

ing from the effects of myopia. His shortsightedness places him at a disadvantage in out-door games, and he soon finds his resource in books. Astigmatism may give rise not merely to apparent stupidity, but to headache and other evils, owing to the exhausting strain of ineffectual muscular tension. Tests for the various defects of vision are given. In speaking of the auditory nerve, the writer lays stress on the importance of examining it when a patient complains of vertigo. This has, of course, been insisted upon by previous authors; but so frequently does the patient deny any affection of hearing that it is readily lost sight of, especially when the giddiness is apparently due to derangement of the stomach.

A little over sixty pages are given to the spinal cord. The remainder of the volume, comprising about one hundred and thirty pages, is devoted to the spinal nerves. There is little noteworthy in either of these sections. John Hilton is quoted to show that groups of muscles with a common function are supplied by branches from the same nerve trunk, and the author expresses a hope that the day is not distant when muscles will be divided into groups according to their nerve supply.

The publisher's portion, the "get-up," of the work, is excellent; the paper is good, the type is large and clear, the leaves are cut, and the volume is well and handsomely bound.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect. Asylum Reports for 1880.*

Speaking generally, the permanency of the subordinate staff may be taken as an indication of the efficient administration of an asylum. Few things can be worse for the patients, and more demoralising to the discipline, than frequent changes amongst the attendants and nurses. Some such idea must have been in the minds of the English Commissioners during their recent inspections, as they have generally reported on the condition of the staff, stating how many attendants and nurses had seen less than a year's service. For facility of comparison we subjoin a list giving (when possible), 1, the name of the asylum; 2, the total number of attendants and nurses; 3, the number who have not been a year in the service. The Scotch Commissioners do the same thing in a better way. At each visit they note the numbers who have left in the interval and the reason, *e.g.*, voluntary resignation, discharge for drunkenness.

Abergavenny.—47 in all : 15 less than 12 months.

Argyll and Bute.—“ Of the attendants and servants who have left the service of the asylum, 11 resigned and 1 was dismissed from neglect of duty.” Changes not mentioned in 2nd entry.

Ayr.—“ 19 attendants have resigned, and 2 have been dismissed for rough usage of patients.” Changes not mentioned in 2nd entry.

Barony.—“ The number of attendants and servants who have left the asylum is 5, and of those 4 left voluntarily.” “ Few changes have occurred among the attendants and servants. Nine resigned, and 1 was dismissed for drunkenness.”

Bedford, &c.—“ We regret to learn that amongst the female attendants changes are frequent, 25 of those now here being of less than 12 months’ service.”

Cambridge.—30 in all : few novices.

Carmarthen.—62 in all, including artizans and laundry maids ; 22 less than 12 months’ service.

Cheshire. Macclesfield.—26 attendants and 32 nurses : 11 men and 9 women under 12 months’ service.

Cornwall.—“ Not many changes.”

Denbigh.—30 attendants : not one less than 2 years’ service. 20 nurses : 2 less than 12 months.

Derby.—39 in all : 11 less than a year’s service.

Dorset.—3 changes among attendants and 5 among nurses since last inspection.

Fife and Kinross.—9 changes in 12 months.

Glamorgan.—63 attendants and nurses : 15 less than 12 months’ service.

Gloucester.—Not stated exactly, but changes said to be fewer than formerly.

Ipswich.—10 attendants and 13 nurses : 3 of the former and 2 of the latter have seen less than 12 months’ service.

Lancaster.—47 attendants and 37 nurses : 9 men and 8 women under a year’s service.

Lancashire. Rainhill.—30 attendants and 32 nurses : 9 men and 7 women under a year’s service.

Leicester and Rutland.—Of 19 attendants and 20 nurses, 3 of the former and 1 of the latter are under a year’s service.

Lincoln.—30 attendants and 26 nurses : 14 in all under 12 months.

Leicester Boro’.—41 in all : 12 under 12 months’ service.

London.—14 male and 19 female attendants, including laundresses : 7 men and 9 women less than 12 months.

