergoing their respective sentences, all of whom were marked with the letter D, and three of them with the letters B C also."

LINCOLN.—*21st Annual Report*.—A short but severe epidemic of scarlatina, from which three patients died within 48 hours of the onset of the disease, must have been felt as a position of much gravity.

SOUTH YORKSHIRE.—*Report for 1873*.—1st. Dr. Mitchell reports a "disproportionately large number of helpless and bed-ridden cases in the asylum. For the last four months there have been on the average 25 women and 15 men daily confined to bed from bodily disease and infirmity, giving the large proportion of 1 to every 11 patients." Extra diet is ordered instead of sedative drugs, which are scarcely ever employed.

"In making careful enquiry into the family history of patients in the asylum, I have found that in half the cases in which any trustworthy information could be obtained, the father or grandfather (in many instances both) had been in the habit of frequently getting intoxicated."

We do not quite understand why the Committee take credit to themselves, and compare themselves favourably with other recently-opened asylums, for charging only 10s. 6d., when the figures given show that, though that was the charge made, the cost, as in other new asylums, was high—viz., over 12s.

WEST RIDING.—*Report for 1873*.—A gradually increasing pro-

portion of patients whose habits are of a degraded type is noted here also.

Dr. Browne says, "Non-official visitors have latterly been admitted to the wards more freely than was formerly the case, as I believe that in this way much may be done to diffuse correct notions of what an asylum now-a-days really is."

The following clear exposition, by Dr. Browne, of well-known but not always remembered facts, is worthy of preservation:—

But while a survey of the field of lunacy does not furnish us with any one sufficient explanation of the growth which is there going on, it supplies us with many practical lessons as to the various circumstances which favour or retard that growth. And one of these lessons, worth learning at the present time, is that a neglect of sanitary precautions is inimical to mental health, and that madness may have its roots in the drains. Foul air, filthy water, unwholesome dwellings, are influential, directly and indirectly, in deranging the normal action of the brain. From them proceed fever, erysipelas, a brood of maladies that are in many cases productive of delirium or disorder of brain functions, which in some instances is not transitory, but remains long after the acute disease has subsided, and becomes, in fact, insanity. Year by year there are added to the population of this asylum several unhappy beings whose mental infirmity has dated from an attack of preventable disease. But a poisonous atmosphere, a putrid drinking liquid, and squalid habitations are productive of insanity to a much larger though less calculable degree, through the lowered vitality and emotional depression which they induce, and the recklessness and dissipation to which these drive, than through the direct effect of acute disease. The passage from the physical to the moral storm is easy, and drunkenness, pauperism, crime, and madness are the natural outcome of miserable houses and contiguous gin-palaces.

BELFAST DISTRICT.—*44th Report.*—After his labours in favour of removing criminal lunatics from district asylums, it must be very trying to Dr. Stewart to have to report that—

Seven were transferred here from gaol as "criminal lunatics" by order of the Lord Lieutenant, which is a much to be regretted retrograde movement, these institutions being supposed to have been altogether freed from such inmates since the establishment of the Central Criminal Asylum at Dundrum; and most assuredly the ordinary insane should not be associated with those who have been in any wise mixed up with the commission of actual criminal offences, thus giving too much occasion for insanity being looked upon as a disease of degradation.

Dr. Stewart speaks plainly on the matter of restraint. Whilst stating its disuse in the Belfast Asylum to have been the rule since 1829, he says—

It is not to be understood that cases do not occur in which it would be nothing short of both an act of cruelty as well as a dereliction of duty not to use the restraint of a camisole, or such like mild form of coercive means, for the preventing of danger to both patient and attendant; and no morbid fear of consequences should prevent medical superintendents from this discharge of a bounden duty towards their patients when the occasion demands it of them

The Irish reports do not give much financial information. In this one a list is given of the reports sent in exchange.

