

craving for stimulants. To those who have investigated the subject thoroughly, it is often a matter of wonder that so many who denounce most strongly and most justly the habitual use of stimulants, have so little to say in regard to tobacco and its pernicious effects on the human system. Even if they do not give a practical illustration of their disbelief of any such bad influence, they show an indifference to it by their own use of the article, possessing, as tobacco does, so many principles that are deleterious to the animal economy."

The report contains a great deal of valuable matter in regard to the causation of the attacks of insanity in the patients admitted into the hospital since its opening.

3. *English Retrospect.*

English and Scotch Asylum Reports for 1878.

One rises from a study of these Reports with feelings closely akin to disappointment. While nearly all are characterised by the carefulness with which the statistical tables are compiled, and bear evidence of considerable harmony existing between the Local Boards and the Superintendents, and again between the latter and the officers under them, there is undoubtedly to be traced, in many instances, a want of freshness and vigour in the Superintendent's remarks, and a tendency to be satisfied with existing circumstances as regards the management of their asylums and the treatment of the insane. The zeal and energy which carried the non-restraint system to its present height seems to have died out, and in its place is to be noticed a too facile contentment with a state of matters, which, though an improvement on the old, is by no means perfection.

It cannot be denied that the present is a critical epoch in Psychological Medicine. The management of asylums can never again show the abuses which were the rule even thirty or forty years ago. The general working of each must of necessity be free from the evils which then disgraced many of them, and in this country and under the Lunacy Acts, it is simply impossible that anything like really bad management could long be kept from exposure.

Is there not, however, a risk that the very excellence of the general management may induce unlooked-for and unfortunate results? As at present conducted, we speak within the mark in saying that, with averagely good officials, the every day work of most asylums is an easy matter for the Superintendent. No doubt there are many small worries, and occasionally considerable anxieties, but even with these there are few professional men who, on the whole, have less hard daily compulsory work than the Superintendent of an asylum for from 250 to 600 patients which has been in existence for some time, and in which the

officials are experienced and honest. With an efficient sub-officer over each department, he is able, if he happens to be easy going, or not to have an anxious conscientious temperament, to keep his asylum going with fair success, and to show good results in his statistical tables at the end of each year, and this, too, with an expenditure of wonderfully little personal labour. It is just in this, however, that a danger, and by no means a light one to our speciality, lies. In the reports we are now to deal with there is all too much evidence of satisfaction with average prosperity, and a lack of that determination to explore fresh fields and pastures new, which was never more needed than now, if our speciality is to keep up with the other branches of medical science in the giant strides with which they are progressing. The very facility with which a certain measure of commonplace prosperity and success can be attained may be detrimental to those higher aims and greater labours which should be the ambition of any one in the position of a Medical Superintendent of an asylum. For his opportunities are great, and in just a similar proportion to these is the debt he owes to the world he lives in to make the very best of them. Can any one say that this is done in the three or four pages in which is oft-times summed up the year's life of the community under his care? Indeed, the one thought inspired by the perusal of some reports has been—Is it possible that a learned, earnest, scientific man can have had such opportunities of observation and research and yet find so little to say? It may be said that a yearly report is not the place for purely medical details. This may be so, though we incline to think that they will most press this argument who, from laziness or some other cause, have fewest medical details of interest to give. But letting this pass, though not granting it, are there not always numberless subjects common to all thinking, earnest men, and upon which the experience of an Asylum Medical Officer should throw great and much needed light? He may be said to stand on a pinnacle, from which he can survey the various roads by which his patients have reached him. He can trace step by step the too easy descent of the drunkard, as he reels along the dolorous way which leads him down, and always down, to madness or death. So, too, with the victim of heredity. He can, with a little pains, map out the fateful career, and watch the hapless victim writhe, and at last succumb under "the tyranny of his organisation" to the miserable end. In these and hundreds of others are there not links connecting the asylum world with that outside and beyond it? and surely there are few men who have such opportunities of recording year after year facts of instruction to some, and warning to others, as those whose duty it is to receive and tend their fellow-men who are cast upon their care, storm tossed from the sea of troubles beyond? It may, indeed, with truth be said that each inmate of an asylum is a physiological and pathological curiosity, and that the history of each is at the beginning a romance, and too frequently a tragedy at the close. An Asylum Superintendent has, in fact, a mass of material, accessible to no one else, from which he should be able to draw invaluable lessons as to the

effect of our whole modern system of life upon the production of insanity. Has this vast mine been even touched as yet? We venture to doubt it.

It is, of course, impossible to set up a hard and fast line as to the model on which a report should be constructed. No doubt there are many differences of opinion as to what should and what should not be treated of in such a document. Each one should certainly be a unity in itself, and give a complete year's history of the asylum; but beyond and above this, looking to the position, leisure, and rare opportunities of its writer, it is surely not too much to expect that he should on each occasion give some of the ripe fruit of that observation and thought which every man in his place ought to expend upon the persons under his charge, their histories and the manifold circumstances of interest connected with them. Whatever opinion is held as to the model on which a report should be constructed, no exception, we should think, can be taken to the statement that it should be well and thoroughly done. Little objection would be taken to the line adopted, provided that were conscientiously and carefully worked out.

We have written chiefly, indeed entirely, of the Medical Superintendents' portion of the reports, for it is to this that one must turn both for real information and for evidence of the spirit in which each institution is conducted. The entries by the Visiting Commissioners give the impression of a visit on one or two days out of 365. The report of the Asylum Board seldom goes very deep. That of the Chaplain would in most instances be infinitely better left out altogether, while the statistical tables, valuable in many respects, are not reliable as giving a real indication of the condition of the asylum. The death-rate and the discharges, for instance, are liable, as far as mere figures are concerned, to be influenced by so many accidental circumstances, that no one who knows anything about the matter would draw from them inferences as to the true state of matters. The occurrence of a few perfectly unavoidable deaths may give this item quite a terrible appearance, while the real health of the inmates may have been first rate, and other "totals and averages" are similarly open to misconstruction. It is, therefore, to the report of the Superintendent that we must turn for the living interest in the year's history of each asylum.

We now take up individual reports—

Prestwich Asylum.—In the report of the County Lunatic Asylum at Prestwich, Mr. Ley submits a long, able, and thoughtful series of observations. Were it for nothing else, his report would be interesting, as showing how much material for thought and discussion an earnest and talented worker can find within the walls of an asylum, even during a period when its general history "has been comparatively uneventful, and, so far as ordinary routine of the asylum is concerned, presents no feature for special comment." We make the following somewhat extensive quotations from this report. They are well worthy of careful attention.

