

he would die if he should suddenly cease. He entered the office at eleven a.m., after having drunk 12 glasses of brandy, and intended to return to his hotel to enjoy a last debauch; but Dr. Day quietly objected to his return, sent for his trunk, and cut off his brandy at once and totally. For forty-eight hours there was incessant craving for his accustomed stimulant, and he could only obtain sleep by the assistance of bromide of potassium; but on the third day the craving ceased, and he never felt it again. Other patients stated that they suffered a morbid craving for the first two or three weeks; but all agreed that the sudden discontinuance of the stimulant gave them less inconvenience than they had anticipated."

Although committed patients are received into the institution, Dr. Day is altogether against legislative interference.

"To receive within our walls the forced commitments of a court or the common seizures of the police, is at once to impair, if not destroy, the philosophical value of the experiment, and, what is worse, to embarrass the discipline and lower the moral tone of our probationary household."

We think that such institutions as these are capable of doing great good. Even if they were of no further service, they would be most useful as refuges for the large class of persons who drink periodically. When we hear of cures effected by them it is necessary to remember that time is the only test of such cures. Doubt is thrown on the stability of them when we read that the average number of days each patient was in the Asylum did not extend to more than 27. A man may in that time get over his periodical fit of drinking, and may then go on temperately for a longer or shorter time, but we should hesitate to pronounce any old drinker cured after so short a period of abstinence. We should like to learn the experience of those who in other parts of the world, as Belgium or Scotland, have attempted that most difficult of all problems—the reform of habitual drunkards, especially females, of whom we hear nothing in the American reports.

Facts for the Teetotallers.

DR. CLOUSTON tells us in the annual report of the Cumberland and Westmoreland Asylum a fact which may be new to some superintendents, viz., that his patients have no beer.

"When I first entered on my duties here, seven years ago, I confess I thought it a mistake that no beer was given to the patients as a

part of their ordinary dietary; but I was perfectly willing to give the system I found in operation a fair trial; and if such facts as a low death rate, little consumption, a high rate of recovery, and good general health on the part of the patients can prove anything, I think they do prove that insane patients of that class do not, in this county, need beer as part of their diet. In recent cases that are weak, and whenever on medical grounds I think they will do good, I order stimulants freely; but still the above facts remain to show that this, one of the few English asylums in which no beer is given as a part of the ordinary dietary, does not seem to have suffered in consequence."

It would be interesting to hear whether asylum beer is looked upon generally as a stimulant, a food, or a luxury. We are glad to note the small amount of deaths from consumption which have happened in the Cumberland Asylum since Dr. Clouston has been there: though in the past year the number of such deaths was unusually high, the average rate, including it, is only 13 per cent.; excluding it, the rate is only about $8\frac{1}{2}$ per cent. Dr. Clouston says:—

"The small number of patients that have died of consumption in the Asylum up to this year, and the comparatively small number of cases of that special form of insanity which I have alluded to, attest, I think, the sufficiency of our dietary, the healthy situation of the Asylum, and the attention paid to cleanliness and ventilation in it. I used to think the consumptive form of insanity a much more incurable disease than I have found it to be since I came here. I can only account for this on the supposition that the combination of even two such terrible diseases as consumption and insanity may, by suitable food, very good hygienic conditions, and appropriate medical treatment, be successfully met and cured in some cases."

We are of opinion that Dr. Clouston's views in 1863, on the prevalence of phthisis amongst the insane, would not be borne out by the statistics of insane patients who had never been in asylums. Perhaps his own experience of another asylum would now lead him to modify them. The above quoted remarks point to the tuberculosis being due to the hygienic condition of the asylum rather than to the insanity.