

ment, with others by restlessness. They explain despairingly to all, especially to the physician, their unmerited sufferings, and urgently implore protection. Others, who, as a rule, sleep better, remain quiet and mope alone, are only alive to their hallucinations; but their expression, distrust, and disregard for the misfortune of others, betray their condition.

(*To be continued*).

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.*

Asylum Reports for 1881.

Want of space compels us to deal this year in a somewhat summary manner with these publications. We are not conscious that anything really important has been omitted, but we have made the extracts and the remarks thereon as short as possible; indeed we have avoided making the latter except where really necessary.

It is worthy of notice that at nearly every English asylum the Commissioners made special enquiries as to the patients confined to airing courts and those walking in or beyond the grounds. This is a most important matter, and it is quite evident that it does not receive sufficient attention in some places.

We would again gently urge the necessity of preparing the reports with care. Printers' errors are unnecessarily numerous, the style is often just a little careless, so much so indeed as to leave the meaning obscure; and, sometimes, the rules of Lindley Murray are, to the slightest possible degree, ignored.

Argyll and Bute.—On account of continued overcrowding, the District Board resolved that a separate building should be erected to accommodate 126 industrial patients, 63 of each sex, at an estimated cost of £7,500.

Dr. Cameron reports that the open-door system, which had been in operation during the previous two years, was about to be extended to the whole of the institution. Eighty-one per cent. of the men, and 54 per cent. of the women were on parole.

It is remarked in a report by a Commissioner that "the asylum furnishes accommodation to 40 private patients, paying low rates of board, and in this matter it renders a very useful service to the public. No other district asylum does so much in this direction." It would be well if all county asylums in Great Britain did the same. The inferior class of private asylums would disappear.

(Report for 1882). During the last few years there has been a remarkable increase in the demand for asylum accommodation in this district. This subject is treated of at some length in the report by Dr. Arthur Mitchell, who strongly recommends the boarding-out of all harmless and incurable cases.

Barnwood House.—This hospital continues to exhibit signs of energetic and successful management under its able superintendent. Extensive alterations and enlargements have been completed, thus providing accommodation for 30 additional patients.

As the question of pensions is now engaging the serious attention of asylum officers, the following paragraph may be interesting. The proposed arrangement is a satisfactory evidence that the Committee of Barnwood House appreciate the necessity of treating the officers liberally. "As the establishment increases in importance the number of its officials must also increase, and the Committee consider that the time has arrived when it would be expedient to make some provision towards a retiring pension for old and faithful dependents. They are not yet prepared with a complete scheme, but considering the arduous and frequently repulsive duties which are discharged by attendants, and the qualities of kindness, firmness, and forbearance which must be continually practised, it may be considered that good attendants are rather exceptional persons, and, after long service, demand special consideration from their employers."

There is now an assistant medical officer, and three ladies act as nurses. The Commissioners report that "recently a gentleman, after his discharge from this hospital on recovery, made complaint that his letters, written during his insanity, had not been kept back from the post." Surely the duties of a medical superintendent are beset by difficulties.

Barony Parochial Asylum, Lenzie.—There is nothing new to notice in this report. The system, now no longer peculiar to Lenzie, continues to be developed in detail, and to produce satisfactory results.

The report by Dr. Arthur Mitchell, as the result of his official inspection, is very interesting. We extract the following paragraph referring to outdoor employment. His remarks may do good by directing the attention of asylum officers to the subject. It is most important that attendants in charge of working parties should work, and not merely direct. Example is better than precept.

"The employment of the men in active healthy work out of doors continues to be a highly satisfactory feature of the management, and is certainly productive of important benefits to the patients. It was frequently observed during the visit that the patients do not engage listlessly, but heartily, and with interest, in what they are doing, which all of them see to be of a useful character. It is impossible to estimate the value or extent of the work they perform; but no one can see them engaged in it without realising that both the value and extent must be great. All the attendants who are with working

parties, join in the work, whatever it is, with as much energy and interest as if they were paid for results. It appears, indeed, to be essential to success that this should be the case. Even the head outdoor attendant, who has a general direction of all working parties, puts off his coat like patients and ordinary attendants, and joins actively in the work. The patients are led to follow example rather than precept, and it was manifest that a large number of them were as much interested in the progress of the work in which they were engaged as any labourers or artizans could be. Indeed, it is held that unless this interest can be aroused and kept up, the value of the work done by patients as a means of treatment is greatly reduced. In other words, it is not always sufficient that a patient shall be in the open air and doing work. This, of course, is good for him whatever his condition may be, and for some patients perhaps it is the chief good, but for others it is far from being so great a good as it becomes when an interest in the work is developed, and when patients are led to be industrious for a definite and manifest purpose, the accomplishment of which gives them a certain pleasure. There are many patients, no doubt, in whom this interest cannot be roused, and who simply perform in a listless way what they are asked to do; but in this asylum an earnest effort is made to excite in all patients an interest in their work, and it is done with much success as regards a considerable number, among whom are the very patients most likely to be benefited by it, those, namely, who are under the dominion of ever present despondency or delusions, from which they escape temporarily and partially through this interest in their work, and it cannot be doubted that such recurring escapes are curative in their tendency."

Bedford, Hertford, and Huntingdon.—Some trouble appears to have been caused by the employment of unsuitable attendants. The Committee report:—

"Some cases of neglect of duty and of ill-treatment of patients were reported to the Committee, and the parties complained of were dismissed. One case in February last was of so serious a nature, it being reported that four male attendants had severely beaten a patient, that directions were given to take proceedings against them at the Divisional Petty Sessions at Biggleswade; they were convicted and sentenced each to pay a fine of £10 and costs, or in default to undergo two months' imprisonment with hard labour. Since that time no further complaint has been made, and the attendants appear to perform their duties with kindness and consideration."

