

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.**Asylum Reports for 1891.*

Aberdeen.—The directors have devoted much attention to the consideration of the best means to improve the character of the accommodation for the poorer class of patients, and they hope to be able to produce fully-matured plans and proposals at an early date. When it is remembered that the older buildings date from 1799 it can be easily believed that they are considerably behind the times and require numerous and extensive alterations to bring them up to modern requirements.

Dr. Reid records the following case:—

A female, aged 40, was admitted on June 23rd in a weak and emaciated physical condition, labouring under active melancholia, and with a fractured arm, caused by her having thrown herself from the second flat of a tenement house. Great vigilance had to be exercised owing to her suicidal tendencies. Everything went on as satisfactorily as could have been expected until the 27th July, when she was seized with great vomiting and great pain in the epigastric region. Without entering on full medical details it may be briefly stated that, from the aforesaid date to the second week of October, the patient passed no fewer than 125 pins and sewing needles, with, in addition, many darning needles and hair pins; also a pair of spectacles in pieces and a crochet needle. Although she had lost much flesh, at the end of October recuperative power set in, and she was slowly and gradually recovering both in body and mind when an attack of pneumonia supervened, and she died on the 13th December.

Berkshire.—It is impossible to peruse this report without experiencing great regret at the untimely death of Dr. Douty. He had done good work since his appointment, and it seemed as if he had many years before him during which to carry out his ideas.

The Visitors report that although strongly urged by the Commissioners to appoint a second assistant medical officer they had declined to carry out the recommendation from motives of economy. But since the passing of the new Lunacy Act they find that the time of the medical superintendent has been so much taken up with clerical work that it has become necessary to make the addition to the medical staff.

The church services have been improved by the substitution of an organ for a harmonium.

Concerning the causes of insanity, Dr. Douty says in his report:—

An idea is prevalent amongst the public that intemperance in drink is the cause of a majority of the cases of insanity which occur amongst both the upper and lower orders of society; I have even heard a man make a definite statement to the effect that the patients in public asylums are worthy of faint sympathy, because they were “pretty well all of them there through drink.” I desire

again to take the opportunity, provided by my annual report, to say that such statements could be made only by those ignorant of facts, that they are untrue, and constitute therefore a great injustice to those afflicted with mental disease in this country. No one is more cognizant of the disastrous effects of the abuse of alcohol than the members of my profession, and we make, therefore, as careful inquiries as we can, when taking the history of a case, to discover the previous habits of the patient. Of the persons sent to us during 1891 only four could be suspected of having been addicted to the abuse of alcohol. The remaining 84 were, on the other hand, persons who had led sober and hitherto industrious lives, had been held in respect by their neighbours, and were sent to the asylum because their health had failed through no fault of their own. I think I may safely say as a rule 90 per cent. of our cases have no connection whatever with alcohol. In some agricultural counties the abuse of alcohol appears to be more common than it is here; and in the larger towns, as well as in the thickly populated districts of the midland counties, drunkenness is, I believe, a more frequent cause of insanity.

Bethlem Hospital.—The female attendants are now provided with uniform, and it is reported that the result has been a most satisfactory and gratifying improvement in their appearance.

Dr. Smith points out the great improvement that would be effected by the erection of a suitable hall for entertainments. It must be admitted that the present arrangements for associated amusements are not worthy of this important hospital.

Early in 1891, in response to the representation made by Dr. Smith to the Governors, as to the increase of work and responsibility entailed by the ill-advised Lunacy Act, 1890, an additional assistant medical officer was appointed.

Birmingham. Winson Green.—A severe outbreak of influenza occurred. It continued about three months and attacked 160 persons in all, 120 being patients. In no fewer than 24 cases the disease was complicated by the occurrence of pneumonia, and of these 23 died.

Nearly the whole of the drainage has been reconstructed, with marked benefit to the general health.

A second assistant medical officer has been appointed. Dr. Whitcombe continues the instruction of his nurses and attendants. His Visitors presented each successful candidate at the examination for certificates of proficiency in nursing, twenty in all, with a silver medal.

Birmingham. Rubery Hill.—During the influenza epidemic only two patients and two nurses were attacked—a remarkable contrast with the other borough asylum.