In connection with this subject, I may mention that the demand for accommodation, which, during the first three-quarters of the year, was most persistent and urgent, fell off markedly during the latter three months, and in December the number of applicants was considerably below the usual average. This diminished demand was principally confined to the male sex, and was coincident with the wide-spread distress which first began to be felt so acutely about that period. All past experience, which I have been able to consult, confirms the conclusion that in periods of great commercial disturbance or distress, there is at first decrease in Pauper Lunacy, a result in a measure attributable to a temporary diminution of the population, and possibly, also, to an improvement in the habits of the people. There is always in these islands a floating population, who drift towards any point at which improvement can be secured; and Lancashire has more than its natural share of that nomadic class attracted to it by the multiplicity of its various industries, and the demand for labour, which in prosperous times is so constant and steady. In the universal stagnation of trade in this county, this immigration ceased, and the foreign element, which usually forms no inconsiderable portion of our annual admissions, has this year sensibly declined in numbers.

No doubt also the extent and keenness of the prevalent distress may have had a sobering effect upon the habits of the working classes, in diminishing drunkenness and other excesses, which in past years have proved themselves to be such potent factors in the causation of insanity. Be this as it may, it is not to be expected that the falling off in the number of applicants for asylum accommodation will be of long duration. If it be true that insanity, traceable to drink and other vicious indulgences, is more prevalent when trade is active and wages high, on the other hand, it is unhappily beyond a doubt that mental disease, due to poverty, privation, and their attendant evils, ill-health, etc., etc., increases during periods of want and depression. The universal stagnation of trade in this county, which has now existed for so long a period, has produced its natural consequence of widely-spread distress, and bitter experiences of poverty and privation are being brought home to thousands of people among classes which, although not opulent, have usually been placed above the reach of actual want. Whatever tends to deteriorate the general physical health and energy of the people, operates as a powerful cause of insanity, and there are not wanting signs that the present distress, aggravated as it has been by the unusual severity of the weather, will be followed by a large augmentation of the Pauper Lunacy of this county.

It is worthy of note that the proportion of Lunatics confined in Workhouses is considerably greater in Lancashire than in Middlesex, West Riding, or other populous districts in England. In the Metropolitan district, no less than 92 per cent. of the Pauper Insane are under care and treatment in special asylums, leaving only four per cent. in Workhouses, but in Lancashire the proportional classification of Pauper Lunatics shows a marked contrast to that of the Metropolitan district, only 59, instead of 92 per cent., reside in Asylums, while the proportion in Workhouses is 37 per cent. in Lancashire, instead of only four per cent., as in Middlesex.

In this division of the county, the Salford Hundred, the proportion in Workhouses is still greater. The Insane population of this district is estimated at nearly 3,000, of whom 56 per cent. are in Workhouses, and about 44 per cent. in Asylums. During the last twenty years, the Lunatic population of this county has increased upwards of 125 per cent. Whether this growth is really out of proportion to the increase of population is a matter of doubt, but experience proves that there is a steady and an inevitable increase, and, in considering the subject of the extent to which it is necessary to provide accommodation for the chronic Insane, this fact ought not to be lost sight of.

Among the Statistical Tables appended to this report, is one arranged at the request of the Commissioners in Lunacy, showing the causes of the insanity in the admissions of the past year. This table has been prepared as carefully as

circumstances would permit. Nearly every case has been separately investigated, and the conclusions arrived at have been based on enquiries made from different members of the patients' families, and checked from careful and independent observation. The large number of cases reported as unascertained, evidences not only the difficulty of the investigation, but also the difficulty there is in tracing the disease in some instances to any assignable cause. In some few cases the origin is manifest, and cannot be mistaken, but in the majority of instances the agencies which have conduced to the development of insanity have been multiple in their nature, gradual in their operation, and often so much involved—one appearing as the consequence of the other—that it is impossible to assign to any particular factor its definite share in the causation. In the arrangement of this table the causes are broadly divided into pre-disposing and exciting.

Among the former, hereditary constitutional taint takes the first rank in both sexes, and next in order comes the pre-disposition, left from previous attacks. Insanity, like gout, asthma, and other diseases, may be transmitted, and of the total admissions, no less than 127 inherited the disease. The pre-disposing influence of transmitted intemperance was also recognised in numerous cases; no less than 47 of the males, and 33 of the females were the offspring of parents known as drunkards. The habits of the admissions, with regard to the abuse of intoxicating liquors, show, as in former years, a large proportion of those addicted to intemperance in drink, and are a strong indication of the instrumentality of such excess in inducing mental derangement. In the Table of the Causes of Insanity, given in the last Report of the Commissioners in Lunacy, intemperance figures as the assigned cause of the disease in about 14 per cent. of the patients admitted into the different Asylums of England and Wales during the year 1876. Although this proportion has been exceeded in the admissions into this Asylum during the past year, the return contrasts favourably with the proportion of cases attributable, either directly or indirectly, to that vice during the previous seven years. In reviewing this table, one is struck with the fact that very many of the causes therein enumerated, both pre-disposing and exciting, are largely preventible, and subject, in a great measure, to the direct control of the will. An individual who has inherited gout or phthisis may, with proper care and attention, escape the effect of his inheritance, and, even with the strongest constitutional taint, the paths which lead to insanity may, in many cases, be avoided. By developing self-control, and by strict attention to the natural laws of health, and by a careful avoidance of those manifold influences which are known to be injurious to our moral nature, individuals predisposed to insanity may do much to avert the calamity, and so prevent a large proportion of evils which follow in the train of this distressing malady. The diminution in the number of cases among the last year's admissions, whose insanity is attributable to alcoholic indulgence, proves that that degrading vice is also preventible. No doubt the confirmed drunkard is past all hope of cure; he suffers from a disease more grievous than insanity, for the latter is, as experience proves, largely curable; but the habitual drunkard is the victim of a malady as incurable as the worst forms of organic brain disease. It is to the prevention of intemperance in the future, rather than to the cure of the habitual drunkard, that our efforts should be directed, but we shall never diminish habits of intemperance amongst the labouring classes until they have been taught to comprehend the manifold physical and moral evils which accompany the abuse of intoxicating liquors. Education may be expected to do much; in the meanwhile I trust that the new lessons of moderation and self-denial, which adversity has so sharply taught, will not be soon forgotten.

The number of patients is in excess of the accommodation. Mr. Ley was invalided for six months, but is now well.

An *annexe* for chronic cases is to be built, and more freehold land acquired.