Mr. Swain refers to the same prosecution, and at the same time speaks of the difficulty in securing suitable persons as attendants and nurses. "It has been found that some attendants engaged with good characters, even from other asylums, have been quite unfitted for the positions they sought to occupy." It is not surprising that the applicants from other asylums turned out badly. Good attendants

do not readily change their place of employment. So well is this understood that not a few medical superintendents refuse all candidates who have already had asylum experience. In this they act wisely.

Bethlem Royal Hospital.—In his report Dr. Savage touches briefly on a variety of subjects, such as the reception of paying-patients, the seeing of out-patients, &c., but we need only reproduce the following paragraph relating to a most important subject, the clinical instruction in mental diseases.

“During the summer months the classes from Guy’s were instructed four days a week in the wards, and Dr. Rayner used the rich field of instructive cases for his class of St. Thomas’s men; and once more I would say that the influence is altogether good, giving the patients confidence that their cases are being thoroughly gone into, and that they are medical cases, and not prisoners. As much as possible other medical men have been encouraged to visit and study in the wards, and I can say that no investigator, who has any real interest to serve, has been prevented following his researches here. The wards of an asylum cannot, in my opinion, be too open to the medical and scientific world, as we have so much to learn that it behoves us to seek light from every source. Many new methods of treatment have been tried, with varying success, the most novel being a fair trial of the French method of prolonged baths of eighty-five degrees continuously for eight or nine hours for days together, and in some cases with some success; other modes of bath treatment will be tried, but I fear, until we have increased means, we cannot do it justice.”

Berkshire, &c.—Important additions have been made to this asylum. In order to utilise the surplus accommodation, and confer a benefit on the poor middle classes, the Committee very wisely determined to admit a limited number of private patients. We regret and are much surprised to learn that only three cases have been brought to the asylum. It is difficult to explain such a condition of affairs. It may be that the arrangement is not sufficiently known. It would be well if every doctor, parish clergyman, clerk of the Guardians, and relieving officer were informed by circular that patients of limited means can be received.

Some of the patients discharged “recovered” had been insane for long periods, and were at one time considered incurable. One man had been an inmate for four and a half years, another nearly nine years, and one female close on ten years. She had been for many years subject to epileptic seizures, but had been completely free from them for two years.

Birmingham (Winson Green).—It cannot but be viewed as a serious omission that the report by the Commissioners is not printed in this report.

Bristol.—A new church, described as an attractive ecclesiastical

building, has been built, and is in use. It is proposed to add the old chapel to the dining-hall.

The Commissioners strongly urge the adoption of continuous supervision of epileptics at night. They even go so far as to say that they "must regard the neglect of such precaution as directly involving the medical superintendent in personal responsibility for deaths, to a certain extent preventible." After that very strong hint, we would advise Mr. Thompson to adopt the arrangement. He need not urge expense as an objection. Most asylum physicians will admit that, from a purely selfish point of view, continuous supervision is advantageous. When the best is done, no one can find fault, come what will.

Amongst the cases admitted it was found that the mortality amongst patients brought from workhouses was double that amongst those brought from their own homes. Of 131 admissions, no fewer than 46 came from the workhouse. Of these 46, 10 died in the year of admission, that is at the rate of 20·4 per cent.; while those coming from other sources died in the same period at the rate of 10·6 per cent.

Broadmoor Criminal Asylum.—Probably no asylum in England publishes a report on which so much labour is expended. It is impossible even to enumerate the subjects referred to in the 95 pages to which it extends, but the reader is forced to conclude that the information is most minute and accurate, and that the asylum is under most judicious management and in excellent order. We are glad to know that the grievous attack from which Dr. Orange suffered since this report was issued has in a great measure been recovered from. The following paragraph, referring to the re-admissions, is specially interesting. It has always struck us as most pathetic that poor creatures should show such consciousness of their condition that they voluntarily seek rest and protection in an asylum. To be insane is bad enough, God knows, but to be insane and know it, is probably the perfection of misery.

"Amongst the persons admitted during the year there were five who had previously been inmates of the asylum. One of these had been on the first occasion transferred to a county asylum, upon the expiration of sentence; another had been sent back to prison; leaving three who had been discharged out of custody from this asylum. Of these latter, one was re-admitted at the request of the relative to whose care he had been discharged, in consequence of relapsing into intemperate habits; whilst the other two were re-admitted at their own request. One of these was a man who in the first instance was admitted in the year 1870, having been acquitted, on the ground of insanity, of the murder of one of his grandchildren, and who was discharged conditionally in 1879 to the care of his sons. Early, however, in 1880 he gave himself up to the police, stating that he did not feel well enough to remain any longer at large, and asking to be sent

back. The other case was that of a woman who was acquitted, on the ground of insanity, of the murder of her sister in the year 1861. She was discharged conditionally in the year 1868, but after an absence of twelve years she wrote a letter stating that she felt unable to trust herself, and asking to be taken back. It is somewhat interesting to find that out of 11 persons who have, since the opening of the asylum, been re-admitted after having been conditionally discharged, six of the number have themselves asked to be taken back, having become aware of their relapsed condition before it was observed by those around them."

Cambridge, &c.—To peruse this report is not pleasant reading. The entry by the Commissioners is a continued growl; the report by the visitors is unique for its length and painful minuteness; whilst that from the late esteemed superintendent, Dr. Bacon, extends to only two and a quarter pages of large print. There are constant references to sub-committees which appear to do everything except the medical work.

The Commissioners say :—"There is much that needs doing within the asylum in the way of painting, plastering, &c., and in one or two places a brick needs replacing; but very much is left till the monthly visit of the Committee, as we have had the 'emergencies' brought before us since the last Committee day, and find the medical superintendent only puts down the veriest trifles, such as we should have thought might have been done as a matter of course. We take the two first and two last items out of the last entry as a sample of what is entered :—(1) Mend chair; (2) 2 panes of glass to be replaced; (16) Repair bedstead M 3; (17) 4 Kitchen tins to be mended."