RICHMOND DISTRICT ASYLUM, DUBLIN.—*Report for 1873.*—Dr. Lalor states—

That of the re-admissions as relapsed, several have belonged to the classes of dangerous and criminal lunatics, in which it is sometimes a matter of considerable difficulty to decide whether the circumstances (chiefly acts of violence) on which the allegation of their insanity is grounded arise out of habits of depravity or intemperance, and whether those cases should be classed under the head of insanity or criminality—whether they are to be considered as criminal or insane. I am of opinion that they should be dealt with as a peculiar class, and that, whenever a person comes before the legal authority, under the statutable terms either of a criminal or dangerous lunatic, there shall be a legal power in all committals to regulate the periods of confinement on a cumulative principle. In the case of the dangerous and criminal insane, the habits or tendencies indicated by the repetition of acts contrary to law and order, require long detention, and treatment in proportion rather to the frequency of repetition than to the gravity of the individual act. In the present state of the law, dangerous and criminal lunatics are, and must be, discharged when they have ceased to shew any symptoms of insanity, or have ceased to be dangerous. In a large proportion of these cases no delusion ever existed, and from their withdrawal from exciting causes, and the discipline of an asylum, they cease to be dangerous in a time much too short to allow of that reformation of habits and tendencies which alone gives any reasonable security against the recurrence of the acts which brought them under the surveillance of the law on previous occasions.”

As to seclusion, Dr. Lalor says—

. . . . This diminution of seclusion has, I think, led to good results.

The shower bath, which, like seclusion, should be used as a remedial, and not a punitive, agent, has come to be generally considered as being had recourse to only in the latter sense. From the bad effects caused by the existence of this opinion, whether amongst the public at large or the inmates of asylums, I have been led to make a trial of the discontinuance of shower baths during the greater portion of the last year.

The statistical tables are very numerous. Those of the Association are not given, nor are the Commissioners' entries. The financial statement is sufficiently full.

Hardly a report is without some remarks on the increased cost, due to the high price of coals and provisions. These facts are, however, sufficiently notorious to relieve us of the necessity of giving any summary of them. In a large number of asylums the wages of attendants have been increased. The constant supervision of epileptics, especially at night, with a view to prevent suffocation during a fit, has been made a specialty by the Commissioners in Lunacy during the past few years. From those reports in which there is any allusion to the subject, we gather that special night watching is in force at nearly half the asylums. The following are the only references to the subject that present any special interest:—

Dr. Biggs, Wandsworth, says—

In order to avoid accidental suffocation of epileptic patients, the Commissioners in Lunacy urge continuous watching at night. There are 165 epileptics in this Asylum, and most of them are visited at intervals of about half-an hour, many of them habitually require single rooms, and at times almost half the

entire number. It is impracticable that each single room occupant can be continuously watched. The suggestion of glazed doors, through which an attendant may peep, is useless, as suffocative epileptics must be closely scrutinized. It is, however, very desirable to prevent fatal casualties, and, as a temporary expedient two more night attendants are to be engaged.

At Stafford, the Visiting Commissioners remark—

There is still only one night attendant in each division, and we think it impossible for them properly to attend to upwards of 500 patients during the night, especially when the number of epileptics (upwards of 100), and of acute cases received here is taken into consideration.

At Oxford the Committee say—

Two inquests have been held during the year, one of them being on the body of T. W., who was received from the Oxford County Prison, and the other on E. S., a man who died from epileptic asphyxia. He was found dead in a single room with his nostrils stuffed up, and a piece of flannel in his mouth, which he had placed there under the delusion that he would exclude noxious vapours, he being seized with epilepsy at the time.

And the Commissioners report—

In the four deaths from epileptic asphyxia, the patients all slept in single rooms, being for various reasons deemed unfit for the associated dormitory, where the remaining epileptics of their sex have, since our colleague's visit, been placed under the special supervision of a night attendant. We have had some conversation with Mr. Sankey to-day as to an alteration of the sleeping arrangements for epileptics generally, with a view to extending the supervision of the special night attendant as far as possible to those of that class sleeping in single rooms. This would involve the appropriation for this purpose, of other dormitories near to single rooms, and some structural alteration of the latter. The large mortality which has arisen from epileptic asphyxia renders it necessary that every possible precaution against the casualty should be taken.

