

insane, pauperism is also greatest. Here again Wiltshire maintains a bad eminence, having a larger proportion of pauperism than any other county; the ratio being as high as one in every twelve of the population. According to the last report of the Poor Law Board,* the following was the relative amount of pauperism in six agricultural counties, chiefly in the South-West of England, on January 1st, 1868 :—

Wilts	-	-	-	-	1 in 12
Dorset	-	-	-	-	1 in 13
Oxford	-	-	-	-	1 in 14
Gloucester	-	-	-	-	1 in 15
Berks	-	-	-	-	1 in 16
Hereford	-	-	-	-	1 in 16.

But in the northern and manufacturing counties the ratio of pauperism was little more than one-half of the above, viz :—

Durham	-	-	-	-	1 in 23
Stafford	-	-	-	-	1 in 23
Lancaster	-	-	-	-	1 in 25
York, N.R.	-	-	-	-	1 in 25
York, W.R.	-	-	-	-	1 in 26
Chester	-	-	-	-	1 in 27
Derby	-	-	-	-	1 in 33.

“ It would result from the whole of these comparisons, that the position of the farm labourer by no means exempts him from that liability to insanity which is sometimes regarded as the especial penalty of a more ambitious career. We may, indeed, almost conclude, with an able and original investigator, that, on a large scale, ‘insanity is an upshot of mental inactivity;’ and that our ‘uneducated cloddish populations’ are its chief breeders.”†

Inebriate Asylums.

THE efforts of our Transatlantic brethren to cure chronic drunkards by the establishment of “Inebriate Asylum,” demand our serious attention, for probably no class of persons brings so much perplexity to the readers of this journal. The “Medical Times and Gazette” (April 9th and 16th, 1870) gives an account of the labours of Dr. Albert Day in two asylums of which he has been superintendent. Dr. Day seems to be a remarkable man. The following particulars

* Twentieth Annual Report, 1868. p. 282-8.

† Dr. B. W. Richardson, *Journal of Mental Science*. Oct. 1869. p. 632.

are gathered from an article in the "Atlantic Monthly," entitled "Inebriate Asylums, and a Visit to One":—

"When he was born we are not informed; and all we know of his early life is this—that his father was a farmer in the State of Maine, where drunkenness was then fearfully prevalent, and that when he became an orphan at the age of 13 he tied all his worldly goods into a bundle, and walked to a farmer's house some miles distant, to whom he addressed the plain question, 'Do you want to hire a boy?' The farmer accepted his services, and from hoeing corn and chopping wood the boy advanced to an apprenticeship to a mechanical trade, was moderately prosperous, married early, and soon obtained a seat in the Legislature of Massachusetts. He was one of the few persons now living who never tasted an alcoholic drink; and from the age of 16 he was a staunch teetotaller, and was known wherever he lived as possessing a singular pity for drunkards, and as a firm believer that with timely and judicious assistance a majority of them might be restored to self-control. When he was residing at Boston in the exercise of his trade, he took an active part in originating a home for drunkards in that city, and when, in 1857, the Washingtonian Home was opened, he took the post of Superintendent because no one else seemed capable of discharging the duties of the office. He now very wisely studied medicine in Harvard University, and in due time obtained his degree of M.D. After nine years' service at the Washingtonian Home, he was transferred, in May, 1867, to the Binghamton Asylum, in the State of New York."

"During the nine years at the Home there were admitted 2300 patients. Of this number 410 have suffered from the various forms of mania known under the general name of *delirium tremens*; 27 inmates died, a large proportion of the deaths being caused by consumption, pneumonia, and other diseases aggravated by intemperance. Of course it is impossible to estimate with any degree of accuracy the proportion of this number who have been completely reformed. Many are dead, and hundreds are scattered all over the country, or have passed from under my observation. But it is safe to say that a majority have remained firm to their determination formed while with us, while a much larger proportion have had their condition alleviated, with hopes of eventual and permanent cure."

"The following statistics are by no means devoid of interest. There were admitted into the Home during the year ending December 31, 1866, 349 cases, of whom there returned for the second time 34, for the third time 18, for the fourth time 6, and for the fifth time 2. There are now doing well and apparently reformed 215, while 65 are greatly improved, and 9 are incurable and unfit to be at large. The average number of days each patient remained was 27, and the average cost was 37 dollars 13 cents. We may mention that the State votes an annual grant of 5500 dollars to this institution. Amongst

those admitted during the year 1866 were 56 merchants, 68 clerks, 8 lawyers, 6 physicians, 3 clergymen, 11 printers, 4 actors, and 2 chemists, the balance comprising artists, mechanics, and day labourers."

In May, 1867, Dr. Day was appointed superintendent of the New York Inebriate Asylum at Binghamton, a beautifully situated town in the State of New York, lying at the junction of the Chenago River with the Susquehanna, some 215 miles distant from New York. Of this Asylum we have, in the "Atlantic Monthly," a graphic account. It appears that there are three classes of patients, viz., free patients, who (or whose friends) must give proof that they cannot afford to pay for their support; paying patients; and committed patients, whose nature is best explained by the following extract from an Act passed in March, 1865:—

" § 4. Any justice of the Supreme Court, or the county judge of the county in which any inebriate may reside, shall have power to commit such inebriate to the New York State Inebriate Asylum, upon the production and filing of an affidavit or affidavits by two respectable practicing (*sic*) physicians and two respectable citizens, freeholders of such county, to the effect that such inebriate has lost self-control, is unable, from such inebriation, to attend to business, or is thereby dangerous to remain at large. But such commitment shall be only until the examination now provided by law shall have been held, and in no case for a longer period than one year."

" The patients belonging to the free and paying classes voluntarily submit themselves for a period more or less protracted, from three months to a year, according to the nature of the individual case, to an isolation which the medical officers study to render agreeable, and a restraint of the mildest available nature; and we should be glad to see some such system as this introduced into this country."

" The newcomer subscribes to the rules, pays his board three months in advance, and surrenders all the rest of his money. The paying in advance is a good thing; it is like paying your passage on going on board ship; the voyager has no care, and nothing to think of but the proposed object. It is also one more inducement to remain until other motives gain strength."

" Some years ago Dr. Day made the important discovery (not, we fear, as yet recognised in this country), that it is easier for a confirmed drunkard to cease at once and totally from alcohol than to diminish his quantity gradually. By total abstinence the patient not only suffers less, but for a shorter time, than by the 'tapering off' system. The Visitor to the Binghamton Asylum gives us some valuable information on this point. A clergyman for more than two years before entering the Asylum drank a quart of brandy daily, and felt sure that

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