One nurse and one male patient suffered from typhoid fever, the cause of which could not be discovered.

Bristol.—In accordance with the recommendation of the Commissioners a second assistant medical officer has been appointed.

It is expected that the administrative and residential block, which for the last two years has been in course of erection, will be shortly ready for occupation.

Cambridge.—The important structural additions and alterations

begun a year ago are still in progress, and, so far as they are completed, are reported to afford excellent accommodation.

Cheshire. Parkside.—Additional buildings for the accommodation of 96 patients and 10 nurses are now in use. The best means of heating and ventilating the asylum are under consideration. A second assistant medical officer has been appointed. A sitting-room for nurses when off duty has been provided and suitably furnished.

Argyle and Bute.—Various structural improvements have been carried out during the year. Land formerly rented is no longer available, and the asylum estate now extends to only 50 acres, an amount evidently too small, and the Board has hitherto failed in obtaining more.

In his report Dr. Cameron remarks :—

Some difficulty is occasionally experienced, especially in the case of private patients, in obtaining accurate information as to the duration of insanity, and in some instances patients are represented as having been insane only for a few days or weeks when, in fact, they have been so for months or even years. For example, in one case the duration of insanity was entered as one week, and in another as ten days, whereas it had lasted in the former case for one year and in the latter for three. It has been observed that in almost every case of general paralysis affecting a native of the district the patient has for some years lived in a large town.

Bedford, Hertford, and Huntingdon.—The mortality was markedly increased by the occurrence of influenza. It is mentioned by Dr. Swain that :—

Of the causes of death pneumonia occurred in the unusually large number of 22 cases ; 17 occurred to male patients, and probably 10 of them were attributable to influenza. In the early part of May there were 11 successive deaths from this disease, which was of a peculiarly fatal character. The duration of the attack was very short, and treatment did not appear to produce any amelioration of the symptoms.

It may be pointed out that the report by the Commissioners in Lunacy is not given.

Carmarthen.—After due inquiry the Visitors resolved to dispense with the services of one assistant medical officer, thus reducing the medical staff to two—the medical superintendent and one assistant. Against this reduction the Commissioners strongly protest, and with very good reason. Had the staff been strengthened by the appointment of one or two clinical clerks the absence of a second assistant would have been made good, and no objection could be raised to the arrangement made by the Visitors. A laboratory for pathological and photographic work is in course of erection.

A female patient, when warming herself at an open fireplace in the observation dormitory, accidentally set fire to her clothing and sustained fatal injuries. The Commissioners suggest a slow combustion stove to obviate the risk of future accidents.

The wages of the attendants and nurses appear small and the

amount of leave scarcely up to the average. Dr. Hearder suggests that when these subjects are considered by the Committee the scheme should include the erection of cottages for married attendants.

Cheshire. Upton.—A new steam laundry has been erected and the washhouse enlarged. After inquiry as to the best system of drying, Blackman's has been introduced.

With reference to the recommendation of the Commissioners in their last report as to the more frequent holding of *post-mortem* examinations, a question arose as to the legality of such examinations without the consent of the friends of the deceased, and it was decided to take the opinion of the Commissioners on the subject, and also to ascertain the practice at other institutions. As the result of such inquiries it has now become the rule of the asylum to hold a *post-mortem* examination in all cases, unless the friends of the deceased express their objection to such examination being held. The friends of all patients have been advised of this rule.

In connection with the above paragraph, which is an extract from the report of the Visitors, we would venture to point out that such a notice, given to the nearest relative when a patient is admitted, may greatly distress the feelings of the friends. Surely, when a man is removed to an asylum his wife and children are sufficiently grieved without receiving an official notice that a *post-mortem* examination will be held in case of death. Such notices are forwarded by several asylums, but it is within our knowledge that they have excited much mental distress, and have been strongly denounced as an unnecessary addition to the sufferings of the relatives.

A second assistant medical officer has been appointed. The asylum is quite full, and the question of providing further accommodation cannot be delayed. The report by the Commissioners is not given.