Four inquests were held. 1. On a patient with fractured ribs. 2 and 3. On cases that died from injuries self-inflicted before admission. 4. On a female who committed suicide by drowning.

There were fewer admissions this year than in the previous, on account of the fulness of the wards.

Female attendants are made use of in some male wards.

Mr. Ley opposes the idea that the majority of chronic insane patients are fit to be free from asylum care and restraint, and would only allow idiots, imbeciles, and demented, who are quiet, harmless, and clean, to be away from such care. Mr. Ley, as we saw, thinks that commercial distress is at first associated with decrease in insane cases, due to diminution of population by the retreat of the nomadic classes from poor areas and improvements in the habits of the people; in the Glamorgan report it was noticed by Dr. Pringle that there was a great excess in male admissions, due to the same causes, but, doubtless, he would agree with Mr. Ley, that the increase does not come at once. There were 16 per cent. of re-admissions. Over one-third of the male admissions were general paralytics.

Mr. Ley does not think the Government Grant of four shillings has increased the flow of the insane from workhouses to asylums in Lancashire.

The report refers to many important facts known to asylum physicians, but not sufficiently understood by the outside world.

The death-rate was very low, only 4 per cent. of all under treatment.

Post mortems were made in 73 out of 74 deaths.

Altogether this report speaks very highly for the Medical Officers.

We are hardly as confident as Mr. Ley in believing persons with strongly insane inheritance can prevent a neurosis from developing, and we are not sure that gout can in all cases be avoided by temperance. Mr. Clewer, the energetic senior assistant, has left lunacy and the asylum, and Mr. Sankey succeeds him.

In the death table we again object to "serous apoplexy" as not recognised by the College of Physicians, and "softening of brain" as indefinite.

Royal Asylum, Montrose.—In that of the Royal Lunatic Asylum, Montrose, Dr. Howden remarks on the termination of the long period of twenty years which he has spent in the service of the institution. While modestly asserting his consciousness of the "many infirmities and shortcomings which have marked the performance of my duties," he lays claim to having been "actuated by an earnest desire to promote the happiness of the inmates, and to advance the prosperity and usefulness of the Institution." Dr. Howden might have taken even higher ground and found a hearty endorsement in the opinion of every member of the speciality. Though short, his report is weighty and able, and remarkable for sound and acute observation. The death-

rate was 7.48 on the average number daily resident, and 5 per cent. on the total treated. A curious fact is noted, that all the deaths from cerebral and spinal diseases occurred among the men, while all those dying from abdominal diseases were women. The precautions against fire are given in detail, and seem ample and worthy of imitation. A very interesting table of weights is given, amply bearing out the generally held idea that convalescing patients increase considerably in this respect. Dr. Howden favours the abolition of airing courts.

Garlands Asylum.—In the report of the Cumberland and Westmoreland Asylum, Dr. Campbell refers to the absence of stimulants from the dietary of his asylum, and states that the experience of 17 years fully exemplifies the wisdom of the decision of the committee of visitors, that beer and other stimulants should not form part of the diet, but be given as medicine when required. This is the chief fact of general interest in Dr. Campbell's report. He sums up the year's history of this asylum of 431 patients in four pages and a half. The following remark seems to indicate that he does not consider his report as addressed to other than a limited audience. "From the full manner in which details of management are brought before you, and from your frequent visits to the asylum, little else than the summary of the year's returns remains to be presented to you." A little extension of this argument would almost admit of a plea for not issuing a report at all. Dr. Campbell also says "each year should see some improvement in an asylum in every department. There is a danger of falling back if some advance is not being made." This is applicable to annual reports.

Ayr Asylum.—We were somewhat at a loss to understand what motive Dr. C. Skae could have had in publishing his "Eighth Annual Report." Prolonged cogitation, however, furnished us at last with a key and an analogy. It is now about ten or a dozen years since a man of genius coined a phrase and informed a company of dining and admiring political followers that the secret of certain apparently somewhat inconsistent sayings and doings of his in the past had been that he was endeavouring "to educate his party." So we surmise that portions of Dr. Skae's report, which otherwise might be thought scarcely worthy of special promulgation, are to be explained on the theory that he is "educating his committee." The first lesson he gives is to the effect that bad milk is not good for lunatics. The second is that a farm is a useful adjunct to an asylum. "At several of the district asylums, such as Larbert, Fife, Lochgilphead, there are farms, and I am told that they answer exceedingly well, being not only beneficial to the patients but remunerative, too." It must be gratifying to the Scotch Board of Lunacy to see from this that the principles which they have so assiduously fostered have taken such good root. This feeling will, no doubt, counterbalance one of slight chagrin, which they might experience at the thought that it has taken eight years for this idea to travel from Edinburgh to Ayr. We notice in his Table VIII. that Dr. Skae

has 7 cases : 5 men and 2 women " recovered " from dipsomania. The profession will hope that he may find leisure to inform them, through one or other of the Journals, of the treatment which brought about these very remarkable cures. Among his other recoveries are 1 male and 1 female from " hereditary," 1 male from traumatic sunstroke, 1 male from congenital imbecility, and 1 female from moral imbecility. We doubt if any other asylum can show such results. There is a chaplain's report appended to Dr. Skae's. In this the rev. gentleman informs the, no doubt gratified, Board that he has enjoyed good health during the past year, and then, after a few uninteresting remarks, indulges in some rather unctuous flattering of the officials of the asylum. We have an utter dislike to this prostitution of an asylum report. Work and thought and earnestness is what it should show. It is a degradation to make it a vehicle for the interchange of flabby and often misleading courtesies. Dr. Skae has not taken the trouble to give the Medico-Psychological Association's Tables. This is unpardonable for a new asylum and a young superintendent.

Inverness Asylum.—Dr. Aitken, Inverness, writes pleasantly and cleverly, and produces a report which could only have been written by a man devoted to his work and appreciative of its importance and numerous points of interest.

Dr. Aitken finds a tendency to increase in the numbers resident, and considers that this arises from a growing inclination to send in to the asylum cases of a mild, chronic, and harmless character. He advises that boarding out in private dwellings should rather be tried with such, and that the allowance should be sufficiently liberal to induce suitable persons to undertake their care.

