

## PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.**Asylum Reports, 1889 (for 1888).*

*Aberdeen.*—The present asylum being much overcrowded and inconveniently near the town, the directors have purchased an estate of 283 acres, where they intend to provide accommodation and labour for a large number of patients accustomed to agricultural employment. As pointed out by Dr. Reid, this is a new departure in asylum management in this country.

The following remarks by Dr. Reid, on the occurrence of phthisis, are valuable:—

In the crowded condition that has existed in the asylum for so many years, phthisis would have been expected to predominate in the death statistics, but such is not the case. For instance, during the last ten years 28 are reported to have died from this disease out of an average population of 553·75 patients, thus showing the number of deaths from phthisis to average 2·8 per year. In the case of five deaths from this disease during the past year, two manifested its advanced symptoms when admitted. The only apparent reasons for the comparative infrequency of malady are as follows:—

The institution has many separate and detached buildings, affording classification of its inmates into different groups. The patients are distributed in sitting-rooms and parlours of moderate size, having constant access at pleasure to the open air, and not in large halls and galleries, with only periodic egress; at the same time, by liberality of diet and warm clothing, they are able to combat the insidious effects of the east winds, while still enjoying the benefit of fresh air. Moreover, living in small groups, they are less liable to the evil effects of a contaminated atmosphere, and the day-rooms, from their size and position, are more easily ventilated than larger ones, with a greater proportion of patients of various classes. It may also be noted that the most disagreeable cases are isolated during the night in single bedrooms, of which there is a considerable number in the asylum.

Two deaths having occurred from virulent erysipelas, the drainage has been thoroughly overhauled, and all modern improvements introduced.

*Barnwood House.*—This hospital continues to exhibit every indication of energetic and successful management.

Dr. Needham's report contains the record of three cases of recovery after long continuance of the mental disorder.

1. A male patient in 1872, the subject of delusional insanity of a dangerous character, having had one previous attack ten years before. He remained under care in this hospital for many years, exhibiting continued evidence of the persistence of his delusions. Ultimately they began to be less and less obvious, his personal liberty was increased, and he regained the power of self-control, and a sane manner and appearance. This improvement continued until all trace of delusion had apparently disappeared, and he was discharged to the care of his friends in the spring of 1886. He has since remained at home free from all mental disorder, and able to enjoy life and manage his own affairs.

2. A male patient, admitted in 1874, suffering from delusional insanity of severe type. The delusions continued without intermission for many years,

when a distinct improvement became gradually apparent. The same course was pursued as in the previous case, with the result that all evidence of delusion and of general mental disturbance vanished, and he was discharged at the end of 1886. There has been no return of the illness, and after remaining under the constant observation of his friends until the autumn of 1866, he went abroad to begin life again in one of the colonies.

3. A male patient, admitted at the end of 1881, with delusional insanity and other symptoms simulating general paralysis. The prognosis seemed to be extremely unfavourable, and continued so until the end of 1886, when marked improvement showed itself in the entire disappearance of all delusions, increased mental vigour, and renewed general health. Personal liberty was enlarged, and in the autumn of 1887 he was discharged to the care of a medical man in a private house. He remained there for some months, when it was obvious that he had entirely recovered his mental health, from which there has been no relapse.

These cases, all of which were of the most unpromising kind, are full of interest in their relation both to prognosis and treatment. They illustrate the great importance of continued observation and treatment in even the most chronic cases, and the value of such individual attention as is only compatible with the care in one institution of a limited number of persons who are the subjects of mental disease.

We are sure that Dr. Needham will not resent the remark that he has omitted to state what the treatment was in these cases. Was it medical, moral, or a combination of both? Such cases have been frequently reported as occurring in large public asylums where minute personal treatment of chronic cases does not exist. So far as we know, there is no physician in existence who can lay down any but the broadest indications for the moral and medical treatment of such cases; and such treatment is followed in all well-conducted asylums, large and small.

We give Dr. Needham's well-balanced views relative to mechanical restraint:—

No mechanical restraint has been used during the year, and seclusion has been resorted to very sparingly, and only under exceptional circumstances.

With a sufficient staff of competent and experienced attendants, I consider these abnormal expedients to be practically unnecessary, and their frequent adoption to point to remediable defects which in no institution for the insane should be suffered to exist. Both of them are allowable as means of medical treatment under infrequent and exceptional circumstances, and a superintendent would, I think, be unwise who repudiated them altogether because they are unpopular, and, when abused, may lead to undesirable results. But he certainly would not be justified in their use from mere motives of economy, or to obviate defects in the number or quality of his attendants and nurses, or to save the trouble of resorting to more complicated, but less objectionable expedients.

It may be said broadly that the modern practice of approximating asylums as closely as possible, in the furniture and decorations, and in the absence of special asylum features, to ordinary dwellings, of removing unnecessary restrictions, and extending personal liberty as widely as is compatible with safety and public comfort, has done much to render such methods of management rarely necessary.

*Berkshire.*—The means of extinguishing fire have been considerably improved.

The Visitors mention in their report that they passed a resolu-

tion urging on Parliament the justice of inserting in that Act the claims of existing officers of lunatic asylums to receive pensions, either in the case of failure of health, or should they be over sixty years of age and have served for over fifteen years, and the Committee consider that in such cases the right to receive such a pension as is allowed by the existing Lunacy Acts should be assured to those who have spent the best years of their lives in the public service, and in a harassing and anxious occupation.

*Bethlem Hospital.*—Dr. Percy Smith's report is one of much interest, and is an indication of the wisdom of the choice made by the governors in appointing him the medical superintendent in the place of Dr. Savage. The report contains a reference to the discussion on mechanical restraint, which has recently attracted so much public attention and been the cause of an amendment to the Lunacy Bill, which is as uncalled for, as it is derogatory to the proper position of a medical superintendent. Dr. Smith supports, in a forcible and practical manner, the resort to mechanical restraint in certain cases as more humane than that form of restraint known as manu-tension, which the Lord Chancellor and the Lunacy Commissioners alike regard as non-restraint!