This is "red tape" management with a vengeance, and is calculated to excite nothing but derision in men who know how asylum work should be done. The visitors no doubt believe they are doing the best they can for the institution, but their best is not good, as the actual weekly cost was 11s 2d, at least 1s per week more than it should be. Unless it be in Middlesex, we know of no asylum in England where the staff is so in danger of being paralysed by the interference of the visitors as Cambridge. Dr. Bacon's righteous soul must have been often vexed with this state of things, though in spite of it he managed to do so much good before he left this world.

Carmarthen.—When a patient in an asylum is found to have sustained an injury, there is too much readiness shown in official and non-official circles to blame the asylum authorities. It is too easily forgotten that some injuries are difficult of detection in the sane, and infinitely more so in the insane. We therefore direct special attention to the following case reported by Dr. Hearder. He and his officers are to be congratulated on escaping much undeserved blame.

"In February a woman, aged 67, was admitted suffering from acute mania, and so violent that no satisfactory examination of her chest could be made. The following day she was again very violent,

and the combined efforts of several nurses were required to restrain her. On the third day she was more amenable to treatment, and it was found she had at least one rib fractured; but even then the efforts of four persons were necessary to hold her while a fifth applied the requisite bandage. She fortunately improved mentally and was able repeatedly to state that she had fallen downstairs about a week before admission and hurt her side. She died after two months' residence. Had her death occurred before she could explain how her injury had occurred, the nurses in charge, and with whom she had struggled the day after her admission, would undoubtedly have been credited with the injury. After death it was found that the 8th and 9th ribs on the left side had been fractured. This case is instructive and important."

The weekly cost is very low in this asylum. In 1881 it was only 7s. 10½d.—a wonderfully small sum.

Cheshire, Upton.—A large dormitory, capable of accommodating 52 patients (females), has been built at a cost of £1,733. Ten acres of land, specially suitable for sewage irrigation, have been purchased.

The wages of both male and female attendants have been raised.

A male patient, discharged on probation, committed suicide. Such events have become so frequent, comparatively, that a superintendent should pause before he loses sight and control of his patient, but continues responsible for his life. There are so few advantages to be gained by such a form of discharge, and such obvious risks, that it should be adopted only in very exceptional cases.

Cheshire, Macclesfield.—A woman, whilst absent on trial, committed suicide by poisoning.

Dr. Deas refers to the allowance of beer as an article of diet in asylums, and says: "Here, as in many asylums, those patients who do not take beer or object to it are allowed milk instead; and supposing beer were abolished, the logical result would be to give milk to all." That scarcely follows of necessity, for if the diet be ample milk will not be absolutely required, though it may be given where liked.

At considerable length Dr. Deas reviews the statistics of his asylum during the past 10 years, the period during which it has been open. He devotes special attention to the consideration of the effect of the 4s. grant upon the increase of the asylum population. Whilst many asylum physicians will have some difficulty in agreeing with his first conclusion, none will dissent from his last. He considers that the following general conclusions may be fairly drawn from the figures and considerations he has adduced:—

"1. There seems no reason to believe from the experience of this district that the tendency of the 4s. grant has been to crowd the asylum with patients not requiring asylum treatment, but proper to be kept in a workhouse.

"2. In regard to two unions, while there has been a moderate in-

crease during the last seven years of the patients in the asylum, and of the admissions, the numbers in the workhouses have remained almost the same; in another, there has been a slight increase in the workhouse, while those in the asylum are the same.

"3. In regard to the union sending the largest number of patients, while the total number in the asylum and the workhouse has remained almost the same, there has been a steady alteration in the relative numbers; those in the asylum increasing every year, while *pari passu* those in the workhouse have diminished.

"4. The operation of the grant seems, on the whole, to have been beneficial, by helping to lessen the temptation to detain recent and possibly curable cases in the workhouses; the good thus effected being much greater than any inconvenience resulting from the occasional sending of cases which might have been kept in the workhouse."

Cumberland and Westmorland.—The new buildings are approaching completion, a portion being already occupied.

The Commissioners again refer with approbation to the quiet and orderly conduct of the patients, and attribute it to the large amount of out-door exercise given, and the avoidance of a too strict classification of noisy and troublesome cases.

"The census taken during the year affords an accurate means of finding whether there has been any change in the percentage of insane chargeable to the rates in the population of these counties at the two last periods of its being taken. In 1871, in Cumberland, there was one insane person to every 500 of the population; in 1881, there was one insane person to every 523. This is an encouraging state of matters—an increasing population and a decreasing percentage of insanity, and this in spite of several adverse circumstances, which I need not touch on here.

"In Westmorland, however, there has just been the opposite. There was, in 1871, one insane person to each 520 of population; in 1881 there is one insane to each 414, and there has been a decrease of 826 in the population."

The report presents a favourable picture of the condition of the asylum, but not more so than the impression we have ourselves received from going over the asylum with Dr. Campbell some months ago.

Crichton Royal Institution.—Many important improvements have been carried out in this hospital and in the Southern Counties Asylum.

There is a seaside residence for the patients in the Crichton. It is in use for five or six months in the year. During the season about 54 ladies and gentlemen enjoyed a three or four weeks' stay there. The house is an ordinary villa; there are no locked doors, and great liberty is allowed to the patients. Distinct benefit to body and mind is derived from this most valuable arrangement.

Denbigh.—Large additions have been made to this asylum. A building for 160 male patients has been finished. A new dining-hall,

capable of seating 400, is now in use. A new chapel has been built, and plans prepared for farm buildings. An excellent year's work. The larger portion of the original building is to be heated by hot water.