Middlesex. Hanwell.—“ Not so many changes during the past year.”

Montrose.—“ The changes in the staff have not been numerous.”

Norfolk.—16 males : 2 less than 1 year ; 23 females ; 13 less than a year.

Northampton.—20 of each sex : 6 men and 10 women of less than 12 months’ service.

Northumberland.—The attendants “for the most part remain a reasonably long time in the asylum service.”

Suffolk.—Of 16 men and 14 nurses, 5 and 7 are under 12 months’ service.

Yorkshire. North Riding.—Of 30 attendants and 25 nurses, 12 and 9 are of less than 12 months’ service.

Argyll and Bute.—It is reported by Dr. Cameron that the open-door system, which had been in practical operation for two years, is about to be extended to the whole of the institution. 81 per cent. of the men and 54 per cent. of the women are on parole.

No fewer than 40 private patients (at low rates of board) were in residence when Dr. Mitchell made his inspection. He very justly remarks that the asylum renders a very useful service to the public in this matter. The industrial occupation of the patients is as much encouraged as ever. There are only 16 able-bodied but idle in residence.

In his entry, Dr. Sibbald draws special attention to the rapid increase in the number in the asylum, due, he believes, in part at least, to the parochial authorities failing to avail themselves of those ways of providing for the more easily managed class of patients which can be carried out without resorting to the asylum.

Ayr.—Concerning the deaths, Dr. Skae reports:—“Of the 28 who died, 6 were admitted moribund. The reason for their having been brought to the asylum to die as yet remains unknown to me; they were all aged; two were 78 and one 77 years old. There were none of them violent, or who required the least restraint, or who could in any way be benefited by asylum treatment; they were simply worn out. One of these cases, and one who might have benefited by removal to an asylum, had that been effected in proper time, was a young man who was admitted perfectly comatose, being in the last stage of delirium tremens, in a state of collapse in fact, and who died very soon after admission. His removal to the asylum had been too long put off. Besides these cases there were several who were a good way over 70, one being 76, another 80, and another 86.”

To stop a system which is nothing short of scandalous, we would advise Dr. Skae to report to the Procurator-Fiscal the next case admitted in a moribund state. An inquiry by that officer might result in the Inspector of Poor or the parish Medical Officer being prosecuted for manslaughter, and a conviction would have a most wholesome effect far beyond the county of Ayr.

The water supply is very inadequate. The walls surrounding the airing courts have been demolished.

Barnwood House.—Extensive alterations are in progress. When completed they will cost £11,000, and will comprise a new recreation hall, day-rooms, sleeping accommodation for about 35 patients, and water closets with cross ventilation. This hospital is doing a good work, and appears to be in excellent order. From want of room 40 patients were refused admission during the year.

Barony.—The report by Dr. Rutherford is one of the most im-

portant that have appeared for several years. In it he gives the results of the system he has so warmly and courageously adopted, and no one can deny that they are as surprising as gratifying. Whether the method of treatment and management can be adopted *in toto* in all other asylums remains to be seen; in the meantime it is evident that a great work is being carried on at Lenzie, and it is the duty of every asylum physician to see it for himself, not resting content with hearing it discussed, but actually examining this experiment, if it may still be so called, in operation.

For the benefit of English and Irish superintendents, we make the following long extracts from Dr. Rutherford's report; but again we say, Do not approve or condemn on the strength of any printed report, but examine the work on the spot.

After congratulating himself on a low mortality, and a year passed without the occurrence of any serious accident, he proceeds:—

The most important event of the year has been the purchase of the adjoining farms of Muckroft and Fauldhead, by which 178 acres have been added to the available resources for the outdoor employment and recreation of the patients. From this I anticipate the best results, both from a curative and financial point of view. The additional land will be cultivated by the labour of the patients, with little, if any, addition to the existing number of horses and ploughmen. The farm staff has not been increased during the past five years, while the land has been more than doubled in extent. The pecuniary results, therefore, can scarcely fail to be advantageous, and I hope this will soon be apparent in the diminished cost of the maintenance of the patients.