Derby. Borough.—On admission and on discharge the patients are photographed. As the Commissioners remark, these portraits, inserted in the case books, will prove a valuable addition to the history of each case. As is now done in many asylums, Dr. Macphail has instituted classes for the instruction of attendants in nursing the sick and in their general duties. The death-rate continues very high. It seems to be due solely to the unfavourable nature of the cases admitted. Dr. Macphail points out that one unfortunate effect of the new Lunacy Act is that of precipitating the discharge of patients who, at the end of a year's residence, though technically not insane, were merely convalescent, and would certainly have benefited by a little longer residence in the asylum.

Derby. County.—Many structural improvements are in progress in this asylum. These include reconstruction of the drainage, overhauling the ventilation, and many minor though important pieces of work, but Dr. Lindsay points out that much remains to

be done if the asylum is to be thoroughly equipped and rendered efficient for the cure and care of the insane poor of the county. In the opinion of the Commissioners the most pressing want is the provision of better infirmary accommodation.

Concerning phthisis, Dr. Lindsay remarks :—

Pulmonary consumption comes next in frequency, accounting for 13 deaths, one less than in 1890, which must undoubtedly be considered a large mortality from this disease. An analysis of the deaths from pulmonary consumption shows that only two had resided under a year; the other 11 had been resident from one year and seven months up to 11 years and a half, the average duration of residence of each case having been four years and eleven months. These facts are significant.

Our high mortality from this disease, though doubtless not entirely due to insanitary conditions, would tend to indicate some defect in the sanitary condition of the asylum, such as overcrowding, insufficient air space, impure air from inadequate renewal, and defective ventilation and warming, evils from which this institution has suffered in the past, and some of which the Committee are now endeavouring to grapple with and remedy.

Devon.—A new block for female patients has been completed and is in occupation. In what is described by Dr. Saunders as “a characteristic caustic and choleric report,” the Commissioners indicate other additions and alterations which they deem necessary. He recommends the erection of a properly equipped infirmary for men, mess-rooms for attendants and nurses, and better and adequate provision for the resident quarters of the medical officers. An increased amount of leave for the attendants has been sanctioned, in the hope that it may contribute to their content and well-being, but some doubt is felt as to whether this will be successful.

It is mentioned that it has been the practice for many years to discharge patients on trial for one month, with a weekly allowance of seven shillings, which is a great advantage to convalescents or those seeking employment.

Dundee Royal Asylum.—In his report Dr. Rorie remarks :—

It is still supposed by many that the treatment of patients in an asylum differs entirely from that pursued in a general hospital, but such is far from being the case. A certain difference will, no doubt, always exist, but every year this asylum at least is becoming more and more an hospital for the treatment of mental and other allied and nervous diseases, and less and less a place for the mere detention of patients. The diseases treated in asylums are of much longer average duration than those admitted into general hospitals. In the latter the physical conditions may vary from day to day; but although in the former, in the chronic insane, weeks and months may pass without much marked alteration, the recent and acute cases require constant medical supervision, as the symptoms may rapidly change. The duties of the medical staff in regard to those closely resemble, therefore, those required in an ordinary infirmary. Thus on the admission of a patient into the asylum a careful examination is at once made, with the view of ascertaining whether injuries exist, and at the same time as full an account as possible is obtained of the patient's previous history from those who accompany him. . . . As complete a history of the case as possible having thus been obtained, and all the deviations

from the normal standard having been noted, attention is then directed to the means of treatment; and, in the great majority of cases, as in ordinary diseases, the first thing that has to be attended to is the bodily condition of the patients. Few patients approach the popular idea of a lunatic. Some, no doubt, are violent, destructive, and dangerous enough, but the great majority are weak, ill-fed, and suffering from various physical ailments, requiring the administration of medicines as well as nutritive food. If serious illness exists the patient is kept in bed, and the changes in pulse, temperature, etc., recorded twice a day on the clinical chart placed at the head of the bed. Up to this point then the treatment is practically that pursued in ordinary hospitals. It is in the subsequent treatment of the patient, when, after the bodily functions have been as far as possible restored to their normal condition, and attention directed to the moral treatment in the employment of the various modes of occupation, amusement, etc., as means directly influencing the mental faculties or powers, that any differences are found in the practice of the two institutions.

Dr. Rorie continues to devote considerable attention to the special training of his attendants and nurses.