Derby.—Dr. Lindsay explains the high death rate, 12·8 per cent., by pointing out the extremely unfavourable nature of the admissions, in 21 of whom, over a third, the admission and death took place the same year. In a third of the deaths the age was from 55 to 77.

The staff has been increased by the addition of an attendant and a nurse.

The asylum continues to be in an excellent state, and we speak from personal knowledge when we say that its efficiency is highly creditable to the superintendent.

Dundee.—The new asylum is all but complete, and is already occupied by a few quiet patients.

On the last day of the year an entertainment was held of too unique a character to be passed over in silence. This consisted of a tea-party, exhibition of dissolving views, followed by dancing, and a special supper given by one of the private patients on the occasion of his completing his fiftieth year of continuous residence in the present building. The venerable host was admitted for the second time into the asylum on the 31st December, 1831, and his jubilee thus appropriately terminated the festivities of 1881.

We would recommend the publication of the Commissioners' reports as a part of the annual report by the Committee. Such an arrangement is usual, and decidedly satisfactory. The Commissioners may not always be correct in their applause or criticism. Still the public like to know what they say.

Durham.—A detached chapel is urgently required. The present chapel accommodation is neither satisfactory nor sufficient.

Twenty-seven cases of typhoid occurred in three months, with only one death. It is reported that the cause of this outbreak was readily detected and rectified.

Dr. Smith considers that the best attendants are those who have been in the army as soldiers or bandsmen, and he attributes the difficulty of getting suitable persons very much to the length of time they are daily on duty. Whilst we cordially agree with the latter portion of Dr. Smith's opinion, and consider the time attendants are on duty monstrously long, we think that few asylum superintendents will have found, like him, that bandsmen are, as a rule, good attendants. For one thing, they change at least three times as often as ordinary attendants. This, in itself, is a serious objection to their employment in asylums. There can be no doubt that a good band is a most desirable thing in an asylum, but its maintenance adds largely to the anxieties of the medical superintendent.

The farm attached is large, extending to 326 acres. No fewer than 231 men work on it.

Edinburgh Royal Asylum.—This is, as usual, a very carefully prepared report, and it records a great deal of work. It is the determination of the management to greatly increase the accommodation for the poorer middle classes. To do this about 170 paupers are to be handed over to the District Board for care elsewhere, and not more than 400 parish patients are to be in residence at one time. It will then be possible to admit a considerable number of patients paying from £30 to £45 per annum. This will be a great public boon.

Dr. Clouston makes some interesting remarks on periodicity in insanity, but they are too long for reproduction. So also as to his treatment of acute and feeble cases. Instead of stimulants and drugs he gives eggs and milk, sometimes in startling quantities. Eight pints of milk and sixteen eggs every day for three months must be considered heroic treatment. Cod-liver oil is very largely used; so is quinine.

Amongst those discharged recovered, six patients had been insane for five years, one for over seven, one over 11, and one over 21 years.

Many structural improvements have been effected, one of the most important being a new infirmary for female patients. The arrangements proposed by Dr. Clouston for its administration are admirable, and we reproduce his remarks in order that his example may be widely followed.

“In future it is to be the probationary ward and training school for all the new female attendants. They are to be sent there for a time at first to begin their work by learning to nurse the sick, and to look on all mentally affected patients as really sick. If anything will produce a habit of kindness and forbearance, this will be likely to do so, and I anticipate much good to result to the patients from this training and initiation of the attendants into their duties. To complete my idea of the proper working of a combined sick and probationary ward, we need annexed to it and worked along with it, and under the charge of the head nurse, a small ward for a few newly admitted, actively excited patients, not sick in the ordinary bodily sense, but, from a medical point of view, brain-sick, and needing exactly the same nursing, feeding, and attention. These patients will need single sleeping rooms and a small corridor for a day room near, but apart from, the bodily sick. We shall have a large staff to look after such patients, who will be individually responsible for each patient. Most such cases have quiet intervals, and then they will be sent to the sick ward proper. When they would disturb the patients there, they will be placed in this supplementary annexe. To have many such together, they would irritate each other, and I could not carry out the principle of individualization. Therefore six is the most I would wish provision made for, and I anticipate only to have two or three very actively excited recent cases. It fortunately happens that on the north side of the same building we can get exactly the thing I want with small and inexpensive structural change. The feeling, above all others, I

would like to instil into our attendants, is that feeling of professional interest in their work and pride in it, which a doctor has, and which an educated trained nurse has."

Fife and Kinross.—No fewer than 21 chronic cases were boarded out during the year. This has afforded great relief to the asylum accommodation, and shows what really can be done in this direction when an effort is made.

Glamorgan.—The infirmary wards have been enlarged, thus greatly facilitating the nursing and care of the sick. They are now brought together into one large room, instead of being, as formerly, scattered over the various wards. This is undoubtedly a great improvement.

The night attendance is good. There are four attendants on each side. Two have the care of the suicidal and epileptic patients, one of the sick, and one of the wards generally.

Glasgow Royal Asylum, Gartnavel.—It continues to be directed with marked success. Pauper patients are being sent elsewhere, and the accommodation thus obtained is used for the reception of private patients paying low rates.

Now that the institution has escaped from its financial embarrassments, a fund is being collected for the providing of pensions to the officers. This is a most important step in the right direction.

Hants.—Important enlargements are proposed at an estimated cost of about £12,000.

This is one of the few English reports which do not include that by the Commissioners. This is an omission it would be well to supply, though it will be allowed by those who know this well-managed asylum that official confirmation is not required.

Hereford.—Dr. Chapman reports that: "Since the early spring season, it has been the rule for every patient to walk daily (weather permitting) round the asylum grounds. The only exceptions being those whose employments involve abundant exercise, or whose bodily health is such as to forbid it. This habit cannot but have a most beneficial effect on the general health."