He narrates an interesting case of a labourer, æt. 44. Originally this man had been intemperate, and suffered from rheumatic fever, but for 10 years previous to seizure had been in apparently good health. He went to his work, as usual, on a cold, bleak morning in December, and returned home afterwards, unable to articulate, and so violent that his case had to be reported to the Fiscal. The excitement had come on immediately after he had drunk a small glass of whisky. He was found to be aphasic, but in time began gradually to re-learn language. In the midst of this process, however, he suddenly died. At the post mortem it was found that " the lesion, which might have been expected to be associated with his aphasic condition, was absent, and that the whole posterior left lobe was reduced to a soft creamy mass."

Dr. Aitken notices a recent disappearance of that class of patients known as " decorators." Our observation leads us to think that other asylums have experienced a similar loss. This is probably a good deal due to the gradual assertion of better discipline. Though they were picturesque enough, it was a mistake to encourage the followers of this special vagrancy. They certainly induced a particularly " mad " look in their vicinity, and no doubt it is a rational thing to

check the indulgence of this wayward fancy, just as would be done in the case of any other.

Argyll Asylum.—In the report of the Argyll and Bute Asylum, Dr. Cameron confines himself entirely to a few points of detail possessing only local interest. In the entries of the Visiting Commissioners very flattering notice is taken of the general condition of this asylum, and of the extent to which healthful industrial occupation is found for the patients. On the date of Dr. Mitchell's visit, 83 per cent. of the whole population were at work, and it may be taken as a corollary to this that "seclusion appears never to be necessary."

Manx Asylum.—In the Report for the Isle of Man Asylum, Dr. Wood goes with some minuteness into various points connected with the asylum and its surroundings, but does not go beyond this. This asylum, originally built with day space for 84 and sleeping room for 94, had during the year ending 30th June, 1878, an average of 125 patients resident. Some additions to the building have been made and others are approaching completion; but Dr. Wood anticipates that still further enlargements will be required. Our own observation of this asylum would lead us to think that Dr. Wood would have found his account in facing the larger question at once, and suggesting the building of a new asylum altogether. The present one can, from its mode of construction, never be really satisfactory.

Wilts Asylum.—The Wilts County Asylum has lost the services of Dr. Wilkie Burman, a gentleman who had done good work and signalised himself by able and thoughtful papers in this Journal. His successor, Dr. E. Marriot Cooke, goes with some minuteness into various details of the asylum management, and suggests a good many alterations in the arrangement of the house. No doubt this institution will benefit from the energy infused into its general life by its new Superintendent. It should be his ambition to show that this is not merely spasmodic, and so avoid a possible reference to the results which follow the employment of "new brooms."

The following case is instructive, and may encourage perseverance with artificial feeding:—

One of these cases, that of a woman, H. M., may be mentioned as showing what may be accomplished by artificial feeding.

This patient was admitted in July, and for three months she obstinately refused all nourishment, taking absolutely nothing herself, and for the whole of that time was fed artificially; new milk, eggs, beef-tea, brandy, and codliver oil being injected twice a day into her system by means of the stomach-pump. At the end of three months, during which time she improved in bodily condition, she began by eating potatoes herself, and gradually by means of much persuasion, was induced to take meat and other articles of diet. At the present time she always eats a good dinner, but, as a rule, refuses her breakfast, at which meal she still requires to be artificially fed. It is hoped that this patient may ultimately recover. The patient's mind was occupied with the delusion that all food offered her was poisoned, and rather than, as she believed, cause her own death by knowingly taking the noxious mixture,

preferred the alternative of a slow death by starvation. The intensity of this delusion has to a great extent subsided, but even now and again the perverted idea is apparent.

There is an excess of residents but diminution of admissions. Additions to the asylum will be completed this year, an infection ward has been arranged. The weekly charge was 9s. 7½d., and this enabled a debt to be cleared off, leaving a balance of over £1,000.

A very violent and dangerous lunatic was sent to Fisherton House in exchange for a criminal lunatic. We wish changes of this kind could more often be effected, and think good would result.

Dr. Cooke is earnest in making *post-mortems*, both for scientific knowledge and also to detect broken ribs.

Two inquests were held—one in a patient dying of lung disease, there being no one present at the death; the second on a case of sudden death from heart disease. No suicide or fatal accident occurred. Several cases of fractures, especially of the ribs, are reported, and we are sure more careful examination after comparatively slight accidents would often reveal fractured ribs in the insane, and lead to a more general knowledge of their brittleness in nervous disease. Three escapes and re-captures are noticed.

Royal Edinburgh Asylum.—The admissions into the Royal Edinburgh Asylum were, for the past year, the greatest on record, being 23 more than last year, and 72 more than the average of the past ten years. This increase chiefly took place among the private patients, and is, Dr. Clouston thinks, strong evidence of how highly the profession and public appreciate the advantages which this great institution affords in supplying accommodation for this class at comparatively low rates of board. The accommodation for private patients, at rates of board of from £25 to £50 a year is a crying need of the time. We are surprised that the Commissioners in Lunacy do not take the matter up.

The extensive structural alterations in both East and West Houses, which have been proceeding for some years, are now completed, and the managers quote with satisfaction the high encomiums passed on the renovated asylum by the Visiting Commissioners.

No one can read this Report without feeling that Dr. Clouston is amply justified in speaking of its "magnificent resources" as a curative hospital in mental disease. Though not exactly within the scope of a notice of the Annual Report, it may not be thought uninteresting if just a reference is here made to the important union now lately formed between this asylum and the University of Edinburgh. With the appointment of its Physician-Superintendent as Lecturer on mental diseases, its great resources for clinical instruction will be placed at the disposal of the students as they never were before; and a great impulse ought thus to be given to the present study of psychiatry. The more our asylums are used for clinical instruction, the better for them and for our profession. This use of them stimulates all connected

with them, and helps to give a new life and interest to their daily routine.

A very important step has been taken by the Managers in the purchase of the adjoining estate of Craig House, by which they will have literally unrivalled facilities for offering the highest class of accommodation and surroundings to private patients.

In all respects it is a most charming old house, and its surroundings of quaint, old-fashioned garden, shady walks, and magnificent trees are all equally attractive. The site is one on which an ideal Asylum might be built. Healthful, well wooded, and elevated, with unequalled views of our beautiful city and its surroundings, and yet with perfect privacy. It affords ample room for many villas of various kinds, surrounding a central block for recent acute cases, kitchens, dining, and public rooms.

What more could a Claude Melnotte, musing on his "Palace Lifting to Eternal Summer," want? There will, however, be a poor time for our poets, if the "shady grove" is to be no longer the haunt of lovers but the place where lunatics most do congregate. Perhaps an ill-natured person might say in this case, as in others, that extremes meet.