Dumfries. Orichton Royal Institution.—The following is an extract from Dr. Rutherford's report:—

This very exceptional state of matters—a diminution in the number of lunatics chargeable to Dumfriesshire parishes within the last ten years, when in all other parts of the country there has been an increase in pauper lunacy, so great that many of the district asylums have had to be enlarged—is directly attributable to the discharging from the institution of every pauper lunatic who can properly be allowed to live out of it. Many people have not the slightest compunction in accepting parochial aid for the maintenance of a near relative in the asylum, who would not think of asking such aid to help them to keep that relative at home. Another great cause of the decrease of pauper lunacy in this district is the action of the directors in extending the benefits of the reduced board fund—the special charity of the institution—whereby persons not of the pauper class, and anxious to avoid becoming pauperized, have their relatives treated in the institution at, in many cases, almost nominal rates of board. During the past year the benefits of the reduced board fund were granted to 47 applicants. The recipients were admitted at ordinary rates, varying from £25 to £60, and the average sum allowed to each from the fund was £20, so that, in certain deserving cases, all that was paid for the patient was at the rate of £5 per annum. Many of the new cases recovered within six months, so that the burden upon the friends was very small.

New farm buildings are being erected. They include accommodation for 80 patients—thus forming a small detached asylum.

The open door system continues in full operation and apparently with much success. On this subject Sir Arthur Mitchell observes:—

There is only one entry in the register of restraint and seclusion, referring to the restraint in a strait-jacket for two hours of a patient who was so violent as to be dangerous to the attendants and patients. In the management of this large institution restraint and seclusion do not appear to be often found necessary, but it is understood that they are resorted to without hesitation whenever the necessity arises. So far as can be ascertained, the patients admitted into the asylum labour under forms of insanity which do not differ from the forms under which the patients admitted into other asylums are found to labour, and the rareness of the need of restraint and seclusion does not seem to have its explanation in a prevalence of the milder forms of

insanity among the inmates. Something perhaps may be due to the quietude induced by the absence of such signs of loss of liberty or restraint as exist in high walls or fences, in the frequent use of a key in opening and shutting doors, in irksome discipline, etc. There is a manifest effort in the management to do away, as far as possible, with all such things as are suggestive of loss of liberty. Several sections of the two main buildings were visited without having any door opened or shut by a key. Indeed the matron of the first house completed the visit with the reporter, not only without opening any door with a key, but without having a key in her pocket. In all the branch establishments the doors, without an exception, were found unlocked. The whole of the boundary walls have been taken down, and an open fence has been substituted. In various other ways an effort is made to prevent the patients from feeling that they are detained or confined, and it is difficult to see how this can fail to result in an increase of tranquility and contentment, or, in other words, in a diminution of excitement. Everything that was seen during a long visit seemed to show that the inmates enjoy a large amount of liberty, larger indeed than would be indicated by the record in the daily register of those on parole within or beyond the grounds.

The report is embellished by some excellent photographs of the asylum buildings.

Earlswood Asylum for Idiots.—The following are short extracts from Dr. Jones's report:—

A question often asked is, which is the most suitable age for admission? I am inclined to think that six or seven years of age is the most desirable time to receive children at Earlswood, although your Board has in special circumstances received them as young as three years. Imbecile children of tender years are extremely helpless, and each child requires almost the undivided attention of a nurse. About a year ago, with your sanction, I started an electrical department for those unable to walk. Galvanism of the strength of from five to ten milliampères was applied, and in my opinion with satisfactory results. Three out of four helpless children are now able to walk; and (with perhaps too limited an experience to make dogmatic statements) I am inclined to regard electricity as a valuable therapeutic aid, although the time and patience required in its application are not likely to add to its credit. The experience of others with whom I have communicated is less encouraging than that which I have recorded.