Such an arrangement does good not only to the patients but to the nurses and attendants.

Inverness.—Important structural alterations and additions are in contemplation. These, when carried out, will relieve the over-crowding of the wards, and remedy the other defects at present complained of.

During the ten years 1871-81, there has been a very marked increase in the number of patients requiring asylum-treatment.

The sanitary state was anything but satisfactory. Dr. Aitken reports that "there was a tendency to the formation of abscesses, an inclination to the slightest abrasion taking on an erysipelatos form, and throughout the whole course of the year the establishment has never been free from erysipelas and diarrhœa."

We would urge the adoption of the statistical tables recommended by our Association.

Isle of Man.—Improved arrangements for the extinction of fire have been made, but not before a narrow escape from a very serious disaster. A fire broke out in the female division. Fortunately the night nurse was at hand and extinguished it before any damage was done.

The proposed enlargement of the asylum, so urgently required, has occasioned some difference of opinion between the asylum committee and a committee of the House of Keys. It is suggested that the Home Secretary should be asked to name a competent person to advise as to the amount of accommodation needed, and the most advantageous mode of providing it.

Kent. Chartham Downs.—In this case also the entry by the Commissioners does not form part of the annual report. We think this is a pity.

Killarney.—Dr. Woods reports that some much-needed improvements were effected during the year, but he also points out the absolute necessity of improving the heating of the building. He says:—“The heating of the asylum in winter has always given much trouble. It is almost impossible to keep up a proper temperature; and, frequently, on the coldest days, the fires have to be put out to prevent an accumulation of smoke through the house. Everything has been tried to abate this nuisance, but nothing has been of any avail. The Inspectors have recommended that the wards should be heated with hot-water pipes; and I hope, before long, to be able to lay before you some plans on the subject. I should not be at all surprised if the works could be carried out so as to effect a considerable saving. Our present consumption of coal is very large, being three tons a week in winter.”

For an asylum containing some 310 patients, we cannot look upon three tons of coal per week as excessive in amount; indeed, we cannot believe our eyes as we read the statement. In table 28 the annual consumption of coal is given as 347 tons. If that represents the total amount of fuel burnt, we do not wonder the wards are cold. Surely peat must be largely used, but it does not appear as an item of expenditure. We would strongly advise the adoption of the suggestion by the Inspectors that the wards should be heated by hot-water pipes.

Lancashire. Lancaster.—A complete system of draining the whole asylum is nearly completed.

It appears remarkable that when a patient required the performance of the operation of ovariectomy, it should be necessary to send her to Birmingham. Was there not in Lancashire one surgeon able and willing to do it?

Dr. Cassidy reports a curious accident. A male patient was crossing an airing-court when his foot slipped and he fell. He was unable to rise unassisted, and on being examined was found to have fractured a rib, and the skin was crepitant from escape of air from the lung into

the cellular tissue. He fell on a plane surface, and was said to have fallen backwards.

Dr. Cassidy has made various changes, with the express object that the patients may have more freedom, more out-door life, and more work. His efforts could not be better directed.

Lancashire. Prestwich—We extract the following paragraph from the Commissioners' report on this asylum for the purpose of bringing under the notice of all medical superintendents the importance of ascertaining the character of the workhouse to which they consign lunatics when they send them to the union. While we have always maintained that there are workhouses where incurable lunatics may very properly be placed, there are others which are totally unfit; and in any case the greatest care must be taken in selection. We fear, however, that patients will be spoilt for the most comfortable workhouse when the accommodation they have had resembles the hall of a large country house. The Commissioners say:—

“ We learn that out of the 88 patients who have been discharged ‘relieved,’ 71 have been sent to their respective workhouses as fit cases to be received in them; but we are not astonished to learn that many have to be sent back again, having become unmanageable in the workhouse. A greater change can hardly be conceived than to the ordinary workhouse day-room from these wards—in the one the rule being whitewashed bare walls, stone floors, a hard bench to sit upon, with only at the best a pauper help to look after their wants; and in the other well warmed, clean, bright, cheerful wards, filled with flowers, plants, and ferns, the walls hung with pictures, stuffed benches and chairs for their use, with attendants accustomed to deal with insane patients, and able to understand their peculiarities. These remarks, of course, apply to those workhouses which have no insane wards; and we fear till marked improvement takes place in arrangements for the care of the insane of the chronic class in workhouses, so long will they be found impossible to be dealt with out of an Asylum, and remain at an increased expense to the ratepayers. The wards and dormitories here were in the best order, bright and cheerful, and No. 1 Ward on each side has been completed since the last visit, and bears more the appearance of the hall in a large country house than the ward of a Lunatic Asylum. We are glad to observe attendants and patients at work beginning alterations of a similar character in Wards 2 and 3 on the female side, and when these are finished, the corresponding wards on the male side will be altered in like manner. It is satisfactory to add that all these great improvements are executed solely by patients' labour, superintended by skilled artizan attendants, whilst all the furniture, fern cases, &c., are obtained by the same means, as well as the busts and pottery which adorn the walls. We cannot too highly express our gratification at the appearance the wards, even those occupied by the destructive patients, presented; and we must add that we are astonished to find that all this is done at a cost of no more

than 8s. 2d. per week per head. We doubt if any other asylum in the country has anything approaching to the comfort and even luxury provided here at such a rate."

Lancashire. Rainhill.—Dr. Rogers strongly urges upon his Visitors the necessity of providing a suitably arranged reception ward for each sex. The advantages to be derived from such an arrangement are self-evident.

Lancashire. Whittingham.—The annexe is already partly occupied, and various important additions have been made to gas-works, laundry, &c.

When some trifling defects have been made good it is expected that the heating apparatus will suffice, aided by open fire places, to keep the whole building at a comfortable temperature during even the coldest weather.