Dr. Rayner, at Hanwell, records that—

A special arrangement has been made for the night watching of those epileptic patients who are most liable to the danger of suffocation during their attacks. A special attendant has been appointed for this duty, who is so posted during the night as to be able to see and hear anything that occurs in either of the two dormitories (containing 64 beds) in which the epileptics are slept. Adjoining are six single rooms, two of which are padded, to receive any patient who may be restless, or may be in danger of injuring himself in his attacks. The bed-rooms of four attendants adjoin the dormitories. I have so far had every reason to be pleased with the result of the arrangement, and the feeling of having assistance always at hand seems to give confidence to these patients, who often suffer more or less from a dread of their malady.

The following, by Dr. Williams, are from the Sussex Report:—

We have now six night attendants (three male and three female) on duty every evening, independently of any extra attendants who may be told off from time to time to watch specially suicidal or acute cases. It is the sole duty of one of these attendants on each side to watch the epileptics. He sits in the epileptic ward with all the doors open, and satisfies himself by minute inspection every hour that each individual case is alive and well. The ward contains two dormitories (each of six beds)—one three-bedded room and five single rooms (one padded). In this ward all the worst epileptics are collected. The remaining epileptics sleep in an adjacent dormitory, which also receives a bed-to-bed inspection every hour.

I have, however, long felt that even more constant supervision than this would be advisable, and, with a view of laying the question before you, have

carefully considered how some such a scheme as the Commissioners propose could be carried out, but have hitherto failed to solve the difficulties, and for these reasons:—We have 40 epileptics of each sex in this asylum, and I should view with alarm the collecting 40 epileptics in one ward with one nurse to look after them; and it is a question whether the expense of keeping two or three extra night nurses would be justifiable. But independently of this, we have no ward in which we could collect so many cases, so as to be constantly under supervision, and the structural arrangements of the building are such that no adjunct could possibly be built to the epileptic wards. The Commissioners say that such special wards have been established in some asylums, but I imagine they must be small or new asylums, wherein the number of epileptics is small.

A matter on which we have a very strong opinion remains to be further noticed. This is the question of the statistical information given in the various reports, both in the medical tables and in the financial statements. In the following remarks we confine ourselves to the reports of the English asylums; not because they are the most open to criticism, but, on the contrary, because they now show so general an approach to uniformity in the manner of giving the statistics, that it appears worth while to point out the deficiencies in hope that they may be amended. The medical tables of the Association take the first place. Of 54 reports examined, we find them given in full and in their proper order in 35. In 3 others they are so mixed with others as to be difficult of reference, but are all given. Four others omit Table X. Two give only the first six, and the 10 remaining give only some of the tables. In earnestly requesting that all these tables may be given in all reports, we find that we are only asking for 39 more tables from 12 asylums, the number of tables already given being 501. It seems too bad that the full value of these 501 tables should be unavailable for want of 39 others, not more difficult to supply than any that are given. We confess to a certain amount of sympathy with those who omit Table X; it is about the most troublesome to make out, and this is the more annoying as, during the process, almost each item repeats and deepens the impression that the whole table is founded on facts badly authenticated—often imaginary—and that, consequently, the table is worthless, or nearly so. This table is, indeed, almost useless, unless it could be agreed to enter no item of which the medical officer had not satisfied himself. The item “unknown” would be largely increased, but what was entered would be of great value. We find, also, that Table III. requires more care in taking out the percentages than it often receives. For example, we see in the report of a recently opened asylum the average number resident for a fraction of the year is treated as that of a whole year, and the death rate is calculated as half what it should be. The same figures occur in the report of the Commissioners.

We think the time has now come when the Commissioners in Lunacy may fairly call for copies of these ten tables from all asylums, and, throwing the whole into one set, present them in their own annual reports. The only difficulty that would present itself would be the treatment of transfers, which would have to be eliminated. It

is hardly necessary to say that the tables so given in the Commissioners' Reports would be of exceeding value. The Table IX. of such statistics would solve almost on inspection several of the most disputed points bearing on the increase of insanity.