Its (idiocy) pathology, especially that of microcephaly, has aroused an unusual amount of interest of late, and in view of justifying the severe operations which have been recently performed upon cases of this kind, too much attention from scientific men cannot be devoted to the subject. If the operation of craniectomy be followed by the encouraging results anticipated of it, a heroic step in treatment will have been inaugurated which must gratify the most expectant physiologist. I speak with but little experience of the operation, but I have seen some of Professor Lannelongue's cases in Paris, and have assisted at the operation in England, and I am not favourably impressed with the results. I look upon it as one that is always attended with considerable risk, even when performed under the strictest antiseptic precautions; take in addition the difficulty there is in making an exact diagnosis of so general a disease, and we are face to face with what seems to me a rash, if not unjustifiable, procedure when undertaken as it is without a reasonable and due guarantee for success.

Edinburgh. Mavis Bank.—Nearly all the reports for 1891 contain references, more or less detailed, to influenza. This is a subject which has been largely written about of late, and in our notices

of the various asylums we have not considered it necessary to refer to the accounts of the epidemic, but the following paragraph from Dr. Keay's report may be given :—

Depression of mind during and after influenza is, of course, very common, but without pre-existing mental instability it would not pass into actual insanity. In almost all the cases a tendency to mental disease was found to have existed, and the influenza must have acted simply as the exciting cause of the attack. Insanity following influenza is quite a curable disease, and in its treatment nourishing food, warmth, good nursing, tonics, and stimulants are specially indicated. The curability does not appear to be lessened because of the existence of a predisposition to mental disorder, but this renders the patient more liable to similar attacks. If we should unfortunately be subjected to repeated visitations of the plague, it is to be expected that mental breakdown following the attack will be of much more frequent occurrence, for neurotic individuals who pass apparently unscathed through one attack will be unable to resist the depressing effects of repeated doses of the poison.

Edinburgh Royal Asylum.—The extensive buildings in progress are approaching completion. One villa, for the accommodation of 15 ladies, is occupied. Externally it is very handsome, and it has been furnished and equipped in the very best style.

In his official entry Sir Arthur Mitchell remarks :—

There is now a resident pathologist, and no opportunity is lost in advancing the knowledge of insanity by examination after death. This is not a new thing in the asylum, but a step onward has been taken by the appointment of a resident pathologist. The records of pathological work in the asylum have long been full, and they are constantly and diligently discussed and studied.

Indeed, no visit can be paid to the asylum which does not leave a strong and most pleasant impression as to the character of the medical management. A patient coming to the asylum has his condition as carefully and minutely studied as patients have who enter our large general hospitals or infirmaries, and whatever medicine can do to benefit him is done. Exercise out of doors, good food, warm clothing, comfortable beds, pleasant and cheerful surroundings, and a kindly forbearance are as much a part of treatment in this asylum as anywhere, but it cannot be visited without one being impressed with the attention which is bestowed on the strictly medical treatment of the patients. The separate hospital, which has been so much commended, and which is being widely copied, is an outcome of this feature of the management, which is due, of course, to the Physician-Superintendent, but it is right to add that he is ably assisted in his researches by his three assistants.

Concerning drink as a cause of insanity, Dr. Clouston writes :—

In regard to the causes of the disease, there are this year one or two rather striking facts. No less than 96 of them, or 26 per cent., are said to be due to intemperance. This is a very unusual proportion, for during the previous fifteen years only an average of 16½ per cent. had been due to this cause. It is my opinion that a physically strong and sound population is on the whole much less likely to take to excessive drinking than one that is weak, and that has from any cause a lowered nervous tone. Now it has been notorious that the years 1890-91 were attended by much disease of various kinds, by a very high mortality among the aged and weak, by an epidemic of influenza of a virulent and deadly type, with many serious complications, accompaniments, and effects. There seemed to exist, too, such prevalent influences for evil, that patients did not do so well as usual after surgical operations, that low asthenic types of inflammation were prevalent, and there was a very greatly increased general