But it is rather as a great and beneficial means of treatment that this extension of the asylum grounds is to be regarded. With 382 acres of land surrounding the asylum, there can be no lack of means of employment for the patients, and of such a kind as cannot fail to still further develop those principles of treatment in which this asylum has taken a decided lead, and stands out prominently among similar institutions in the country. Although Woodilee draws its patients from a large commercial and manufacturing city, and receives 200 new cases yearly, a large proportion of whom are of the acute, dangerous, and suicidal class, yet a visitor may go through the whole house without seeing any of those disagreeable manifestations of excitement and fury so often associated with restraint, confinement, and idleness; while in the grounds all the men who are physically able will be found with their attendants working together like ordinary labourers.

One hundred and fifty of the men are regularly employed at outdoor work in parties of eight or ten, each under the care of an attendant. The number of ordinary resident attendants is seventeen. Twelve of these, and three non-resident attendants, regularly accompany and work with the patients, under the direction of the chief outdoor attendant, whose duty it is to regulate and supervise all work other than the ordinary cultivation of the farm and garden, which is conducted under the surveillance of the farm steward and the gardener. Five attendants remain indoors, and along with twelve able-bodied patients, who occupy themselves as house-cleaners, perform all indoor duties under the direction of the chief indoor attendant. The proportion of attendants to patients is certainly not greater than would be required were the patients treated on the old system of confinement in airing-courts and with locked doors.

The nature of the work necessarily varies with the season of the year. It consists of the cultivation of the farm and garden, together with ordinary estate work, such as road-making, planting, fencing, draining, quarrying,

building, &c. In quarrying, building, and conveying the materials, about 40 men and their attendants have been regularly employed during the last two years.

Besides the 150 men who thus work out of doors under the care of ordinary attendants, and the 12 able-bodied men who act as house-cleaners, about 30 are employed as tailors, upholsterers, storekeepers, shoemakers, bakers, plumbers, blacksmiths, painters, joiners, engineers, and stokers, under skilful artisans, who are required primarily for necessary tradesman's work in connection with the institution, and are attendants only in the sense that they employ the patients of their respective trades.

Many years ago I used to adopt short hours of work, and had the patients more in the house, but my experience is that it is more satisfactory to keep to the hours that working men are accustomed to, as it makes the work more natural and real. The patients and attendants rise at half-past five. All are house-cleaners until the breakfast hour, which is half-past seven. At half-past eight all go to chapel, where morning prayers are read. At nine o'clock the various working parties are arranged and inspected by the medical officers, after which they go to work. At one o'clock all return to dinner. The patients and attendants all assemble in the dining hall, which accommodates upwards of 500 persons. The patients are first served, and occupy 20 minutes in taking dinner. The attendants then dine at separate tables in the same hall, the patients remaining seated during the 20 minutes allowed for the attendants' dinner. At two o'clock all leave the hall, and after having been drawn up in line, and again inspected by the medical officers, resume their work as in the morning. At six o'clock all return to tea, which is served in the same order as dinner. The indoor amusements are held in the evenings, the principal of which are the weekly dance on Monday evenings, and the Wednesday evening lecture by one of the chaplains. On these and other similar occasions about three-fourths of the patients of both sexes are present.

This full employment of the patients renders it possible to give greatly extended liberty, and to do away with all remaining forms of mechanical or chemical restraint, such as walled courts, locked doors, stimulants, narcotics, and sedatives.

No airing-court or enclosed space of a like nature has ever existed at this asylum. The doors from the wards open directly into the grounds, and the whole estate is the patients' exercising ground.