Leicester and Rutland.—The proposal to remove this asylum to another site has been for the present abandoned.

It appears that there is a difficulty in securing patients to benefit by the charity fund. We therefore cordially agree with the Commissioners when they say that they think that if the separation between the charity and pauper patients were more distinct, there would be no vacant beds, as the class of applicants would be thereby much enlarged, many now objecting to degrade themselves by associating their insane relations with others far below them in social rank.

Limerick.—Important structural alterations continue to be made; all tending to bring the asylum up to a high modern standard. One of the Inspectors pays it a high compliment when he says: "In no similar institution in this country is there a better supply of clothing of all descriptions—both personal and other."

Lincoln.—Important additions have been made to the ward accommodation, as it had been necessary for some time to board about 40 patients in another asylum. Warned by a fatal case of typhoid, the whole sewage arrangements have been modernised with marked benefit.

Lincoln Lunatic Hospital.—It is reported by the chairman that the Commissioners say that this Hospital only requires publicity to ensure its filling. Of this we have no doubt.

It would be well if the trustees published the reports by the Commissioners in full, and allowed the medical superintendent to be heard in public as is done in all other lunatic hospitals.

Middlesex. Hanwell.—The Visitors report that during the last ten years the average increase of pauper lunatics in the county has been 343. Although a new asylum was built less than five years ago, many applications for admission to Hanwell have to be refused, and the Committee do not see any way of increasing the accommodation there to any appreciable extent.

*An additional medical officer has very properly been appointed. There are now two superintendents, four assistant medical officers and

an apothecary. Even this medical staff is too small. When the number and character of the cases under treatment are considered, the very onerous duties of the medical staff must be evident, especially if any scientific work is to be done.

Dr. Rayner continues to make special and laudable efforts to employ troublesome and destructive men. He says:—

“The roller and pumping parties, at which those are employed who are too destructive or excitable to be trusted with tools, have been specially successful. In one instance which may be quoted as an example, a patient, who for years had been constantly destructive and violent, since his employment with the roller, has been destructive only on the days when there has been no work.”

Middlesex. Banstead.—Important additions have been completed and others are contemplated for the accommodation of 200 male and 250 female patients.

At the time of the Commissioners' visit there were 1,701 patients on the books. The medical staff consisted of the medical superintendent and two assistant medical officers. We do not wonder at the very strong expression of opinion by the Commissioners that another medical officer should be appointed. It cannot be denied that one of the blots on asylum administration in England is the insufficiency (not inefficiency) of the medical staff.

Dr. Claye Shaw continues to speak favourably of his plan of associating a certain number of acute and suicidal cases with the chronic and demented.

Monmouth, &c.—It is extremely creditable to Dr. McCullough that he should succeed in maintaining his asylum in such a high state of efficiency at so small a cost.

Tenders have been accepted for the erection of new buildings, and the work is already in hand. The estimated cost is £42,000.

Montrose.—The following cases reported by Dr. Howden show that asylum-physicians should never despair of their patients' recovery. Although we often enough see patients recover after four or five years, it is very seldom indeed that recovery occurs after 21 years' residence in an asylum. But let us live in hope; if we work as scientific physicians we may yet succeed in imitating the methods of nature and restore to reason some apparently hopeless cases.

Dr. Howden says:—

“The recoveries (54) are in the proportion of 44 per cent. to the admissions, 45 had been less than a year under treatment, 6 two years, 1 four, 1 nine, and 1 no less than 21 years. The histories of the last two cases are instructive. The first was that of a young woman who laboured under violent mania on admission. She continued in a very excited state for about six years and then gradually sunk into a condition of apparent imbecility, from which there seemed little prospect of her ever emerging. Contrary to expectation, however, in about eighteen months she began to waken up; at first her conversation was

very limited and her capacity for work equally so; slowly, however, her intelligence and former active habits returned, and eventually she was discharged quite recovered. The variations in the weight of the body at the various stages of illness in this patient were remarkable. When admitted she weighed 109 lbs.; during the first two months of the excited period she lost 5 lbs., and continued to lose weight for long after; Cod liver oil and extra diet were administered, and as the excitement passed off, and the apparently fatuous stage set in, she became rapidly very stout, and continued so till her discharge, when she weighed 180lbs., or over five stone more than when she was admitted. The other case was that of a man admitted in 1860, labouring under deep melancholia accompanied by many delusions. Two years after admission he was reported to be demented, and it is noted that 'he rarely speaks;' in 1864 he is said to be 'quite demented and dumb.' In 1868 he appeared to be in the same condition mentally, but he had begun to assist the attendants in house work. In 1870, when suffering from pain (as from toothache or colic) he spoke, but when he got better he was again demented. In April, 1875, he began to speak in a barely audible whisper, and continued to do so for several months. His normal power of speech and intelligence were then gradually restored, and in 1878 he was able to work at his trade in the Asylum workshop. *It was evidently an error to suppose that during the dumb stage of his illness he was demented in the ordinary acceptation of the term*, for during the latter part of it at any rate, he did intelligently what he was told, and though he did not speak, he expressed his wants by signs and sometimes in writing. On recovery, thirteen years seemed to have been a complete blank in his existence, and on leaving, it appeared to him that he had been only six or seven years in the asylum. His loss of speech did not seem to have arisen from want of memory of words or their meaning, nor from paralysis of the muscles employed in articulation, *but from a nervous feeling that he had not the power to give expression to his thoughts in articulate sounds.*"

The extraordinary thing is that there should have been a complete blank in the man's existence; as there would seem to have been a state of "mental stupor with melancholia" rather than pure "mental stupor" *alias* (so called) acute dementia.

Norfolk.—A fire occurred in the laundry through the overheating of a drying closet. It was extinguished in twenty minutes, thus proving the efficiency of the fire arrangements.