death-rate. The psychology and causation of excessive drinking are no doubt complicated questions, but it cannot be doubted that one cause of drinking in many cases is a feeling of bodily and mental weakness, a conscious inability to do daily work, or to cope with difficulties, and a languor and want of enjoyment in life. Some people begin to feel in that way as they get old, others do so when they are below par in vitality, others after having suffered from disease, others at certain seasons of the year or in certain kinds of weather, and others when things go against them. Now it is mere folly to deny that alcohol gives a temporary stimulus and strength to most people when they are in this state. In such persons it relieves for the time the distressed and hopeless feelings, and it dulls the sense of helplessness. As human nature is at present constituted, an easy cure for misery or conscious weakness is to the majority irresistible, even though it is known that an after penalty will be rigorously exacted that will far outweigh the immediately pleasant effects. I am satisfied that some of my patients took to an excessive use of alcohol this year on account of a feeling of depression and inertia due to the causes I have indicated. In one case this was very evident. She was a poor man's wife, but most respectable, and ordinarily quite temperate in her habits. She got run down, she was nursing a child, and she found that a glass of whisky gave her a pleasant feeling of relief from depression and weariness. Once she had tasted of this Lethe, she craved for more and more, and her very bodily weakness destroyed her power of resistance. So this sober, decent woman, from this cause alone, drank bottle after bottle of whisky, until she became insane, and it did not take much to do this in the low state of health she was in. It needs only a small knowledge of human nature and the dependence of mind and morals on soundness and strength of body, to make one's feelings far more those of pity than of blame for such a woman.

Another case was that of a man, who, after an attack of influenza, was prostrate in mind and body, with a weakly acting heart, and a stomach that had no craving for food. Work was a trouble and pleasures were intolerable. Alcohol certainly roused him from the feeling of prostration, strengthened the heart's action, and seemed to brighten life. Is it surprising if it was craved, and soon its excessive use could not be resisted, and that in no long time it upset the highest of the brain functions—the mental? During the past two years the nervous vitality of the community has been manifestly lowered, and such cases were therefore more common than usual.

When one reads the following paragraph one may ask, Why is boarding-out not tried in England as at least a partial remedy for the ever-increasing number of patients confined in asylums? We cannot, however, give the reason here.

There can be no doubt that but for the boarding-out of quiet and incurable cases by the two Edinburgh parishes, we should long ago have been so overcrowded by chronic cases that we should have been unable to admit all the new cases from our district. This year 24 such cases were boarded out, and eight more were sent to the lunatic wards of the poorhouses. The number of pauper lunatics of our district not in the asylum was about 70 more at the end of the year than it was at the beginning. In 1881 St. Cuthbert's parish had only 26 cases boarded out; now it has 258. Altogether there are about 350 cases boarded out from our district. Whatever other advantages this method of caring for the chronic harmless insane, who are paid for out of the rates, has, it undeniably has this economical result, that no capital is sunk in providing asylum accommodation for them. In this way something like £50,000 has been saved to the ratepayers of Edinburgh.

Exæter.—Concerning the medical treatment of patients in asylums, Dr. Rutherford writes:—

Of late there have been many ill-natured attacks made on asylum medical

officers, in the medical press and elsewhere, by irresponsible persons, who state that the treatment of the insane by asylum medical officers does not keep pace with the treatment of other diseases. In making this statement they seem to have lost sight of the fact that the large number of incurably insane patients sent to asylums have passed through the hands of the medical profession on their way thither, and have had the benefit of their treatment.

A large proportion of the admissions into asylums is made up of worn-out brains, and wrecks of humanity, for whom there is no recovery, and who weigh heavily against the recovery-rate of the recoverable few. I have tabulated below the probabilities of recovery, in four classes, of all the patients admitted into this asylum up to 31st December, 1891. In each case the prognosis was made within a week of admission.

TABLE OF ADMISSIONS AND RECOVERIES.

Nature of Prognosis.	Number of Cases.	Percentage.	Recoveries in each Class.	Rate per Cent.
Hopeless	343	55·7	—	—
Unfavourable ...	123	20·0	12	9·7
Doubtful... ..	27	4·3	4	14·8
Favourable ...	122	19·8	96	78·6

In no less than 55·7 per cent. was the prospect almost hopeless, 20 per cent. unfavourable, and in no more than 19·8 was the prospect really favourable. In the latter class the recovery-rate was 78·6 per cent., and this does not include the cases which have not yet recovered, but which still have a good prospect of recovery. I do not think that the results of the treatment of any serious disease will show a higher percentage of recoveries than this. [But more relapses.]

Glamorgan.—It has been decided to enlarge the accommodation by erecting workshops and wards for 104 sick and chronic males.