Melrose Asylum.—The genial Head of the Asylum for Roxburgh, Berwick and Selkirk, has this year issued a somewhat quaint report. We do not know whether his proximity to classic ground has inspired his pen, but there is certainly evidence in his pages of a desire to produce a literary *Tour de force*. Of its ability there can, of course, be no question, but we have a slight misgiving that, in one or two paragraphs, simplicity has been sacrificed to style. For instance—

Then, again, well nigh 20 per cent. of those we have had to receive, having long passed the allotted three score years and ten, which make up an average human life, and so wearied and taxed in some cases the government and nursing resources of the Poorhouse, or overcome that sturdy independence of character, which used to be our boast as well as pride, that an old woman of 84, with a memory weakened, and feelings over-active, through no fault of hers, but as simply the outcome of an honest, hard, and industrious life, is fittingly sent here because in her vacuous and wakerife habit she flytes at some impersonal being—fancied child it may be—of a long ago period, and perhaps many years dead, for dallying, for what seems hours, over the boiling of the water that was to prepare her untimely meal.

Glamorgan Asylum.—We gather from the Report of the Glamorgan Asylum, that Dr. Pringle's anxious and painstaking management continues to maintain that Institution at the high standard to which it was brought by his able predecessor. No restraint or seclusion was required in an average population of 576·6. All the deaths were from natural causes, and no accidents of any consequence have occurred, notwithstanding a large number of new cases of a troublesome and dangerous nature. Out of 156 admissions, the illness in 33 was ascribed to the indulgence in alcoholics. The following is interesting:—

The admissions—156 in all—have been unusually numerous, particularly to the male side, which received 92, as against 68 in the previous year.

That such a great increase of insanity should take place at the present time,

when trade is so depressed and wages so small, and the classes from which this Asylum is supplied can scarcely get food, and certainly have very little money to spend on drink, may well cause astonishment, but I believe this increase is simply a marked illustration of the well-known doctrine of the "survival of the fittest," by the succumbing of those whose brains are unable to bear the strain of poverty and hardship, in addition to the weakening influences of former intemperance, of family tendency, or other causes which of themselves might not have induced an attack of insanity.

Overcrowding of patients is mentioned, and a deficiency of space for 59 women. The average cost is 9s. 3d. There seems to have been slight exceptions to the uniformly good conduct of inferior officers. We should prefer "attendants" to officers. A new asylum is to be built. One inquest was held on a patient dying from heart disease. Post-mortems were generally made. Many slight but important changes were made in the buildings, and the epileptics are again cared for by the Commissioners. Floods of the river Ogmoo have necessitated outlay in embankment. Dr. Pringle reports a great increase of admissions, especially on the male side; this is due to poverty and distress, which acts even worse than drink. Twelve patients died of phthisis, and this is attributed in part to the "watery surroundings." We notice that the re-admissions have greatly exceeded the average of the past 14 years. That histories of the cases dying of aneurism and syphilis should be reported as due to the influence of mental diseases is important. Table X is very carefully compiled, and presents fully the causes. A large number of foreign nations are represented among the patients. Whisky seems the favourite form of stimulant.

East-Riding Asylum.—The East-Riding Asylum has suffered a loss in the transference of Mr. Greene to the Northampton County Asylum. His successor, Mr. Whitecombe, issues an interesting report, which shows that, in the few months since he has taken office, he has fairly mastered the leading details of the Asylum. He narrates, at some length, a case of particularly determined suicidal propensities in a female patient, and adds—"Cases such as these add enormously to the anxious and arduous responsibilities of asylum officers." We are inclined to demur to the "enormously," and to think that there is a little too much of a tendency among superintendents to magnify such anxieties, and also to dwell more than need be on the "arduous" nature of their "responsibilities." No doubt cases of a suicidal tendency cause "anxiety," but surely this should not be "enormous." As for the "arduous responsibilities," it would be in better taste to allow others to discover these and comment upon them. The recoveries during the past year were the highest ever attained in this Asylum, being 39·28 on the admissions. The deaths were 7·31 on average number resident, and 6·07 on total number under treatment. The weekly cost is 11s. 1d. Several attendants followed Mr. Greene to Northampton. Sewage irrigation has been increased. The admissions have been below the average. The usual complaint that patients are not sent soon enough to the Asylum is made. The percentage of deaths is

low. One sudden death from phthisis required an inquest. Post-mortems were general. One patient escaped, but was re-admitted. Wet-pack was used medically. The Commissioners report favourably of the internal improvements, but think the airing courts bare and cheerless. Some drain defects were also found. Special night attendants for the epileptics are still wanting.

Royal Asylum, Glasgow.—We are sorry to find Dr. Yellowlees confining himself almost entirely to domestic details, in the Report of the Royal Glasgow Asylum, Gartnavel, for 1878. This has been such an exceptional year that we should have welcomed the observations of one so well qualified to make them, on the effect of the recent disastrous times on the community from which he draws his inmates. We quote all he does say on the subject, wishing there was more of it :—

The great depression of trade, and the privation now so general among the poorer classes, assuredly tend to lessen the production of insanity. Crime likewise diminishes in such circumstances; and, probably, for the same reason,—the un wonted sobriety which poverty imposes. Prolonged privations, inducing disease, desperation, and despair, would too certainly lead to an increase both of insanity and crime.

We gather that the past year has been a prosperous one as regards the general progress of this important Asylum.

Sussex Asylum.—We have read the Twentieth Annual Report of the Sussex County Asylum with much pleasure. The impression left by its perusal is altogether favourable. This Asylum is evidently conducted with great care, and is enjoying a deservedly prosperous career. Like so many other Boards, the Sussex one has had to face the serious question of providing increased space for an enlarging community. This is to be done by appropriating to the patients' use the present superintendent's house, and giving him another. In this, space for 60 or 70 patients can be got, at a probable outlay of about £70 per head. It is gratifying that no application has to be made to Quarter Sessions for this sum, but that it can be met out of a fund which has accumulated by excess over maintenance charged to the non-contributing boroughs (Hastings, Chichester and Seaford), and partly by a profit derived by the reception of private and out-county patients. The greater part of Dr. Williams' able Report is occupied with the discussion of points of interest in this connection. He shows the very remarkable fact that, in the past eight years enlargements have been paid for in this way to the amount of £16,731, the space been equal to room for 230 patients. He considers this sum practically saved to the county. The death-rate was—male, 10·0; female, 10·5 on total numbers under treatment. The recoveries 33·1 and 25·6.