The Commissioners comment upon the presence of a large number of idiot lads in the male wards and express the wish that they could see any prospect of pauper idiot-asylums being built, where children might be sent and taught some useful trade.

Northampton.—Dr. Greene is to be congratulated on the very substantial increase of his salary. It is unfortunately not every medical superintendent who receives an advance of £250.

Northumberland.—In connection with impending changes in lunacy legislation, Dr. McDowall makes the following remarks on private asylums. With these remarks we cordially agree. Simply to extinguish them by Act of Parliament would be a great mistake.

“Important lunacy legislation will soon engage the attention of Parliament; but as its scope is still unknown, I need not further refer to it than by expressing a hope that the Lunacy Bill will make some provision for the care and treatment of the insane of the poorer middle classes. On them mental derangement falls as a crushing calamity. The patient possibly loses his business or situation, and his prospects in life may be permanently damaged. The relatives necessarily suffer, though in a different way. During his illness their income often disappears, yet, at the same time, they are called upon to pay heavy charges for his maintenance in a private asylum. There thus arises a degree of domestic affliction only to be understood by those who have witnessed it. A private asylum is in one respect a business speculation, and the proprietor, of course, does his best to secure as good a return on his capital as is consistent with his duty to his patient. To the rich this is no hardship, and it would be a mistake to suppress those private institutions which receive patients from the wealthy classes. For other reasons it would be a mistake to buy out the proprietors of middle-class asylums, thereby securing their extinction. What is wanted is competition. A public institution, if well conducted, would speedily attract to it all cases in which, as it is said, money is a consideration, and the inferior private asylums would disappear. Were the three or four northern counties united into a district, and an asylum for say 200 patients built at public cost, in which the charges varied from £1 to £3 per week, the money invested would in the course of some 30 years be repaid with interest, and an asylum would be provided which would relieve in various ways the sufferings of a struggling class of the community.”

Norwich (City and Borough).—This is the first annual report. Numerous important and troublesome defects in construction and arrangement were discovered when the building came into use, but these have been mostly made good or are in process of being made so.

The Commissioners in their report (1881) refer to twin sisters, one in this, and the other in the County Asylum. As such cases attract special interest at present, we should be glad to have their history published in this Journal in the form of a clinical note.

Nottingham (Borough).—This new asylum is already full, and its enlargement is under consideration. A detached hospital is to be erected for the isolation of patients suffering from infectious diseases.

Nottingham Lunatic Hospital (The Coppice).—This admirable charity continues to be administered most successfully. At the end of the year additional accommodation for the care of 20 patients of each sex was nearly complete.

Oxford.—Although several resignations occurred during the year,

in only one instance is it stated that a retiring allowance was granted. The head female attendant resigned after 18 years' service, and the head laundress after 31 years' service, but no mention is made of a pension having been granted to these persons.

Portsmouth.—The dormitories for epileptic and suicidal patients are now under continuous supervision.

We agree with the Commissioners in considering the wages of the attendants and nurses too low. Liberal wages, by securing the services of good servants, are, as a rule, true economy.

Richmond Asylum, Dublin.—In remarking on the changes in treatment which have been effected since his appointment in 1857, Dr. Lalor congratulates himself on the total disuse of restraint, and that seclusion and the use of single rooms have almost disappeared.

Contrary to the general opinion, he does not disapprove of the presence of idiot children in a county asylum. In connection with his system of education, and of industrial and recreative pursuits, he says :—" I think it right to state that they are carried out on the same principles, and with the same details that are applied, and have proved so successful in special idiot asylums, and which are theoretically and practically suited to all forms of mental defect. The association thus carried out of idiots with other classes of insane is not found to have injurious effect on either class ; and I am convinced, from long experience, that, on the contrary, it is rather useful than otherwise, and, everything considered, it appears to me that there is no necessity or advantage in having the treatment of the two classes of the insane carried out in separate asylums, and the experience of this Institution rather supports an opposite view."

Though we venture to differ from Dr. Lalor in this point, we cannot too highly commend his continuous efforts to carry out his system of teaching in the asylum. The interest of the Richmond Asylum Schools does not consist so much in the education of idiots as in the mental occupation of the insane.

Roxburgh, &c.—This asylum being full, it is proposed to discharge the private patients to make room for paupers. To do this may be a strictly legal proceeding, but it is to be commended for no other reason. We, therefore, heartily sympathise with Dr. Grierson when he pleads for the retention of these cases. He says :—" At the risk of being thought importunate, I would venture anew to bespeak a kindly consideration for this class of cases, for the twofold reason, firstly, that the relief gained by their exclusion is largely illusory, as partly illustrated in the preceding sentence, namely, that they, at best, are on the verge of pauperism, and ready, without the threat of removal, to drop thereto ; and secondly, that the stigma of pauperism might be withheld as long as possible from the relations or friends who now, by the exercise of a laudable self-denial, have kept themselves above the level of their class. I say nothing of the benefit to the asylum arising from the difference in the amount paid by the two classes, though that now,

and in the past, as is well known to you, has been not a little; and equally, while it may not be so easily an estimated one, that of having a few of the better educated moving about among us is not without its influence upon both the directing and directed members of the household, I have not any doubt."

Royal Albert Asylum.—A hospital for the treatment of contagious diseases is specially necessary in an idiot asylum. Such a building is now nearly completed here through the munificence of a gentleman who presented £4,000 for the purpose. The administration of this institution continues to be highly creditable to Dr. Shuttleworth.

St. Andrew's Hospital.—Important alterations have been effected in the building; and the asylum property has been added to at the cost of several thousand pounds.

In his report Mr. Bayley points out that the institution runs the risk of being diverted from its proper function. It is really intended for the reception and treatment of acute and curable cases of brain disease; but at the end of the year, out of 310 patients only seven males and 16 females could be looked upon as curable. This is a very remarkable state of affairs.