From fuller employment and increased liberty, with their accompanying diminished manifestation of insane acts, there proceeds a greater capacity for self-control. On this principle, all the doors of this asylum were originally constructed to open with ordinary handles and without a key. An unfortunate accident occurred shortly after the opening, due to a patient escaping, not through a door, but through a window, and it was considered prudent to alter those doors opening to the grounds by removing the inside handle. Two years ago these locks were restored to their original condition, and the asylum has, as your Committee are aware, since been conducted with open doors, with fewer accidents, a smaller proportion of attendants, and with fewer attempts at escape than formerly. It is with pleasure that I am able to say that many Scotch asylums are now conducted largely on the open-door system, and some of them very largely; but Woodilee is, as far as I am aware, the only public asylum which is conducted *entirely* on the open-door system, for in it there is not even a closed ward where so-called refractory patients are confined. It is to be remembered that this condition of matters exists in an asylum building situated within 90 yards of the Edinburgh and Glasgow Railway, which passes for three-quarters of a mile through the grounds, fenced by a light iron railing and along which 195 trains pass daily.

From the same causes the use of wines and spirits is gradually diminishing. During the past year their use has been almost entirely confined to newly admitted cases, chiefly females. The actual quantity used was 4 bottles of

whiskey for the males, and 16 bottles of whiskey and 12 bottles of wine for the females. Beer is not used as an article of diet, water only being drunk by the patients and attendants at dinner. Forty gallons of new milk are consumed daily; it constitutes the chief element of sick diet.

Sedative and narcotic drugs have not been used except as an occasional draught at bedtime, in cases where sleep could not otherwise be obtained. The actual number of patients who have received draughts does not exceed 12. I have long been of opinion that stimulants and narcotics are rarely necessary in the treatment of insanity when conducted on these principles. Nine years ago, in reporting to the Argyll District Lunacy Board as to the renting of an adjoining farm, I expressed the opinion that "insanity is essentially a disease of diminished vitality, and when present the system demands invigorating treatment; experience proves that there is nothing so invigorating as active outdoor employment and abundance of fresh air. The more this system is carried out, the plainer need be the food, and the fewer the extras required to maintain the standard of health, because the patients are brought more into the condition, and demand rather the fare, of ordinary labourers than of lunatics kept under the irritating and depressing influences of forced confinement. Under this system, moreover, the quiet and order indoors is increased, and the breakage and destruction of property correspondingly diminished."

Money payments to patients for work done are made in a few cases, but it is hoped that this system may be applied to all industrious men and women. Exclusive of landlord's repairs, the weekly cost of maintenance was 8s. 2·4d.

Bedford, &c.—The recent additions are occupied, and there is now accommodation for 1,000 patients. It is intended to receive a limited number of private patients, persons slightly above the pauper class, at £1 per week. This cannot fail to be a great boon to the poorer middle classes in the three counties.

The Visitors strongly denounce the practice of sending criminals to county asylums, and they urge that a separate establishment should be provided for such cases.

Complaints were made by several patients on the score of ill-treatment by the attendants. Several proved unfounded, but in one case the attendant was discharged, and a warrant issued for his apprehension.

Berkshire, &c.—The additions are now occupied by the patients of the county, and the spare accommodation is to be devoted to non-pauper cases.

During part of the year the sanitary condition of the building was not satisfactory. A malignant form of erysipelas attacked several patients, and there were five cases of scarlet fever.

It would be well if the entry made by the Commissioners at their visit formed a part of the volume published annually by the order of the Visitors.

Bethlem.—Dr. Savage continued during the whole of the year to keep as complete a list as possible of the applications that were made, either of admission, or for advice as to what should be done by friends, in cases of insanity. He thinks that although this list numbers 600, it does not represent more than two-thirds of the applications made,

for a certain number of cases will not give their names, or the names of the patients, and others, as soon as they have heard the nature of the Hospital, decline to give references of any kind. In giving help of this kind, he believes the Hospital is doing as much as it ever did for the insane of the middle classes of England, and what is more, cases are being constantly referred to Bethlem by the physicians connected with large metropolitan hospitals.

Some difficulty was found in getting men thoroughly well suited, physically and mentally, for the work of attendants, but a young and energetic staff has now been secured.