An increase of admissions is reported. Many patients seem to be sent out relieved who can be trusted at large. The mortality was slightly above the average. No suicide or accident occurred. One patient died of scarlatina. One inquest on a case of apoplexy took place. The report is quite a financial digest. The plan of night-

nursing is thorough and good. A meteorological report is made, but till this shall have been associated with the states of excitement, depression or fits, it is only a pleasing evidence of general careful observation. The Commissioners' Report is satisfactory. Dr. Worthington succeeds Mr. Green as Assistant Medical Officer.

Barnwood House Hospital.—In the Nineteenth Report of the Barnwood House Hospital for the Insane, near Gloucester, we find evidence of prosperity, and good results of treatment and management. The demand for such an institution as this is evidenced by the fact that the admissions have exceeded that of any previous year, the house being now full. The recoveries have been very satisfactory, bearing a proportion to the admissions of 49 per cent., which is 23 per cent. in excess of the average. The weekly charge varies from £1 to £7 7s., the average cost per head being £1 16s. 10½d. a week.

Hereford Asylum.—Dr. Chapman (Hereford County and City Lunatic Asylum) seems to be better off for space than many of his brethren, as out of a total of 336 patients on his books at the end of the year, 278 were chargeable to Hereford City and County, nine belonged to Gloucester Asylum, 22 to Abergavenny, two to Merthyr Tydvil Union, and 25 were private patients. An experience in the death-rate of this asylum bears out our remarks *ante* as to the untrustworthiness of this as a guide to the general health-condition of an asylum community. No fewer than six deaths this year occurred in this asylum from General Paralysis, whereas last year there was no fatal case of this disease. The following is an interesting and suggestive remark, though we are inclined to think that it is rather strongly put :—

I, myself, entertain little doubt that a large part of the lung diseases, which unquestionably occur during severe weather, are to be ascribed much less to the direct effect of cold than to the abominably contaminated atmosphere to which we are so tempted to confine ourselves in order to secure a higher temperature. By abominably contaminated, I mean such an atmosphere as many would consider a little close, and others would not remark, but, for which, as a lethal mixture, my qualifying term is not too severe.

Berks, &c., Asylum.—The Eighth Annual Report of the Asylum for Berks, Reading, and Sunbury is satisfactory. Dr. Gilland has little that is new to tell, but produces an interesting report by entering with considerable pains into various points in the year's history. The death-rate was 10·31 upon daily average resident and 7·82 upon total number treated. Quite two-thirds of these were from cerebro spinal disease, General Paralysis being ascribed to no fewer than nine out of the total 31. Among the recoveries there is to be noted a rather unusual duration of residence. Four—one male and three females—were between three and four years, one male between two and three and four, three males and one female between one and two.

The asylum seems full, as twenty patients were sent to Sussex County Asylum, but the new buildings will be completed January, 1880. During the year there was a decrease by eight in the number of patients

treated, though an increase of eight occurred in the numbers resident at the close of the year. Dr. Gilland reports that the bodily health of patients on admission was bad.

One epileptic child of five was admitted. Dr. Gilland gives an useful epitome of the cases admitted and treated in his reports, thus making them more interesting than most annual reports.

We object to the term "serous apoplexy" as spoken of in page 16. We thought the term an obsolete one.

Overcrowding was associated with diarrhoea and erysipelas. The new building will accommodate 250 patients.

Carmarthen Asylum.—Dr. Hearder, Joint Counties Asylum, Carmarthen, has the satisfaction of pointing to the remarkably good opinion expressed by the Visiting Commissioners on this asylum. The numbers indicate an increase of 25 (11 males and 14 females) at the close of the year, as compared with the beginning. The average increase during the past ten years has been 18 per annum. The following is a serious experience, such as is, we trust, seldom met with:—"With only four exceptions all the patients admitted suffered from marked physical disease in addition to the existing mental disturbance of such gravity as to preclude all hope of recovery therefrom."

"As regards causation, the most prominent factors are, as usual, heredity and intemperance."

Dr. Hearder devotes a paragraph to the discussion of a matter of serious interest, namely, the reception of criminal lunatics into the County Asylums. We entirely agree with him that when one of this class has unfortunately to be admitted, it is an unmixed evil as well as a hardship to the other, and, in many cases, respectable patients. Those who send such cases frequently forget, too, that the primary object of an asylum is curative, and not retentive, and that the appliances are in most such institutions quite unfitted to withstand the determined efforts of a skilled prison breaker. This asylum has now outlets for its plethora of inmates, one the house at Job's Well, which has room for 50, and the other at Rhyd-y-Gors for 40 patients.

The first statement is that patients cost only 8s. 9d. a week, and the next is a dispute about costliness of enlargements between the Cardigan Quarter Sessions of Cardigan and the Committee of Visitors, which was settled by Mr. Cross issuing his order.

Overcrowding on the female side seemed proved, and erysipelas occurred, and hospital accommodation deficient. The Commissioners suggested a fire extinguisher being handy to the carpenter's stores.

The asylum estate is small. We object to the Chaplain's Report preceding that of the Medical Superintendent. We do not understand the second paragraph in page 20, for there were said to have been 70 admissions, and then that only four of these were not suffering from well marked physical disease that precluded hope of recovery, yet the next line says nine were discharged recovered. Heredity and intemperance are pointed out as causes. It seems in Wales there are still bad

times for lunatics if kept at home. One inquest was held in a case of no importance. Two women died from erysipelas. Post-mortems were general. Table V gives much information, but leaves one in doubt, as the general terms "hepatic and venal disease" occur so often, and do not mean much.

The Retreat, York.—The Eighty-Second Report of the Friends' Retreat at York indicates a vigour of management that might almost shame many younger establishments. A most elaborate and valuable table has been prepared by Drs. Prideaux and Wood, showing the proportion of recoveries, &c., both as to persons and cases admitted, with a comparative percentage between the two, and giving an analysis of the admissions and discharges, with the number of times each patient was admitted and discharged, embracing the whole of the cases admitted into the institution from the date of its establishment to the present time. While this is obviously not suitable for quotation, the great and lasting value of such a record for so prolonged a time must be amply manifest. Many improvements are detailed, all pointing to increased comfort, many to ornament and elegance. Dr. Baker trusts in due course to be able to employ educated companions for the lady patients, but remarks that "no doubt there are many difficulties, social and executive, to be combated." We fancy these are more imaginary than real, and would soon disappear were earnest workers to "take arms" against them. Indeed, we trust to see the day when, in the wards and day-rooms of our Pauper Asylums, philanthropic and Christian ladies will find a field for their labours. To many a poor soul struggling against the horrors of melancholia unspeakable relief might in this way be afforded. It can hardly be expected that the best of our attendants can have that psychological insight and that sympathy with the finer springs of human nature which is possessed by persons of education and refinement. Thus, while they may not be wanting in kindness, it may be feared that their sympathy, when given at all, is of a rough and ready description, which must seem commonplace and unsatisfying to its objects. Something at once more searching and more tender is needed for these lives—

"That have crept so long on a broken wing,
Through cells of madness, haunts of horror and fear."