Salop and Montgomery.—Plans have at length been prepared for the much needed enlargement and improvement of this asylum. It is not often that a medical superintendent has to describe, as Dr. Strange does, "the machinery, workshops, and laundry in a state of decay deplorable to behold."

Great difficulty has been experienced in rearing good attendants, and several were discharged as highly unsatisfactory. Dr. Strange strongly condemns the short service men as being entirely unfit for asylum work.

To relieve overcrowding, 30 patients, not recovered but "relieved," were discharged to the custody of their friends.

Somerset and Bath.—Dr. Medicott having ceased to be superintendent, his successor, Dr. Wade indicates in this, his first report, various changes which he considers will add to the efficiency of the asylum. His opinion of the effect of the discontinuance of beer is referred to in "Notes of the Quarter."

Staffordshire. Burntwood.—The supervision of epileptic and suicidal patients has been improved. By slight structural alterations it might be made quite satisfactory.

Staffordshire. Stafford.—Twenty-eight acres have been added to the asylum property. Plans have been prepared for buildings to accommodate 150 patients at an estimated cost of about £33,000.

Suffolk.—During 1881 the asylum was greatly overcrowded and its sanitary condition most alarming. Twenty-one deaths occurred from diarrhoea. This disease prevailed during the year to such an extent as greatly to embarrass the ordinary working of the establishment. Efforts have been made to discover the cause of this and other pre-

ventible diseases, but, strange to say, with only partial success. From the details given by Mr. Eager it seems, however, almost certain that sewage is percolating into the well.

Plans for extensive enlargements have been prepared, but the buildings will not be proceeded with so long as so much sickness prevails. In the opinion of Mr Eager, and we agree with him generally, the proposed arrangements might be improved.

Surrey. Brookwood.—In this report Dr. Brushfield takes leave of his asylum, and briefly reviews his work therein during the 16 years he held office. It is greatly to be regretted that impaired health has compelled him to give up the direction of an asylum which reflects so much credit on his management. His retirement was commented upon at the time in this Journal.

Surrey. Wandsworth.—Several important alterations and additions have been made. The chief of these is a chapel with 680 sittings.

Gratuities to attendants for good conduct continue to be, so far as we know, peculiar to this asylum.

Sussex.—It would appear as if some steps must be taken to provide further accommodation for the lunatics of this county. In Dr. Williams's opinion the present asylum cannot with advantage be further enlarged. Is Dr. Williams as sanguine as he once was, as to largely relieving County Asylums by sending harmless cases back to their friends, and so saving the rates?

Five acres of land and five cottages have been added to the asylum property.

In his remarks upon the employment of patients, Dr. Williams shows that he at least does not neglect this, the chief form of remedial treatment. It is not improbable that as much as possible is made of what is done in some Scotch (not to say some English) asylums, but it does not admit of a doubt that lunacy administration in the north has given a great impetus to the outdoor employment of the insane. Were it not from a pretty well founded fear of incurring official disfavour, some superintendents of English asylums would be willing to incur greater risks than they do by employing both suicidal and dangerous patients on the farm.

On the women's side two nurses are boarded by the Committee, and paid for by a benevolent lady, to train them for attendance on private mental cases elsewhere. This is a most admirable arrangement, which might advantageously be imitated in other county asylums.

Warneford Asylum, Oxford.—This useful charity does not appear to be as well known as it ought to be, else it would be impossible that there should have been 15 vacancies at the date of one of the visits by the Commissioners.

Warwick.—Any remarks by Dr. Parsey on asylum management demand attention. His is now a long experience, and an eminently

successful one. We therefore reproduce the following paragraph relating to the open-door form of treatment. It is quite true that the increased liability to serious accidents frightens many men who theoretically approve of the method:—

“I have watched with much interest the records of a system of general treatment which at present finds much favour in the northern division of this kingdom, the leading features of which consist in an extreme extension of the personal liberty of the inmates of an asylum by the removal of all locks, fenced airing courts, and other impediments to their free movement throughout the establishment, and in a possibly somewhat overstrained development of outdoor industrial occupations among them. The results have proved the practicability of this system; but two elements essential to its success appear to be (1) an asylum of sufficiently moderate size to enable the chief officer or his immediate subordinates to have an intimate personal knowledge of the mental and physical idiosyncrasy of each individual patient under his charge; and (2) a staff of assistants of exceptional intelligence, vigilance, and trustworthiness. Many of the older superintendents of English asylums must look back with regret to the time when the numbers in their own asylums enabled them to acquire this very desirable intimate knowledge of their charge, but progressive enlargements, and in many counties to proportions utterly beyond the possibility of such knowledge being attainable, would in such institutions stamp with hopelessness the experiment carried to the extremes attempted in some Scotch asylums.

“Nor is it yet proved that even in these smaller asylums of Scotland, where the success achieved is considered most marked, the system is altogether in advance of that long in force in a large proportion of the English asylums, where, though a very great amount of personal liberty and of industrial occupation are among the leading features of management, it has not been deemed desirable to remove all locks, nor to do away with airing courts as adjuncts to the more extended exercise of the patients in the general grounds of the asylum, or in the surrounding neighbourhood. Among the primary considerations in the care of the insane a due regard for the personal safety and safe-keeping of themselves, and of the safety and comfort of their guardians, should be at least concurrent with any extraordinary extension of their personal liberty and freedom of action; but in this most advanced movement in the progressive changes in asylum life a weak point of some gravity is indicated by the much larger proportion of escapes, accidents, and suicides that have been experienced than in the system out of which it has immediately sprung, and of which it may be considered a somewhat advanced development.”

Waterford.—It is a very favourable indication of the system of management of this asylum that during the year no change occurred in the subordinate staff except in the case of one nurse, who resigned on account of illness.