*Birmingham. Winson Green.*—The following paragraph from Dr. Whitcombe's report is an interesting addition to our information about statistics:—

In annual asylum reports it has become common for medical superintendents to speak of the necessity for early treatment of insanity, and this goes on year by year apparently without producing the smallest effect. As bearing on this subject, it is interesting to notice the results of the past year. Table VII. gives the duration of the disorder before admission in respect of the admissions and recoveries; and it may be considered curious by some that the greatest proportion of recoveries shown there, namely, 64·7 per cent., is in the third-class, that is, recurrent cases of insanity of less than twelve months' duration. The next, 50·9 per cent., is in the first-class, consisting of first cases of less than three months' duration, followed by 40·4 per cent. in the fourth-class, being first and recurrent cases of over twelve months' duration. Now, in individualizing these cases, I find that the recurrent cases are sent to the asylum at a much earlier period than any others; the duration of the disease before admission being, in the majority of instances, one of days rather than weeks. Curiously enough, the same table shows that the death-rate, in proportion to the admissions, is in almost an inverse ratio to the recoveries; so that it may be plainly stated that the earlier a case of insanity is treated the greater the chance of recovery, and the less chance of death. [For "case" we should read *curable case*.]

We very cordially recommend the following paragraph to the earnest attention of every superintendent:—

Comparisons are very frequently made by Committees and others between the cost per head per week in different asylums, and it appears to be fashionable for one asylum to vie with another as to which shall cost the less in this particular. I would ask, Is this true economy? I cannot forget that the larger proportion of admissions into asylums yearly consists of those who are married, probably most of them "the heads of families," and I hold that the truest economy, the greatest saving of the public rates, lies in promoting the earliest recovery of these, rather than their cheapest maintenance. *A rivalry as to the highest*

*recovery-rate, under similar conditions, might be more healthy, and be productive of good effects.*

*Birmingham. Rubery Hill.*—It would be interesting to have further details of the two cases mentioned by Dr. Lyle.

Two of the recoveries deserve special notice, inasmuch as one had been ten years and the other eleven years under asylum treatment. They were both transferred to this asylum about six years ago, and were at that time considered beyond all hope of cure. I cannot but think that the change from one asylum to the other had something to do with the recovery, more especially being brought into the country air, with more facilities for outdoor exercise; but in one of the cases getting over the climacteric period played an important part.

*Bristol.*—The important additions and alterations to this asylum are still in progress. The new wings, mortuary, and workshops have been taken possession of.

In the following paragraphs we have Dr. Thompson's views concerning phthisis in asylums:—

Again, referring to Table IX., it will be seen that five patients died of consumption. I daresay that in an adult population one death in 12 deaths from this cause would not be considered out of the way. But as it has sometimes been alleged that consumption is a disease which is acquired by residence in an asylum, I think it well to try to refute that allegation. Three of the five cases were of an acute kind, and in the notes taken at the time of admission there is no mention of any symptom as existing then. But in the two which lingered, of one it is noted that a near relative died of that disease; while of the other case, who was admitted so long ago as 1864, there are ample notes of an attack which lasted over several years, and from which the patient evidently recovered, and of which there was no recurrence until a few months before she died.

That the presence of consumption at the time of admission, or a family history of its occurrence, is not uncommon, is a fact. My colleague, Dr. Harman Brown, has prepared for me a "return," taken from the notes of those admitted and readmitted during the past year, which astonishes me by the recorded frequency of family history, or symptoms, or both. Thirty women and 29 men are returned to me as having the one or the other. Thirty-three have a family history of consumption, of whom six have actual symptoms on admission, while in 26 others symptoms alone are recorded without any family history.

After seventeen years of experience in this asylum, I have come to the conclusion that consumption is the most curable disease which we have to treat. In many cases privation previous to admission is, doubtless, the cause of this special disease, as it is of the mental state; and good feeding, no doubt, and a change of circumstances all round for the better, has much to do with our success in arresting the disease, or in curing it altogether. Some of our success I attribute to the excellent automatic means which the building possesses, as part of its original design and mode of construction, which allows of a persistent, silent, and unpreventable current of air, cool in the summer and warm in the winter, to be going on whether we are awake or asleep. We know it now to be a fact that consumption seldom or never appears in a race of people until the race begins to build slated houses; and for that reason alone one landed-proprietor in the north of Scotland changed his intention to build slated houses for his poorer tenantry, and kept to the more primitive method of thatching the roofs.

Dr. Thompson refers to the consumption of tobacco in his asylum, and says that he has reduced it by two-thirds. Many asylum physicians will be inclined to consider his experience

unique when he is able to state that "the 'hardships' of leaving off is a sentimental matter entirely, as is shown by the fact that it rarely happens that a man newly admitted asks for tobacco until he has been about six weeks in the asylum, and then, probably, only because he sees others smoking."

*Cambridgeshire, etc.*—The additions to this asylum are still in progress.

There is no provision for isolating infectious cases. Dr. Rogers recommends the building of semi-detached cottages, to be occupied, as a rule, by married attendants, but available for hospital purposes when required.

Table V. does not state the number of post-mortems made.

*Carmarthen.*—A new church has been built apparently entirely by the staff and patients. This is extremely creditable. As to the value of work as an educational method we append Dr. Hearder's remarks:—

Our first aim, our highest effort, is to promote recovery of mental health; but this can be successfully accomplished in only a minority of the cases admitted. There are few cases, however, who are not benefited by treatment, made more contented and comfortable in themselves, and more serviceable to others. The large amount of work that is performed in all asylums bears witness to this, and you have had considerable evidence of the value of asylum tuition in the large works which have been undertaken and completed here. The building of the new chapel for this asylum has been a work of education, and has raised many who were mere labourers into fairly skilled workmen. This, our largest undertaking, has now happily been brought to completion, without a single accident to life or limb. With the limited means at our command, it required that all engaged on the work, patients as well as attendants, should remember the injunction, "Whatsoever thy hand findeth to do, do it with thy might." Yet with all our home effort we have to gladly acknowledge the invaluable assistance of one, and only one, who is not a member of the permanent staff—our architect.

*Cheshire. Chester.*—The water supply showed signs of diminishing year by year, but deepening of the bore-holes has made it again ample. The estate has been increased by the purchase of thirty acres.

*Cheshire. Macclesfield.*—We gladly reproduce Dr. Sheldon's remarks upon cost of maintenance, and we venture to submit them to the careful consideration of some superintendents, though we do not endorse all his statements.