Birmingham.—It would be well if the Commissioners' report were published *in extenso*, and not merely a small portion of it incorporated in that of the Visitors.

Of 674 patients only 30 were deemed curable; 56 were paralytics, and 171 epileptics.

Bristol.—The placing of lunatics in workhouses before they have had the opportunity of medical treatment in an asylum is one of the scandals of lunacy administration in this country. There can be no doubt that Relieving Officers are under great pressure by the Guardians in this matter. It would be well if our Society took care that in future legislation it were made illegal to place any lunatic in a workhouse without an order from a magistrate. There can be no doubt that the diet, clothing, and general arrangements of a workhouse are not suitable for lunatics in the early stage. If they are, we must conclude that those of an asylum are extravagant.

Bearing on this subject, the following paragraph from Mr. Thompson's report is important :—"The admissions of cases that had passed through one or other of the workhouses were 52 in number, and of these 13 died during the year; while out of those that died four were resident in the asylum for less than a week, three less than a month, and two less than two months. Out of the total number admitted from all sources, 20 died in the year, so that while the workhouse cases died at the rate of one in four, those which had come straight from their homes, from other asylums, or had been found wandering, died during the year of admission at the rate of one in ten. It would seem, then, that a workhouse is not a good place of probation for persons afflicted with disease of the nervous system."

Cambridge.—The alterations in this asylum, which were commenced in 1876, are not yet completed. It is astonishing that any governing body could believe that asylum enlargements should be carried out in such a dilatory fashion. The accommodation on the male side became so deficient that 40 men had to be transferred to other asylums for some weeks, and the Visitors issued an order forbidding the admission of recent male cases between 29th Feb. and 29th Oct. For eight months, therefore, the county was without any accommodation for such—a very scandalous state of affairs.

At last an assistant medical officer has been appointed. When one

reads in the report that the Visitors resolved on the 19th July to make such an appointment, but did not elect that officer until the 25th Oct., fully three months afterwards, one is at a loss to imagine what the sub-committee had been doing.

The annual report by the Visitors to Quarter Sessions is a curious document, painfully minute, not even omitting the important facts that the new steam pan in the laundry is 42in. in diameter, 32in. deep, cost so-and-so, and was supplied by so-and-so.

It is well known that committees and sub-committees sometimes rather retard than facilitate business, but the following paragraph from the Commissioners' report displays this, to a degree which we hope and believe is unknown in any other asylum in Great Britain:—

“Upon the general management of the asylum, we have to state that there are many evidences of the interest taken by the Committee and their medical superintendent in the welfare of the patients, and that there are no indications of any abatement of such interest. Observing, however, window panes here and there broken, and other small repairs undone in the asylum, we inquired whether such were not reported to the medical superintendent, as is usual in these establishments, and if they had been, why they did not receive his immediate attention; his reply was, that such repairs must, according to the asylum regulations, abide the decision of the Committee at their monthly meeting. The inconvenience, nay, the danger of such delay, can hardly, we think, be intended by the Committee; and we therefore draw their attention to what appears to us to be a misunderstanding on the part of their chief officer. We feel that the Committee must agree with us that the phrase ‘urgent’ repairs in No. 27 of the General Rules of the Asylum should be liberally construed in favour of the medical superintendent, so as to give him a large discretion. Searching for further information as to the actual practice, we found a reference in the Minute Books of the House Committee to a resolution of the General Committee, dated 24th June, 1878. The book containing that resolution is not now producible to us, but it should be, as one of our statutory duties is inquiry at our inspections into the management of this asylum.”

Carmarthen.—The weekly charge for maintenance was only 8s. 2d., and it is expected that it will be further reduced. This extremely low cost appears to be combined with thorough efficiency of management.

Important additions have been completed, and comprise a hospital ward for 40 female patients with 4 nurses on the ground-floor; a ward for 50 ordinary female patients and 4 nurses on the first floor above the hospital ward; and a separate block for the reception of cases suffering from any infectious disease.