We presume the chief objections to this admission of ladies on such errands would be possible interferences in the discipline of the house, but surely firmness on one side and a little judicious reticence on the other would obviate any risk. We must not quit Dr. Baker's interesting and able report without quoting the graceful sentences which form his in memoriam tribute to one who was a good worker and a loveable man.

It is under a sorrowful sense of the loss that we have sustained, that I proceed to record the decease of our valued friend and adviser, Dr. Kitching. This is not the place to enter into a description of a life-long devoted service of our

veteran ex-Superintendent. Suffice it to say that to high professional attainments he had super-added those amiable qualities which attract personal friendship—with firmness there was combined unvarying courtesy and the power of infusing into the lives of his patients his native geniality and kindness. Dr. Kitching has gone to his rest after an active life, successfully devoted to the endeavour to improve the condition of the insane, and his memory will long be lovingly cherished by a large circle of patients and friends.

Abergavenny Asylum.—The Twenty-sixth Annual Report of the Joint Lunatic Asylum, at Abergavenny, bears evidence of good management and resulting prosperity. During the past seven years there has been an increase of 67 males and 68 females. At present there are 55 patients boarded in other asylums. In consequence of the Home Secretary declining to sanction a dissolution of the Union (Monmouth, Brecon, and Radnor), the Local Board determined to obtain plans and estimates for a large increase to the Abergavenny Asylum. It was discovered, however, that the Commissioners in Lunacy object to the erection of further buildings to the extent of accommodation required (250) on the existing site, unless the estate be considerably enlarged. Something like a dead lock has thus been caused from which we can only wish all concerned a happy deliverance.

Northumberland Asylum.—Dr. McDowell's remarks in the report of the Northumberland Asylum for 1878, are not of such general interest as usual. This report is made up in a form which prevents it being bound up with any set of other similar pamphlets. We have failed to discover in its pages any justification for this assumption of solitary grandeur.

One case of death with fractured ribs occurred. No inquest was held. A second case of fractured ribs from very slight cause took place, and as the patient was a general paralytic no blame was imputed. The verdict returned is said to have been "General paralysis, accelerated." The average cost has been reduced from 11s. 1d. to 10s. 9½d. a week.

There are more men than women in this asylum. More than a third of the deaths were said to have been due to phthisis. The wet pack was used by Dr. McDowell, and with advantage. We are glad to see it is being used as a remedial agent. It is as effectual and less dangerous than medical restraint. He again points out the decrease of admissions associated with general privation. Dr. McDowell does not find the cases arising from privations in hard times less curable or more melancholy than ordinary. Of 415 patients in the asylum at the end of the year, only 15 were considered curable. This is a fearful state of affairs. We notice two cases under the head acute alcoholism, and wonder if these cases were retained.

City of London Asylum.—In the Thirteenth Annual Report of the City of London Lunatic Asylum there is recorded evidence of fair prosperity and good general results, but beyond this no fact of more than local interest. The Commissioners suggest more complete supervision of epileptics at night, and also some other arrangements to facilitate inspection of such cases. Increase of tell-tale clocks is advised.

The Commissioners' Report was satisfactory in regard to the Medical Officers, but less so in referring to the justices' visits. The death-rate was unusually low, being only 3·88 per cent. on numbers resident, and 3 per cent. on total numbers under treatment. No suicides or inquests occurred in the year. Five men and nine women seems a small number, too, in bed out of 350 patients. One patient managed to get two injuries, resulting in fractures. A cottage hospital is being completed. Escapes have been rather numerous. There seems a large number of entertainments given by friends outside the asylum.

Devon Lunatic Asylum.—Improvements have been completed. An outbreak of typhoid occurred in the house of the medical superintendent, due to bad drainage. A deep sinking was made for water. The weekly cost of patients is low, being 8s. 6d. The admissions were above the average, and the deaths below. Among the deaths we hardly understand the difference between softening of the brain and general paralysis.

No casualties or inquests occurred. One case of pneumonia with delirium was wrongly sent to the asylum. As usual, we see increased care of epileptics, resulting from the Commissioners' energetic action. Three interesting cases of death are recorded, one from meningitis and another from calculus vesicæ and peritonitis, and another of cancer of pylorus. The record of these in this Journal, with their mental symptoms, would be valuable. In Table IX. the number of widows admitted is very large. In Table XI. we object to "delirium" after typhoid, as cases of true insanity follow that disease, and should not be called delirium.

Gloucester County Asylum.—Again we find more patients belonging to the county than the asylum can accommodate. Mr. Toller was forced by illness to take a long leave, but is now happily restored. Fresh rules have been drawn up for all the officers, and we should be glad to see a copy. Sanction has been given to buy the Barnwood Estate, of 120 acres, for new building.

The two assistants have resigned. Three inquests were held, one on a man with broken ribs, and though violence was suspected, and three attendants discharged, no conviction was obtained.

Admissions were 164; re-admissions, 36. This is high.

The Commissioners refer to four deaths that may be called unnatural. One from abscess of the thigh, one from suffocation in a fit, a third from fractured ribs, and a fourth from swallowing carbolic acid. The case books were not satisfactorily kept. The epileptics will be more properly cared for in the new asylum.

The death table gives a list of interesting cases, and we must regret that so few of these become fixed by publication.

We should like to know about the case of sclerosis of "brain and cord." If not general paralysis, was it insular sclerosis, or the rare form of cerebritis, or sclerosis, seen in idiots?

There were two cases of malignant disease, and Tables XV. and XVI. are interesting, showing in the former the physical condition of

admission, and the latter the inheritance, only we should like the insane relations given.

Hants County Asylum.—The new buildings were advanced enough to receive patients, and this year there were 62 over the number of last year. More land has been purchased.

The chaplain here again precedes the superintendent in his report. The percentage of recoveries was only 17·5, but this was due to reception of old cases. Dr. Manley says the types of patients are *now* of a more hopeless character than formerly. A very high death-rate, 117 persons, has also followed, but no inquest was held, so this is highly satisfactory. One child of three years was sent to the asylum, and very properly discharged as not a proper case. The only accidents were due to epileptic patients. One case given to self-mutilation was properly restrained.