The principle underlying the administration has been to reconcile economy of expenditure with full consideration for the well-being of the patients in matters of attendance, food, clothing, and medical treatment; it would have been an easy thing to either increase or diminish the cost of maintenance; as it is I do not think that the actual expenditure has erred on the side, either of parsimony or of extravagance. But to arrive at this moderate result has demanded unremitting attention to details of management on the part of your medical superintendent, and, at a time when the old order is passing, this induces me to speak of a danger which is threatening seriously to impair the usefulness of asylums; the burning question inside and outside them seems to be, not "What are you doing for the cure and care of the insane?" but "What does it cost to keep them?" The contention seems to be, not so much for improved methods

of treatment, for study of the symptoms and pathology of insanity, for progressive measures—such as an increase in the medical staffs in asylums, and the employment of a larger number of better-educated attendants—as for a rate of maintenance which shall approximate as closely as possible to that prevailing in workhouses; the temptations to such a course are obvious. When one considers the pressure which of late years has been exercised by representatives of the ratepayers, the applause which awaits response, and the criticism which follows resistance, to such pressure, they are almost irresistible. But the inevitable result is that the whole energy of medical men in charge of asylums is concentrated upon non-professional matters, and that institutions for the noble purpose of the cure and relief of disease degenerate into well-furnished poor-houses. It cannot be denied that a strong tendency to such a consummation does exist, and is likely to be intensified by the conditions under which the new order comes in. Personally, I would express a hope that the Committee soon to be appointed by the new County Authority to preside over this asylum may conceive a high notion of their work, and insist upon no degradation of it by their officers.

*Cornwall.*—Dr. Adams says :—

One man and one woman have been admitted, who, having been under observation for some time, and showing no signs of insanity, were discharged as “not insane;” the woman, who was under treatment here some years ago, was probably subject to a considerable amount of mental anxiety, causing excitement of a temporary character, which having passed before she was admitted left her in her usual mental state; the man, who has been repeatedly admitted here from various parts of the county, under different names, since his first admission, has shown no symptoms which would justify his being detained as of unsound mind. Whether his extraordinary behaviour which brings him under the notice of the police, and results in his being sent here, is really due to the fact that his mind for the time is off its balance, or whether he is only acting a part which he knows will be useless here, is a matter of doubt; he does not belong to the county, and professes to be a hawker, and to have no home or friends; possibly his habits have worn out the patience of those who were his friends, and there are now perhaps none willing or able to help him.

*Cumberland and Westmoreland.*—The following extracts from Dr. Campbell’s report are somewhat long, but for this there need be no apology as they all refer to matters of interest and importance.

*Epidemic Pneumonia:*—

Seldom, if ever, in one year have so many cases of chest affection come under care here. Sixteen men and four women had pneumonia; six men died of this disease, those who died either had double pneumonia or had been known to have had previously an attack of the same disease. The cases occurred in both divisions of the house, though the majority were on the male side; the patients affected were nearly all living in different wards, some in separate buildings, and they did not work, when outside, at the same work, and the cases did not occur simultaneously. I could find no common cause except the cold and variable weather which we so long experienced during 1888. I first thought that the east wind had been the common cause, but Mr. Benn, who kindly supplied me with information from his observatory at Newton Reigny, has given me statistics to show that easterly winds did not blow with more frequency in 1888 than the average of the five preceding years; and from his information I find that only in eight cases was easterly wind prevalent at the onset of the attack. The periods of persistence in the early part of the year of east wind were considerable, and my experience is quite in accord with the old adage, “that when the wind is from the east, it is bad for man and beast.” Very many people are rendered

exceedingly uncomfortable and even irritable during a continuance of east winds. The attention paid to the comfort of inhabitants of asylums, the regular mode of life enforced, the precautions taken against exposure, tend, I am certain, to make them more susceptible to the effects of cold than the ordinary home life of the same class. Several doctors in this county had a similar experience to mine as to the prevalence of chest affections during 1888.

#### Restraint:—

During the past year I have had two such exceptional patients under my charge that I had to make use of exceptional treatment. One patient, a young and active man of 6 feet 3½ inches, was so powerful and violent that I had to keep him secluded for several periods. The other, a feeble melancholiac, made such persistent and varied attempts to kill himself that I had to restrain him by mechanical means for a long period, and when in no other way was it possible for him to injure himself, he bit off his lower lip as far as he could reach it with his teeth. This is only the second patient whom I have had to restrain for other than surgical reasons during the past fifteen years; when such cases occur, however, the proper course is to do what is for the good of the patient and the safety of those around him.

#### Employment:—

In county asylums I believe an advance of real value from a curative point, would result from an introduction of a larger number of day labourers, to whom convalescent and harmless patients could be entrusted during working hours, so that a class of work which would entail a greater call on the intelligence could be effected. At present in many asylums our patients are worked too much in large groups and have a tendency to get into a stupid, morose, and automatic condition which should be avoided.

*Crichton Royal Institution.*—This report affords every indication of enlightened and enterprising administration.

Concerning "boarding-out," Dr. Rutherford says:—

The majority of the pauper patients discharged unrecovered were boarded out in private dwellings. By the steady pursuit of this course in recent years the number of pauper patients belonging to the district has not only been kept from increasing, but has actually been diminished; to the advantage of those discharged, in their being enabled to live more natural homely lives, with freedom; to the advantage of those who remain, in enabling the medical staff of the institution to concentrate their attention on the class most capable of benefiting by it; to the advantage of the asylum as a medical institution, by freeing the wards of chronic harmless cases requiring no special treatment, and by making room for more necessitous cases; and to the advantage of the ratepayers in lessening the cost of maintenance of the lunatic poor. We are thus at this time in a position to afford temporary accommodation to the parishes of neighbouring districts, pending the erection of their new asylums. The following table shows the total number of southern counties district patients admitted, discharged, and remaining resident during the last twenty years, in four quinquennial periods:—

	Admitted.	Discharged.	Died.	Remaining.
				252 December 31, 1868
1869 to 1873 . . . .	246	148	90	260 " " 1873
1874 to 1878 . . . .	307	175	94	298 " " 1878
1879 to 1883 . . . .	332	239	129	262 " " 1883
1884 to 1888 . . . .	349	268	97	246 " " 1888

The significance of this statement is best seen by a comparison with other districts. This can easily be done by referring to the Lunacy Blue Books.

The advantage to the ratepayers consists not only in the difference between

the amount charged by the asylum and by the guardian, but also in the diminution of the total number of lunatics chargeable. Many persons will complacently allow their nearest relatives to be supported by the parish so long as they are confined in the asylum, but when it is discovered that they can live out of it, they make the effort, which in many cases is simply their duty, to maintain them.

The number of private patients has largely increased, and the amount of charitable assistance extended to deserving cases is most commendable.

The adjoining property of North Rosehall has been purchased. It extends to 110 acres.

The out-door employment of the gentlemen has been systematized and extended.