Beer has been discontinued throughout the asylum, both for patients and attendants, in lieu of which the latter have uniform given them.

“Where residence in a workhouse has been first tried and failed,

we find the existing restlessness and the noisy or otherwise faulty habits which are the immediate causes of the sufferers being transferred here rapidly disappear under proper care and increased personal comfort."

There are important errors in Table III. The percentages of recoveries in the admissions are given as 28·8, 15·8, 23·3. They should be 20·8, 7, 13·3.

Cheshire. Macclesfield.—In referring to three men who were admitted during the year, and were discharged as "not insane," Dr. Deas remarks:—"In nine years 18 such cases have occurred, in which no symptom of insanity has been observed after admission. We must assume that all these individuals exhibited *some* symptoms prior to admission, tending to show that they were insane. But it is a somewhat remarkable fact that none of these cases have since been readmitted, from which we may fairly conclude that the verdict come to here was a correct one. Had any of them been in the initial stage of active insanity, we should doubtless have seen them again before this. The lesson to be drawn is the obvious one that great care and caution should be exercised in deciding the very important question as to whether it is necessary to send any particular case to an asylum or not. This is as necessary on the one hand as it is desirable on the other that no delay should be allowed to take place when undoubted symptoms of actual insanity have fairly shown themselves."

Cork.—Fifteen cases of typhus occurred during the year, though only one proved fatal. The general mortality was high, 13·6 per cent. of the average daily number resident. The severe winter carried off numbers of the aged and of those suffering from chest affections.

Dr. Eames very properly urges upon his Committee the necessity of increasing the number of attendants and nurses. A small staff is a false economy. "The same remark I felt it my duty to make last year, with regard to the insufficient number of attendants, I cannot avoid repeating on this occasion. Although a portion of the increased number I then applied for was granted, I find it quite insufficient for the due care and attention required in the efficient treatment of the number of patients in the asylum. The proportion of attendants to patients, including tradesmen, is 1 to $11\frac{6}{5}$ on the average number of patients resident, the relative percentage in Ireland being 1 to $8\frac{1}{2}$. The proportion exclusive of tradesmen in this asylum is 1 to $16\frac{1}{5}$; the relative proportion in Ireland is 1 to $12\frac{1}{2}$. The proportion on the number of beds in the asylum (which, in my opinion, is the right calculation to make), including tradesmen, is 1 to $13\frac{5}{8}$; the relative proportion in Ireland, 1 to $8\frac{3}{2}$; exclusive of tradesmen, 1 to $20\frac{1}{2}$; relative proportion in Ireland, 1 to $12\frac{1}{2}$."

One of the Inspectors recommends some improvement in the dietary, and points out an amusing state of disorder and confusion in the store.

Cornwall.—The Visitors here decided to enlarge the accommodation, as the asylum has occasionally been so full that urgent cases had to wait for admission.

Crichton Royal Institution and Southern Counties Asylum.—This is Dr. Adam's first report, and is a satisfactory record of many minor changes, all apparently in the right direction.

For the private patients there is now a seaside residence. During the season about 30 ladies and gentlemen enjoy the benefit of a change to it.

The general health was good, and the mortality low, in spite of very severe weather. No doubt these satisfactory results are at least partly attributable to the efficient warming of the building by the circulation of hot water.

Cumberland.—Extensive structural alterations and enlargements are in progress.

Concerning imbeciles, Dr. Campbell remarks:—"I have noted that 4 congenital imbeciles were admitted, and as each year a certain number of this class are sent to the asylum (where they generally have to remain for life), at ages varying usually from 13 to 21, untrained imbeciles, who have resided at home until they gradually became unmanageable, or had a slight attack of excitement. These prove the most troublesome and disheartening cases that come into asylums; the period at which they could have been taught is past, the simplest requirements of decency and cleanliness are unknown to them, and if any aptitude for acquirement is still present, it is speedily used to imitate the bad habits of some of the worst patients. It would be well, if it were necessary, that all imbeciles should at 7 years of age be submitted to some form of training which would promote cleanly and proper personal habits and tidiness, even though the higher education of their worst-developed organ was not the chief object."