The following paragraph from Dr. Pringle's report is an interesting contribution to the statistics of insanity:—

In my report for 1887 I submitted certain facts as to lunacy in Glamorgan, in the remainder of Wales, and in England and Wales generally, which showed in a most striking manner the relatively small amount of lunacy to the sane population in the first as compared with the other two, and now, with the returns of the recent census, I find the position of Glamorgan well maintained as one of the sanest counties in the kingdom. Whilst England and Wales has one pauper lunatic to 383 of the sane population, Wales (excluding Glamorgan) has one to 340, and Glamorgan has only one to 535, or, to put the matter in another form, instead of having 1,301 pauper lunatics in Glamorgan, we should have 510 more, or 1,811, were the ratio of insane to sane population the same as in England and Wales generally; or, in other words, we have 28·2 per cent. fewer lunatics to the sane population. From a ratepayer's point of view this means, I need hardly say, an immense saving. If interest on capital expenditure, cost of keeping up buildings, and maintenance of patients are considered, it represents at least £16,000 a year. The explanation I gave in my former report as to the singular and happy condition of Glamorgan as regards lunacy I still think is the true one, namely, that it is perhaps the most mixed county in the kingdom. Owing to its mineral wealth, abundance of work and high wages, it attracts the healthiest and most enterprising men of other countries

and districts. This is well illustrated by the nationality of the admissions of the past year. Out of 308 persons admitted 156 were born in Glamorgan and other Welsh counties, and 152 elsewhere, namely, 115 in England, 26 in Ireland, three in Scotland, and eight in foreign countries.

Govan.—The asylum is much over-crowded, but as the new district asylum is in course of erection there is now a prospect of this inconvenience being removed. The admissions included many feeble cases, with the result that the mortality was unusually high.

Glasgow, City of, Govan and Lanark.—During the year 10 cases were admitted for merely temporary detention by certificate of emergency, to allow time for removal to a more distant asylum. With the approval of the Commissioners this expedient was adopted in cases of extreme urgency, where the police declined to take charge of them, and pending negotiations for admission to out county asylums.

Gloucester. Barnwood House.—The extensive structural improvements begun in 1890 have been completed. Although the space in the dayrooms and dormitories has been doubled, the number of patients has not been increased. As Dr. Needham has now ceased to direct the working of this splendid hospital for the insane, he may be heartily congratulated on the great work he has carried out there. In his report he says :—

The percentage of recoveries upon all the admissions for the last 15 years has averaged 46·8 per cent., and for the last five years 57·2 per cent. When it is remembered that patients are received practically without selection, and in the order of their application, and having in view the obviously incurable character of many of the cases on admission, there would seem to be no justification for the statement that this and other hospitals and asylums for the insane are not as successfully combating disease as other institutions which have as their object the cure of diseases which are more entirely physical in their nature.

This is a fact which, in justice to our speciality, cannot be too strongly or too frequently insisted on. [Relapses ?]

Gloucester.—From Dr. Craddock's lengthy report we extract the following :—

In this connexion (the causation of insanity) I wish to call attention to what, after careful observation of all classes of the insane for many years, I regard as an undoubted, though hitherto undescribed if not unrecognized, cause of insanity. There is no word which completely embodies what I wish to convey, the nearest to it being "over-indulgence;" by this I do not mean indulgence in any one direction such as drink, sexual passions, and the like, but simply the fact and the mental condition resulting from having everything one's own way, and never having been crossed. I can recall numberless instances, and I believe they become more common yearly, where the early lack of parental restraint and correction, it perhaps would be more correct to say the deliberate abstention on the part of the parents from such restraint, the desire to let a child have its own way, and an unwillingness on the part of parents to displease, have developed the egotistic faculties so greatly to the detriment of the altruistic, that the first sharp shock of opposition to a will hitherto owning no superior authority has been fatal to the maintenance of the mental balance. This is unfortunately no theory: several instances in both sexes during the past