Death has made the first break in the little community of twelve patients, who for four years have lived quietly and contentedly in the two cottages at Spitalfields, without any attendants and managing entirely their household affairs. The origin of this little colony was the effort begun in 1833-4 to reduce the number of pauper patients in the second house by the boarding-out of suitable cases, with the result already referred to. Some female patients then sent out were returned to the asylum as unmanageable in private dwellings, and for some others suitable guardians willing to take them could not be found. To show practically that these patients did not really require the skilled attendance and costly accommodation of the asylum was my object in making the experiment, and it succeeded so well that it has gone on for four years, until the death of the old woman who took the principal charge of one of the cottages suggested the idea of replacing her by an attendant who is advanced in years, no longer fit for full work, and who would rather remain in service, with lighter duties, than accept a retiring allowance. The characteristic feature of this little community is, therefore, for the present at least, destroyed. But I do not think the experiment, which has been entirely successful, should disappear into the past without record.

*Derby.*—As usual, Dr. Lindsay's report is a careful and thoughtful production. In it he records the following interesting surgical case:—

T. W. S., an idiot and epileptic, 30 years of age, on the afternoon of 27th October was found to be unable to swallow solid or liquid food, and the asylum medical officers on examination diagnosed a chestnut firmly impacted in the gullet at about the level of the collar bone. The patient was not seen to swallow the chestnut, and he had not sense enough to give any information, but the use of the probang and œsophageal tube, added to his known habits, enabled the medical officers to diagnose a chestnut in the gullet. This being a case of danger and difficulty, necessitating a surgical operation, Mr. C. H. Hough, one of the surgeons of the Derby Infirmary, was called in consultation, who next morning, 28th October, skilfully and carefully performed the operation of œsophagotomy, and removed a large chestnut measuring  $3\frac{1}{2}$  inches in circumference, and weighing over half-an-ounce, which was firmly impacted in the gullet, at about the level of the clavicle. He appeared to progress satisfactorily until 1st November, when he died rather suddenly, with a gush of blood from the mouth, the cause of death being hæmorrhage into the stomach, which was nearly full of blood.

It is extremely satisfactory to find that asylum physicians are becoming alive to the, we may say, immorality of the competition hitherto followed in many places to reduce the cost to the last farthing. This is an evil we have more than once pointed out, and it would appear that the warning has not been in vain.



There is, I believe, too great a tendency, and the rivalry appears to be growing in some quarters, to claim credit for a low maintenance rate, obtained too often probably by sacrificing the patients' benefit. A very low maintenance rate requires careful scrutiny, should be viewed with suspicion, and is not, in my opinion, a thing to be commended or to boast of. The insane require a generous diet and liberal treatment, and it should ever be borne in mind that an asylum is a hospital for the insane, which should not be allowed to assume the character of a second-rate workhouse. All due regard should be paid to economy, but the patients' interests ought to be the primary consideration, and must not be allowed to suffer.

The dietary has been improved. The water supply appears to give much trouble. In his report Dr. Lindsay refers to the question of pensions to asylum officers.

*Devon.*—Important structural additions have been made to this asylum. The accommodation for female patients has been extended. A dining-hall for 400 patients has been built, and the recreation-room has been enlarged.

Dr. Saunders gives a short history of the asylum since its opening.

The report of the Commissioners is not given.

*Dorset.*—In his report Dr. MacDonal pleads the cause of the senile, the idiotic, and imbecile. Concerning the former, he says:—

Many of these patients are examples of hard working, industrious men, whose minds broke down under the changes natural to advancing years, and other collateral causes. It has been, and is, said that many of these cases "might be looked after at home." Now, with the spirit of this remark or expression of opinion, I am in full sympathy, and it is a matter for regret that our wards contain so many chronic dements; but is it possible, or even practicable, to treat such cases in their respective homes? In the majority of the cases the nurse would have to be the wife, herself may be feeble in mind and body, and, probably, more in need of being nursed than to act as one; and, for these reasons, ill-suited to look after or nurse the peevish, irritable, and fractious mind of a worn-out husband. To expect the children or other relatives to accept the responsibility, however laudable, is often unreasonable, and as impracticable as in the case of the wife. To send these cases to the workhouse, where no special means of treatment is provided, does not commend itself to those who know the trouble and trial such cases often are. In the interests of these too often mental and physical wrecks of humanity, I hope that no mistaken or erroneous notion of how they might be treated will prevent their early removal to the asylum, where, if not cured—for they cannot be renewed—they are at any rate nursed and taken care of.

*Exeter.*—Dr. Leonard Rutherford reports that two males and one female were discharged as not insane. One male had previously been in the County Asylum; he had too much drink in Exeter one day, was arrested by the police, and sent on here. The other male was sent from Woolwich by order of the Secretary of State; he was a soldier, and feigned insanity in order to procure his discharge. The female was a private patient, and in Dr. Rutherford's opinion ought never to have been sent to the asylum.

A male patient, S. J. B., made a murderous attack upon another patient with

a piece of sharpened iron, inflicting three severe wounds on the head, which fortunately did not prove fatal; he was arrested and committed for trial, but being found insane on arraignment was ordered to be detained during Her Majesty's pleasure; he is now in the Broadmoor Criminal Asylum. Such an occurrence as this is a source of considerable solicitude, and gives rise to a painful feeling of insecurity amongst the staff generally. It must never be forgotten that no lunatic is harmless in the proper acceptation of the term, but may at any time injure himself or others by physical violence.

A detached chapel is now in use. The report contains a photograph of the front of the asylum. It seems to be a very elegant building.

Dr. Rutherford inserts a very useful table—quite new so far as we know. It shows the weights of the patients on admission and on the last day of the year.

*Glamorgan.*—Concerning phthisis, Dr. Pringle reports that nineteen died from that disease during the year. Eleven of the cases were admitted suffering from the disease, and in the other eight it appears to have originated in the asylum. Of the total mortality since the opening of the asylum, consumption had caused only 15 per cent., whereas the average in asylums generally from this disease is 25.

During the County Council elections Dr. Pringle and his asylum appear to have come in for some very unfair criticism. He replies to this at considerable length, and the following are a few sentences therefrom:—

Your medical officers are fully alive to the importance of doing all that is possible for the cure and alleviation of their patients, to whom extra food, wine, cod-liver oil, and the most expensive drugs are freely given whenever they think them needed or likely to benefit. In this institution your patients have ever been regarded as *sick* men and women, not slaves, to toil unceasingly in order to keep their maintenance down to a workhouse rate; and I do not covet the questionable honour of making this asylum the cheapest in the kingdom. If such a position can only be attained by stinting and driving the patients, paying the attendants and nurses so poorly that they are constantly changing, and cannot, if married men, live comfortably and respectably, then I think few, even of the poorest ratepayers, would desire such a price to be paid. A good attendant of some years' standing, ought, by reason of the delicacy and danger of his work, and the mental and moral qualities required, to be at least as well paid as a first-class constable, and yet in how few asylums is he so remunerated. . . . To compare, as has frequently been done, this asylum with one much cheaper is utterly unfair and misleading, unless their relative advantages and disadvantages are known and duly weighed. Judged by this standard, I do not consider this county has any reason to be dissatisfied.