A nurse is said to have died of "brain fever." Though the lay world talks of this disease, doctors do not usually do so. A change of assistant medical officers took place. Re-admissions were large in proportion to first admissions.

Table V. gives general paralytics, and separates those who died of "epilepsy." Surely it is better to use the term epilepsy for a disease, or set of symptoms apart from general paralysis, and to call the cause of death epileptiform fits.

Another puzzling cause of death is given as "gastritis." One knows this as a result of injury, but hardly as a common cause in asylums, unless due to stone swallowing.

Northampton County Asylum.—Here we have a new asylum and plenty of room, so that out-county patients are received and a good balance of profit results from them. Mr. Green has become Superintendent.

The use of female attendants in male wards has been discontinued.

There is said to be a larger proportion of unfavourable cases—epileptics, suicidal, and violent patients—than is usual in County Asylums. One case of small-pox arose in the asylum. The recoveries were 44·2 per cent. on admissions. We are glad to see that four patients escaped and were not recovered.

The death-rate was 10·53 per cent. on average number resident. "Brain softening" is given as the cause of death of 11 patients; this, surely, was general paralysis or dementia, and why use the terms not recognised by the profession at large? *Post-mortems* are not numerous, but the Superintendent acts with caution, and legally, in not doing more, though we regret the necessity of this.

One fractured thigh is reported from a fall out of bed, and one inquest on a case due to a fall, producing "softening of the brain, accelerated by apoplexy." We should like a report of that case.

Twenty-seven new attendants were engaged.

A telegraphic communication has been established between the wards and the Medical Officers' quarters, and is reported to work well.

St. Andrew's Hospital, Northampton, is now re-christened, and is

probably the most flourishing hospital in existence ; it has added this year an estate of over 450 acres to its site. The hospital has been so full as to force the rejection of suitable patients, so that the admissions are less by 17 than last year.

There were ten escapes, all but two being re-taken ; this may seem a large number, but was not nearly enough, for great freedom means great risk of escape.

No accidents occurred and no changes took place in the staff ; this speaks volumes. Mr. Bayley gives an account of the changes made to convert the County Asylum into a provident and charitable hospital. The income has risen from a maximum of £20,000 to one of £30,000.

Somerset Asylum is nearly full, and is to be enlarged. The medical report is good, and is interesting and full. The patients admitted ranged from 5 years old to 85. Dr. Madden-Medlicott has found the addition of lunatics from prisons a disadvantage. He is able to separate his chronic harmless cases to some extent. There was an excess of cases of acute mania. There were five cases of deaths from general paralysis among the women. The deaths were said to have been due to ordinary causes, yet four inquests were held, accounts of which are not given. More single rooms have been provided, and much decoration done. The style of the report is rather florid, too much like an hotel circular. Technical teaching is made use of in workshops, and is spoken of as successful.

Dr. Medlicott's report concludes with a short address on the consideration of insanity as a disease, and his regret at the unphilosophical views taken by the public. Doubtless it is hard to distinguish between moral and physical causes of insanity ; but surely losses in business are rather moral than physical—quite as moral as domestic worry, unless absolute starvation resulted.

Stafford County Asylum.—The female side is full, but there is still room on the male side. The cost of the last quarter was only 9s. 4d. weekly. A good school attendance is reported. Of 102 deaths only 28 *post-mortem* examinations were made ; one patient died suffocated in a fit.

The Superintendent's report is brief, but contains important facts. He looks upon hereditary tendency and drink as the two chief causes of insanity. One patient died of strangulated hernia, but no notice is taken whether it was operated upon.

Among causes, we find all under the head "physical," and think it a mistake to put down the causes given by friends, as the tables thus made will in the end become mere catalogues of symptoms. Thus "imaginary enemies" is the symptom and not the cause.

Burntwood Asylum, Staffordshire.—Most of the cases in this asylum are cases of long standing. Two inquests took place—one on a patient who cut his throat in the asylum, and one who cut it upon admission. Dr. Davis' patients must be a bad lot, as the Commis-

sioners say he has "charge of many difficult cases." It is suggested that more special provision should be made for the epileptics, and that the most noisy patients should not be all placed together. The asylum is practically full. Slight defects are remarked upon, and a fire brigade suggested.

Dr. Davis' report requires no remarks; it is a short statement of facts. The re-admissions from some cause or another, seem to be very few. As in many death tables we find vague terms, like "brain disease;" we should prefer even mania, melancholia, or dementia, to this.

York Lunatic Asylum.—The Commissioners question the right to use this asylum for lunatic paupers from York. No *post-mortems* were made. One suicide by hanging is reported. Of the male admissions 79 per cent. were cured; this is a large proportion, but the whole numbers being small and selected, this is accounted for. One case died of choking, though tracheotomy was performed. Dr. Gill points out a larger proportion of recoveries among the private than the pauper cases. We were sorry to see that there were no escapes last year. Padded rooms have been constructed.

Salop and Montgomery and Borough of Wenlock Asylum.—The weekly charge here is 9s. 7½d. The Commissioners objected to the state of one patient, who for months had refused to dress himself, and was allowed to be in a padded room naked. The epileptic wards need some changes, and the yew trees in the grounds cause anxiety. We should have thought they might be fenced off rather than cut down.

The asylum being full, chronic harmless cases were tried at the workhouses; this seems, on the whole, to have answered well, but, as might be expected, some "bumbles" were in opposition. The four inquests that were held were as follows:—1st. On one patient who died of "serous effusion on the brain." Is this a real cause of sudden death? 2nd. On a paralytic, who died from a fall and ruptured intestines. 3rd. On an epileptic, who was suffocated in a fit. 4th. On a patient who died from the result of a blow given by another patient. No suicide occurred.

We find that four patients were refused admission on legal grounds. Doubtless the Superintendent was legally right, but the rejecting a case seriously ill because of some amendable error, is one that would incur moral, if not legal, blame; doubtless in the cases referred to he was morally and legally right.

Some earth closets have been removed and water-closets substituted with advantage, so thinks Dr. Strange. We suppose that 1,000 patients may be administered as well as 700, and that 500 and 1,000 are matters of detail; but if any study of mental disease is to be pursued, or even facts recorded, it takes a clear head, active habits, and medical instincts kept fresh for such a number. One-fourth of the admissions were re-admissions. In Table 35 the gross amount paid to attendants is stated, but not the rate at which each is paid.

(To be continued.)