year have impressed me so strongly that I have carefully inquired into the past history from the relatives. Unwillingly and hesitatingly the sad story is unfolded; the details may vary, but the inherent fault, a weakly parent constantly giving in to an obstinate and often passionate child, is ever the same. An abnormal development of the *ego* has been long recognized as a feature of the insane diathesis, and the obtrusive patient full of talk, discontent, and complaints, who so persistently thrusts his personality forward, has in many cases been the pasha of the family circle. I would not pose as a *laudator temporis acti*, but I do think that 40 or 50 years ago children would never have been allowed the licence they are now; in such cases as I have described there certainly has been "a bridle for the ass," if not, as is still more probable, "a rod for the fool's back." The humanitarian tendencies of the age frown on what used to be known in Tom Brown's day as a "good sound thrashing" to a disobedient child; but I am not sure that the age is any the better for it. Anyway the number of lunatics is increasing, and I record my deliberate opinion, not formed hurriedly, and not with any diffidence, that a faulty system of home education, and a kindly, though, I think, weakly and mistaken conception of parental duty is now playing no inconsiderable part in filling our asylums.

Hants.—Notice has been given that the Isle of Wight must make separate provision for its lunatic patients. Arrangements are in progress for the erection of an asylum in the island.

Three cases of typhoid fever occurred, but the origin of the disease could not be discovered. In the case of a female patient the fever is described as a most acute attack, with extremely high fever. It proved fatal on the fourteenth day.

Hereford.—In the hope of securing a good class of attendants and nurses, and of retaining them in the asylum service, four cottages are being built for married attendants, and mess-rooms and bedrooms are being provided. The scale of wages and amount of leave have been revised.

In the hope of postponing, for a time at least, the necessity for additional buildings, the Visitors met representatives of the Guardians in conference. The following resolution was passed:—"That the majority of the delegates do not feel themselves in a position to receive pauper lunatics from the Burghill Asylum further than as at present, the harmless imbeciles, for want of proper accommodation, and for want of proper attendants." The setting apart of one workhouse for the reception of pauper lunatics was brought before the Conference, and the Committee wish to call the attention of the County Council to this as a possible way of utilizing the present excess of workhouse accommodation.

Dr. Chapman recommends the erection of a good infirmary to accommodate about 20 patients.

Holloway Sanatorium.—This large hospital seems to prosper in every direction. Dr. Rees Philipps reports that no less than one-fourth of the gentlemen admitted in 1891 suffered from general paralysis. The female mortality was unusually high, about one-half of the cases having succumbed to a low form of pneumonia,

of which there were distinct outbreaks in February and June. Though doubtless infectious in its nature, as shown by the almost epidemic prevalence of pneumonia in London during the first six months of 1891, the limitation of the outbreaks in this hospital to the ladies' infirmary would appear to point to some predisposing local cause, probably to overcrowding and unfavourable situation of that building.

Extensive structural alterations were carried out during the year; others are in progress, and others are mentioned as more or less urgently required.

Lectures to the nursing staff have been continued, and nine candidates received the certificate of the Association. For the next examination 23 candidates have sent in their names.

Dr. Philipps further reports that several patients have been boarded out with employés of the Hospital in cottages either inside the grounds or within easy reach of the Hospital, and are visited daily by the assistant medical officers. The experiment has been attended by satisfactory results.

A lady is now junior assistant medical officer on the ladies' side. We sincerely hope this appointment will prove successful.

Hull.—The extension of the asylum buildings is under consideration, as is also the erection of cottages for the employés. The cases admitted were of an unusually hopeless character. The very high death-rate is accounted for by the great prevalence of general paralysis and other forms of brain degeneration among the men.

Inverness.—The crowded condition of both day-rooms and dormitories is under consideration. It is considered that the time has now arrived when the accommodation must be increased, especially for the sick and acute cases.

Isle of Man.—Dr. Richardson is not idle. Two cottages for artisans are in process of erection. A billiard-room and shoe-room have been completed. A course of lectures on "First Aid to the Injured" was delivered to the officers and attendants.

Kent. Maidstone.—It having been proposed that Kent and three neighbouring counties should unite in providing an institution for idiots, it was decided that it was not desirable that Kent should join such a scheme.

Kent. Chartham Downs.—After a service of seventeen years, Dr. Spencer retires on a pension, gratefully acknowledged by him as liberal, but the amount is unfortunately nowhere given. We wish to continue the Pension List given in this Journal some time ago.

(*To be continued.*)