When I was appointed, fourteen years ago, your medical superintendent, the cost of the patients was 10s. 6d. a week, and although it is now 2s. 6d. lower and below the average of County Asylums generally, I have been, as you are aware, frequently reproached of late for not keeping the patients more cheaply. Now, so long as this abuse proceeded from discharged servants and other irresponsible persons I took no notice of it, but as recently a member of this Committee, who, however, knows hardly anything of the institution, and has only been two or three times at your meetings, has taken up this cry in addressing his constituents on his candidature for the County Council, I think it is time to speak out and place on record my earnest protest against a system of

competition which is cruel to the patients and degrading to the officers who carry it out. An asylum is emphatically a hospital, not a trading institution; and whilst all due economy should be studied, the officers ought not to be made to feel that they are under a ban if the expenses are not kept down to the lowest point possible, and frequently, I fear, only attainable by illiberal treatment of the most unfortunate class of humanity and of those who have the care of them.

*Glasgow Royal Asylum.*—The number of beds reserved for pauper cases has been reduced by thirty, thus providing more accommodation for private patients of the poorer class. Cottages have been provided for married attendants. Arrangements are in progress for the introduction of the electric light.

Dr. Yellowlees appends to his report an interesting, though brief, account of the early history of his asylum. We quote only a couple of sentences.

It is a genuine pleasure to recall the Christian sympathy, the enlightened philanthropy, and the practical wisdom of the founders of this institution. Their views were far in advance of the age, and supply a wholesome rebuke to the too prevalent spirit of to-day, which weakly worships novelty and notoriety, and loudly proclaims a discovery when it has only called an old truth by a new name.

*Gloucester.*—Concerning the transfer of incurable cases to workhouses, Dr. Craddock says:—

The practical outcome of all these considerations is that where a number of patients, who it was thought might be safely dealt with in workhouses, have been sent thither from an asylum, it has almost invariably happened that a large majority have been returned to the asylum within a very short period. There are always plenty of patients in every asylum ready and anxious to be transferred to the workhouse, but it generally happens that they are least suited for such a location, while the quiet chronics who might do in a workhouse often have the very strongest objection to being sent there, and if actually sent there against their will generally contrive to so conduct themselves as to render it necessary to return them to the asylum.

Reference is made to that difficult subject—the proper mode of dealing with young idiots.

Two outbreaks of fire occurred during the year. Neither appears to have been very serious, no doubt owing to speedy discovery, and the appliances on the spot were sufficient on each occasion.

*Hants.*—Two large cottages have been built as detached hospitals. Each can accommodate six patients. Mess rooms for the attendants and nurses have also been provided.

Beer as an article of diet has been discontinued. The Visitors report:—

In upwards of fifty asylums in the United Kingdom and Ireland no alcohol is used except for medicinal purposes, and the large majority of superintendents hold they have obtained thereby very beneficial results, less quarrelling and discontent, improvement in health among the patients, besides better discipline.

After an interval of twenty-one months, typhoid fever again broke out.

Only three cases occurred in the first half of the month (July), but between the 15th and 31st fifty-one people were attacked, and in the following fortnight twenty-one more sickened, when the epidemic ended. In all, four attendants, twelve nurses, twenty-five male and thirty-four female patients suffered from the disease. I am thankful to be able to report that the mortality was very small; only four deaths took place, namely two male and two female patients, or 5·3 per cent. of those who had the fever. None of the staff died, but five of the nurses and one attendant suffered from a severe form of the disease. There were several critical cases amongst the patients, but the majority of them were mild in character. One uncommon point in the epidemic was that four patients, each over 70 years of age, suffered acutely from the malady. They all made good recoveries.

In Dr. Worthington's opinion there could be no doubt that the disease was due to pollution of the water by sewage.

*Hereford.*—Dr. Chapman's report is, as might be expected, a very careful and valuable production.

It is pointed out that twenty years ago, one-third of the pauper lunatics of Herefordshire resided with their relatives, whilst now only one-sixth of them do so. This is a change which has occurred in most if not all counties. To avoid the concentration of patients in asylums, Dr. Chapman thinks that much might be done if Boards of Guardians would take the matter up, and especially if they would give more liberal allowance to such cases. Against this course, the 4s. grant, continued under the Local Government Act, is a distinct bribe. An allowance of 5s., 6s., or 7s., is recommended by Dr. Chapman. He believes that few cases with relatives or others now receive above 2s. 6d.

One, and the chief alteration required to meet these two points, is to place all pauper lunacy under the care of the County Council, who should have power to determine as to each patient, whether he should be placed in the asylum, in the workhouse, or maintained "with relatives or others," with power to order the allowance in the latter instance and to arrange for adequate inspection and supervision. Only in this way can a limit be put to indefinite enlargement of the asylum, to the extravagance, for persons not requiring it, of maintaining at the expense involved in asylum treatment, the increased numbers, and to the cruelty (this is hardly too strong a word) of removing from home and friends, locking up in an asylum, and associating with all classes of lunatics, persons for whom such a course is unnecessary.

#### Erysipelas :—

I feel each year more forced to the conclusion that erysipelas that appears at intervals is not due to any drain defect or matter of that sort, but to local contamination of the floor of the wards or of the basements beneath; the number of patients of faulty habits is so large that in portions of the asylum cleaning is hardly completed before it has to be repeated, so that though perfectly clean and dry to the eyes, all chinks and porosities are in great danger of remaining both filthy and damp.

#### Patients in bed :—

One result of the large proportion of feeble patients is a great number of cases more or less confined to bed. We have a great many cases who are necessarily in bed, and others that would, I believe, in many asylums be got up—but in my opinion are equally necessarily in bed. I have always failed to see why a patient

in need of rest, and who would be confined to bed owing to his ailments and debility were he sane, should not equally be kept in bed when he is in an asylum, and I have always considered that the low mortality of this asylum, among other causes, is tended to by this principle being admitted. One has, no doubt, to be always jealously alive to consider whether, in certain cases, where troublesome excitement is present, the patient is being kept in bed for sound medical reasons, or merely as a lazy way of getting rid of the difficulty of managing him. Cases where this point requires consideration are, however, but a small proportion of the cases that fill our beds. The desirability of avoiding this mistake seems to me to be met, after all, in a very lazy and pernicious way, when a hard and fast rule to get everybody up is acted on, *and where, as is by no means uncommon, a patient known to be dying is got up and dressed, up to the very day of his decease.* (Italics are ours.)