There are, in the various reports, a multiplicity of tables, which we reduce to about 24 essentially different tables, although they are more than twice as numerous, if each variation in the manner of presenting them is reckoned.

The following are those that are given in a sufficient number of reports to make it desirable that a committee of the Association should reconsider this subject, and recommend certain of these for general adoption—

Forms of disease on admission	in	42	Reports
Occupations of admissions	„	34	„
Religious persuasions	„	23	„
Admissions (and sometimes dis- charges and deaths) each month	} „	16	„
Health of admissions	„	14	„
Education of admissions	„	10	„
Curability at end of year (in some with mental state of patients)	} „	9	„

The only tables of general value of those given in fewer reports are that giving the age on first attack among the admissions, and that giving the ages of patients in the asylum on Dec. 31st.

A record of the daily state of the patients is given in 26 reports. This takes a very various form. Sometimes an extract from head attendants' reports; sometimes a statement of average number employed, &c. This is useful, if a general agreement as to its form could be come to. Thirty-three reports give different details as to articles made, work done, &c.

A meteorological report is given in five reports. We think meteorological observations should be taken at all asylums, but we doubt the necessity of publishing them in the reports.

A table, giving a summary of the annual returns of clerks to guardians, shewing the number of patients in the county, and how they are disposed of, is given in 22 reports. This is a very desirable table.

A diet table is given in 42. This should be in all.

When we come to the financial information we find a much greater apparent agreement; but really, in many respects, wider differences. Some few reports are without any financial tables. A balance sheet is given in 46. This sometimes contains a summary of receipts and expenditure, and a statement of the financial position. Sometimes these are given separately, in two, three or more separate statements. To include (and always to give) these in the balance sheet seems the more frequent and also the simplest course, and ought, therefore, to be generally adopted.

A detailed statement of receipts and expenditure is given more or

less fully in 42. The amount of detail varies exceedingly. This is a matter of little consequence, provided it is fairly full. An exceeding detail, such as in the Wilts, is painful. Each item of any importance should be mentioned, with quantity and cost. There is no need for a separate table of quantities consumed as in some reports. A table of contract prices should be given separately. This is done in 27 reports. The items of salaries and wages are given in 37.

The matter yielding the most numerous difficulties in using these tables in any comparison is the very various method of dealing with building and repairs accounts. Only three asylums include this entirely in maintenance account. Others appear to charge everything they possibly can to building account, including wages of engineer, and repairs of bedding and furniture, and between these there is every gradation. Twenty-three give a separate building account. The remainder keep the account along with the maintenance account. We think the accounts should be presented separately, but we can hope for no uniformity of practice as to what items are to go to each account until we have an authoritative statement from the Commissioners or legislative interference.

The tendency on the part of the majority is certainly to charge everything that fairly can be charged, to building and repairs account. We, therefore, as the shortest way to uniformity (there are other weighty reasons for that course), recommend this practice for general adoption.

The details of the cost per week are given in 45 reports. A farm account is given in 46 reports. In not a few the apparent profit is increased by omitting to charge rent, rates, work from asylum, and several other items that a farmer would have to pay for.

A statement of stock in store at the end of year is given in only 10 reports. Without this for comparison with the similar table of the previous year, the expenditure may give an entirely delusive measure of the real cost.

The amount of alteration required to bring all the reports into uniformity is, after all, but slight. For instance, the Carmarthen report meets all requirements. A little more detail is wanted in the statement of wages. Table X. appears as table XII. In table III. the first year's mortality is stated as 5 per cent. instead of 19 per cent.

The Glamorgan report only requires the building and repairs to be stated separately from the maintenance account.

In the Cumberland and Westmoreland a statement of stock in store at end of year is wanted. The two tables showing the patients in the county, as per Clerk to Guardians returns, should be thrown into one; and it would be well to separate a farm account, a building and repairs account, and a balance sheet, from the general statement of accounts with which they are now incorporated,

Whilst some reports are very defective, the majority could be brought to a state of comparable uniformity with alterations as trivial as those just noted.