In the present state of the law Dr. Chapman will not discharge convalescent patients on trial. He gave up this method of discharge many years ago when he found that he was responsible for patients of whom he had no knowledge, and who in several instances became seriously dangerous to themselves and others a considerable time before he had any information about them.

As to accidents, he says:—

The only accidents and injuries of any moment to patients during the year were a dislocation of the shoulder and a fracture of the upper arm, both in female patients and both from accidental falls. I do not know what the practice in the majority of English asylums is, but in most Scotch asylums I believe only injuries of this severity are recorded. It has always been my habit here to record in the statutory journal every injury, however trivial. They amount to an average of about one per diem, or, say, one per patient per year. They are chiefly trifling scratches and bruises, such as most of us get that number of, with a certain proportion of more severe black eyes and cuts, chiefly from falls in fits, accidental falls, and collisions between patients.

*Holloway Sanatorium.*—Many important structural alterations have been made, and others are projected—all tending to render the building suitable for its uses. The number of patients has largely increased, and, financially, the establishment is successful.

In the last report mention was made that an application had been made to the Charity Commissioners for advice in consequence of an obscurity in the original Trust Deed. After full inquiry, the Charity Commissioners have prepared and passed a scheme which permits the General Committee to manage the Hospital in accordance with any regulations which may be from time to time approved by one of Her Majesty's principal Secretaries of State, and which lays down certain rules to govern the charges made for patients' maintenance. Broadly, the rule made by the Charity Commissioners is to the effect that the weekly rate for one half of the patients on the books is not to exceed two guineas, and that of those patients whose rate is not to exceed two guineas, one half shall be received at weekly rates not exceeding twenty-five shillings. The scheme seems a just and liberal one, and will prevent the objection which has been advanced, namely, that some of the hospitals are conducted as money-making concerns and in rivalry with private asylums.

*Hull.*—Dr. Merson is unable to explain the fact that the proportion of general paralytics admitted into his asylum is higher than in any other in England.

*Ipswich.*—When the Commissioners made their last visit they remarked that at dinner each plate had a tin cover. This we think is an arrangement which might with advantage be introduced into all asylums.

*Lancashire. Whittingham.*—Dr. Wallis lectures to his nurses and attendants on nursing of the insane, and instructs them also in ambulance work.

All the causes of death were verified by post-mortem examination. If the relatives refuse consent, the death certificate is withheld, and the coroner gives his order for an examination. If we may be allowed to express an opinion we would say that such a proceeding is oppressive. Although the coroner is endowed with large discretionary powers, we question very much if such an arrangement as exists in this asylum would be considered reasonable, or indeed lawful.

Concerning pensions to attendants, Dr. Wallis says :—

The duties of the attendants are very trying, and it is not to be wondered at that many are found wanting, and others give up in disgust. The average chronic lunatic is exceedingly uninteresting, selfish, and ungrateful. There are, no doubt, cheering exceptions, but many of them are crafty or cruel, vicious, and objectionable in temper and ways to those who have the charge of them. The privileges of the attendants are not excessive, while their hours of duty are sadly too long, and the recent outcry against pensions, in connection with the County Council Elections, has made a strong and most unfavourable impression upon the minds of the best and most steady of them. Should the hope of pension (which has always been granted in the past and has been looked upon as a certainty) be removed, the strongest inducement to persevere in the service will be gone, and the personal quality of the asylum attendants will inevitably deteriorate to the serious detriment of the patients.

*Lancashire. Lancaster.*—The following paragraphs are extracts from Dr. Cassidy's report. They refer to diet, amusement, and massage :—

All the patients in this asylum, non-workers as well as workers, have four meals a day. The laundry workers have, in addition, afternoon tea in the laundry. It is impossible that any patient can complain of insufficiency of food here. The usual asylum grumbler, who is never wanting, has, therefore, to base his complaints on other grounds.

I find, under the head of amusements, we had no less than 266 indoor entertainments in the year, consisting of pantomime, plays, concerts, dances, sociables, etc., and, in addition, about thirty cricket matches were played with neighbouring and other asylum clubs, and witnessed by large bodies of patients. Few asylums do more, I think, under that head, and few, I think, encourage the harmless and social meeting of the two sexes to the same extent. I have found no harm arise from this latter practice, doubtless because it is always carefully watched, but a great deal of contentment and good feeling is beyond question produced. Besides these influences, such others as music, considered apart from amusement, decoration, birds, pictures, and flowers, have effects altogether good upon the mind diseased, and the money cost seems trifling when we consider all the misfortune we are trying to alleviate. Moreover, in a great many instances, the cost of maintenance here is wholly or in part repaid to the unions by the patients' friends, who have in that, and indeed in any case, a right to demand that we apply every resource in our power. An asylum is

not a workhouse. There is a radical difference, notwithstanding the similarity in the terms between pauper and pauper lunatic. It differs also in these material respects from both workhouse and general hospital: the patients are involuntary inmates, their liberty is curtailed, their treatment is prolonged—in many cases for years—their associations are naturally depressing, and their minds only too ready to take their cast from their surroundings, the melancholics \* contemplating suicide, and the excitable to be thrown on their own turbulent resources. The least we can do, then, is to make the wards as cheerful and comfortable as possible, and to import as much interest as possible into the daily life of the asylum. The Americans are in advance of us in many asylum matters, and among other things I notice in a recent report of an American asylum that “a lady in charge of the music for the male side of the house visits this building (an annexe) every day, and entertains the patients with music.”

I am again trying massage as a mode of treatment, particularly for melancholics, and can report very favourably of it. In a few years, I venture to predict, massage will be generally employed in our asylums; and as I was the first to mention it in connection with asylum practice, I venture to suggest that it be tried in conjunction with douches—hot and cold—as at Aix-les-Bains.

*Lancashire: Prestwich.*—A considerable portion of Mr. Ley's report is devoted to recounting the history of the asylum since its foundation. There are, however, other portions of more interest to non-Lancashire persons, and these we proceed to notice.

It will appear that a great evil continues to flourish in Lancashire in spite of all that Mr. Ley and others have said against it:—

A large proportion of the pauper insane are, in the first instance, remanded to the workhouse, the duration of their stay there frequently depending upon the character and form their insanity assumes. So long as these patients are quiet and give no trouble, they remain in the workhouse until, in the natural sequence of things, they begin to degenerate and acquire offensive habits, when a home is found for them in the County Asylum. The large workhouses in this district provide an aggregate accommodation for 1,300 lunatics, forming a reserve of mental disorder from which, in a large measure, this asylum draws its supplies. From time to time, these workhouses empty their surplus population into our wards, and it is mainly from them that we have received during the past year, and each year since the opening of the annexe, so many cases of chronic insanity in its most hopeless forms.

#### Type of insanity:—

The type of insanity has of late years markedly changed, and many kinds of mental disorder, such as epilepsy, general paralysis, and its allied forms of structural brain disease, which may be termed incurable from the day of their development, are more common now than formerly. Insanity, associated with epilepsy, such as is met with in asylums, is nearly always incurable, and general paralytics are a class who usually go from bad to worse. The statistics of this asylum show that the proportion of patients suffering from organic brain diseases among the admissions have more than doubled within the last twenty years. Nearly twenty-five per cent. of the male admissions of 1888 were cases

\* The too common habit of spelling the word in this way seems to us regrettable. Why not spell it melancholiacs, uniformly with maniacs and hypochondriacs?

of general paralysis, a disease which, while comparatively unknown in Ireland, Scotland, and among rural populations generally, is prevalent in an increasing extent in Lancashire, Middlesex, and elsewhere where the proportion of urban population predominates. It would appear as if the general tendencies of civilization, in large cities and populous manufacturing districts, are such as to exhaust nervous vitality and predispose to structural nervous degenerations. The Irish peasant, in his native country, has a marked immunity from these fatal forms of brain disorders, but when transplanted into centres of labour and activity in Lancashire and Middlesex, he is often apt to break down and acquire a form of mental disease, progressive in its nature, and little susceptible of cure. So increasing is this form of insanity among the inhabitants of crowded communities that the recovery rate in an asylum drawing its supplies from these centres will, no doubt, be seriously modified by it in future. This disease is principally confined to the male sex, but of late years has become more prevalent among women. No less than twenty-six, or six per cent. of the total female admissions last year, were suffering from that fatal form of brain disorder.

*Leicestershire and Rutland.*—Some structural improvements have been effected, including readier means of escape in case of fire, from the observation dormitories.

*Lincolnshire.*—Dr. Palmer has been succeeded by Mr. Marsh, who had acted as assistant medical officer for seventeen years. We are pleased to find that the shabby treatment experienced by Mr. Marsh is condemned by the Commissioners. His salary is only £400, and on appointment as superintendent he agreed to waive all claim for retiring pension in respect of his past seventeen years' service. Such treatment we consider abominable.

The sanitary condition of this asylum appears to have been rather unsatisfactory for years, but during 1888 an exceedingly severe outbreak of typhoid occurred. In all, 101 persons were affected, and of these no fewer than nineteen died. Examination disclosed a shocking state of affairs. Nearly every sanitary abomination flourished, and it is remarkable that typhoid fever and dysentery had not long ago rendered the place a pest house. For details we refer to Mr. Marsh's report.

*London.*—The estate has been increased by the purchase of 107 acres of land at a cost of £8,000. It will now be possible to undertake the necessary enlargement of the building.

It is evident that many important improvements have been effected since the present able and energetic superintendent, Dr. White, became superintendent.

Between May 1st and 9th, thirty patients and eleven attendants were attacked by a very acute form of diarrhoea. Although all articles of diet were carefully inspected, and the milk and water analyzed by competent experts, Dr. White was unable to trace the origin of the disease. The well was also thoroughly examined.

Six cases of typhoid occurred, one ending fatally. A leakage in the main sewer appeared to be the origin of the disease. The root of a poplar tree had severed its continuity, and at last the main had become blocked by a growth of this root in its interior.



We are extremely pleased to hear that the lectures to attendants have been continued.

In the following paragraph Dr. White records an event probably unique:—

On July 11th, Herbert Thackeray King, a patient who had been transferred to another Home County Asylum on May 29th last, burglariously entered the female division of this asylum at two a.m., and, armed with a razor, attacked the female night attendants in the execution of their duty. After considerable difficulty he was secured and handed over to the police of Dartford. I found, on inquiry, that he had been discharged recovered from the asylum mentioned only three days prior to this event. On July 18th King was tried at Maidstone Assizes and found guilty on five counts, but as he was judged insane at the time of the crime, he was ordered to be detained during Her Majesty's pleasure, and sent to the Criminal Asylum at Broadmoor.

*Mavisbank Asylum.*—Concerning the form of mental disease, Dr. Keay says:—

In a large proportion of the cases admitted, mental depression was the prominent symptom. Fifteen suffered from acute melancholia, and most of them had suicidal tendencies. A typical case of acute mania did not occur. A similar preponderance of cases of mental depression was reported last year, and the same thing has been noticed in other asylums. There can be little doubt that amongst the educated classes melancholia is the commonest form of insanity, and that acute mania is rarer than it used to be. This may be looked upon as an instance of the general "change of type in disease" which is said to have taken place during the last sixty or seventy years, for it is just as likely that this change of type has occurred in diseases of the brain as in those of other organs. The higher state of civilization reached by a nation, the more complex and delicate in organization become the brains of its units, as they in increasing numbers live by their brains, rather than by their hands. In these highly organized brains the mental disorder takes the form of melancholia rather than of mania. Nearly all the patients were, on admission, in impaired bodily health and reduced condition; they required a liberal dietary, good nursing, and tonic treatment. They were examples of disease in its modern type. They were not cases of the old "sthenic" form, in which measures of the opposite kind would have been indicated; such cases are now rarely seen.

*Middlesex. Hanwell:*—

Fully aware that a feeling inimical to pensions is nowadays becoming more and more prevalent, the Committee believe that, in a lunatic asylum, there exists no occupation where these rewards for good and faithful services are more needed and deserved.

The Committee pay a very high compliment to the official conduct and personal character of Dr. Rayner on his resignation from bad health, but no expression could be too warm for a man universally admired and loved. We consider his removal from asylum work a real loss to our Association and to medicine generally.

Mr. Richards thinks that the form of mental disease of the new cases, as compared with previous years, has varied somewhat, as there has certainly been a marked increase in the number of cases of melancholia. In those cases of delusional insanity which com-

prise the greater proportion of the recent admissions, the idea that they are being worked upon by galvanic or telephonic influences largely predominates. There were only five cases of general paralysis of the insane.

Dr. Alexander is able to report that only one death from phthisis occurred among the male patients during the year. He thinks that the discontinuance of scrubbing has materially reduced the number of cases of diarrhoea. Beer has been withdrawn from some 270 patients, and the result is reported to be satisfactory.

The hot-air bath referred to in the last report has been in use during the greater part of the year. I look upon it as a very valuable addition to our curative agents for the treatment of gouty and alcoholic cases. I hope to increase during 1889 the number of cases under this form of treatment, due and careful regard being paid to the suitability of the patients selected.

*Murray's Royal Asylum, Perth.*—The new buildings have been planned in a very satisfactory manner, and there appears to be every prospect that the future of this institution will owe much to the present vigorous and judicious administration.

*Surrey. Brookwood.*—This asylum is full, and it has been necessary to refuse several applications for admission.

Typhoid fever was imported by a female patient. The disease subsequently attacked a night-nurse and four patients, one of whom died.

It is reported that the Improved Porter-Clark Water Softening Apparatus has proved successful. The hardness of the water has been reduced from 16 to an average of 5 degrees of hardness.

Dr. Barton is of opinion that "the continued depression in trade and agriculture influenced to a great extent the character of the insanity. There was a marked decrease in the acute and uncomplicated forms from which the greater proportion of the curative class is drawn, and a corresponding increase in the number of melancholics and demented."

Twenty-three cases were discharged to the care of friends. Dr. Barton says that he is always willing to encourage these discharges provided the patients are sufficiently improved to allow of their friends taking the responsibility of their care, for he considers that there is always a chance of the patients being stimulated to further mental improvement by trying to maintain themselves at home, even for a time.

*Surrey. Wandsworth.*—After a service of 30 years, Dr. Biggs has retired and been voted a pension of £974 per annum. He is succeeded by Mr. H. Gardiner Hill.

We notice that the report of the Lunacy Commissioners is not given—an important omission.

*Sussex.*—This asylum is full. As the process of weeding out incurable cases seems to have about reached its limit, a second asylum for the county will soon be required.

To further protect the building from fire, the storage of water

has been largely increased, and at various places party walls have been carried up through the slates.

With Dr. Saunders' remarks about post-mortem examinations we cordially agree. He says:—

Post-mortem examinations were made in 44 cases, and no pains are spared to overcome the objections of the patients' friends to such examination, but in many cases without success. Great stress is laid, in certain quarters, on the desirability of submitting every case of death to post-mortem examination; but the feelings of the survivors ought to be most fully considered, and to perform an autopsy without the friends' knowledge and sanction is a most injudicious, if not illegal act; and yet it is difficult to reconcile some asylum records with the belief that in them such permission is obtained.

*Warneford Asylum.*—A new wing for male patients has been built, and is being comfortably and substantially furnished.

*Warwick.*—Dr. Sankey reports that seven cases of dysentery and typhoid fever occurred on the male side. He says that he is at a loss to account for the outbreak, unless it be that there is insufficient room for the number of patients resident, and insufficient means of at once isolating cases of diarrhœa immediately on its supervention. We think this to be very unlikely. If the sanitary defect be looked for more carefully it will be discovered.

*Wilts.*—A detached hospital is nearly ready for occupation. A plan of the building accompanies the report.

The asylum is quite full. In his report Dr. Bowes deals with the increase of insanity in the county.

The following table shows the growth of pauper insanity in this county with the disposal of the insane paupers for every ten years since the opening of the asylum:—

Year.	In County Asylum.	In other Asylums.	In Work-houses.	With Friends.	Total.
1851 ...	165	67	84	91	407
1861 ...	366	3	119	177	665
1871 ...	456	13	136	201	806
1881 ...	613	10	184	151	980

The percentage of lunatics in Wiltshire confined in the County Asylum amounts to 68·9; in workhouses in the county, 18·1; and with care of friends, 13·0. The average percentages throughout England are—In other English asylums, 71·2; in workhouses, 19·0; with friends, 9·7. From these figures it will be seen that the percentage under treatment in the County Asylum of Wiltshire is below, and the number in care of friends considerably above the average. The number in Wiltshire workhouses is one per cent. below the average. It has become a thoroughly recognized fact in this county that the want of accommodation and absence of supervision in workhouses entirely unfits these institutions to receive and keep in safety and comfort persons of unsound mind, and little encouragement is offered or requisition made for the discharge of patients for this purpose. The following table gives the population of Wilts in the three years named, with number of lunatics in the county and the ratio of lunatics per 10,000 of population:—

Year.	Population.	No. of Lunatics.	Ratio per 10,000.
1861 ...	249,311	665	26·67
1871 ...	257,184	806	31·38
1881 ...	258,965	958	36·99

In 1861 there was, therefore, one lunatic to every 375 of population, and in 1871 the proportion increased to one in 319, and at the last census (1881) the proportion amounted to one in 271. These figures speak for themselves, and, compared with similar returns from other counties, it is found Wiltshire stands third in possessing the highest number of lunatics in proportion to population. Two other counties have proportions of one in 243 and one in 246 respectively. The proportion is highest in agricultural counties and lowest in Northern and Midland counties. Two of the latter present proportions of one in 576 and one in 574. This fact points to low wages and deficient food as being an active generator of insanity in agricultural districts.

*Wonford House.*—The estate has been increased by the purchase of thirty acres of land at a cost of £7,250. This will permit of various improvements, among others, the erection of detached villas and cottages.

*Worcester.*—Although this asylum appears to be in a thoroughly efficient state, the weekly cost per patient during last year was only 6s. 11½d.

*York Retreat.*—One of the good things done at the Retreat has been the introduction of the Turkish Bath. Instead of commenting on this and other features of the institution we refer the reader to Dr. Baker's article on this mode of treatment in the current number of the Journal.

*Yorkshire. East Riding.*—A portion of Dr. Macleod's report is devoted to a short account of the asylum since its foundation.

*Yorkshire. North Riding.*—A new building to accommodate fifty female patients is nearly ready for occupation. New shops are in use.

The final report of the Committee gives a short history of the asylum since its foundation.

*Yorkshire. West Riding. Wadsley.*—Small-pox attacked eleven patients, two of whom died.

To be under the supervision of one medical superintendent this asylum has long exceeded its proper size. During part of the year the number resident was nearly 1,700. Can it be a matter of wonder that Dr. Mitchell sank under such a burden?

Dr. Kay reports that the introduction of Perkins' system of heating by hot water under high pressure has been attended with very gratifying results.

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## 2. *German Retrospect.*

### *Pathological changes in the Brain in Dementia Senilis.*

S. Beljahow communicated to the Psychiatric Association of St. Petersburg his observations on four brains of senile demented ("Neurologisches Centralblatt," No. 3, 1887). Three of these subjects were women. The weights of the brains were 1030, 1035, 1080, and 1100 grammes. Their ages ran from 64 to 75 years. The pathological alterations were similar in all the four