Denbigh.—Mr Williams refers to the undesirableness of sending young imbeciles to an ordinary asylum, and proposes that a special institution should be provided for such cases in the Principality.

As to the use of beer, he says:—"In accordance with the statement made in the last report, we have discontinued the use of beer, except during harvesting, or other unusual operations. We have no reason to regret the experiment; on the contrary, it has prevented jealousy amongst the inmates, whilst no ill result to either mental or bodily health has followed."

Derby.—This asylum is evidently under energetic and successful management. During the year numerous improvements, great and small, were effected.

Referring to the reception of private patients, Dr. Lindsay says:—"Only one private patient was admitted during the past year, at the urgent request of the relatives. Frequent applications for the admission of private patients continue to be received, under the belief

that there is some special accommodation at the county asylum for such cases, but there is no separate accommodation. A want is evidently felt in this county to meet the case of those of the lower middle class who are able and willing to pay a moderate sum, but whose means do not enable them to pay the charges of private asylums. I do not see that such want can be adequately met until some arrangement can be made to provide separate accommodation for private patients sent to pauper asylums, as recommended by the Lunacy Commissioners in their evidence before the Select Committee of the House of Commons on Lunacy Law in 1877, or by some provision similar to that contained in the Lunacy Law Amendment Bill of Mr. Dillwyn, now before Parliament. . . .

“In Derby the relatives of insane members of a family occasionally express a wish to send their afflicted ones to the county asylum nearest home, the relatives being unable to pay the charges in private asylums, and being unwilling to see them removed by the Poor Law authorities to a pauper asylum in another county at a greater distance from home and friends, and to which they must go as the only alternative, in order to obtain the benefit of the pauper rate of maintenance. To meet this want, which is certainly felt (and perhaps to a greater extent than is known) by those above the pauper class, who are able and willing to pay the whole of the pauper rate of maintenance, the Committee of Visitors of this asylum have resolved to admit such cases from the Borough of Derby, as private patients, so long as there is room, at the same charge as for borough and out-county pauper patients, viz., 14s. per week, and to have the same accommodation as pauper lunatics, in accordance with the provisions of the Lunacy Act.”

Devon.—Dr. Richard Davis, who had acted as assistant medical officer for 6½ years with great efficiency and acceptance, died of typhoid fever. For many years there has been evidence that the asylum was not in a thoroughly sanitary state, and now the system of drainage is to be completely renovated.

By the introduction of the “Armstrong Abbotsford” grate, an improvement has been effected in the heating of some of the long and draughty corridors.

Dorset.—Continuous supervision of epileptics at night has at last been provided.

In Table IV. some of the percentages are incorrectly given.

A curious case is mentioned by Dr. Symes, that “of a young gentleman who had been suffering from epilepsy almost from birth. At times he was very liable to sudden and somewhat severe fits of temper, and whilst in a very excited state, his mother having threatened to send for the police, he took a pistol from his brother’s room, and shot himself in the head. The ball was found embedded in the bone, which was much splintered; it was extracted the second day after admission, and a good recovery was the result. His fits

were very few and much less severe whilst here than for many years past, and, after a residence of two months, he was discharged." It would have perhaps been better for society had a dangerous lad like that been detained during his natural life.

Dundee.—The only fact calling for notice is, that an assistant medical officer has been appointed. We would suggest as one of his duties that he prepare the annual statistics, and, in doing so, arrange them according to the tables recommended by our Association.

Fife and Kinross, 1880-1.—A melancholy interest attaches to this report. It is the last prepared by Dr. Brown, a man well known to not a few of us as possessed of many good and admirable qualities. His fate was a very sad, not to say hard one, removed when enjoying health and vigour, happy in his work, and looking forward to years of honest labour, which, like virtue, is its own reward.

His report to the magistrates is brief, and touches on no point of special interest. It notices the evil effects of the Government grant in aid, by which patients are unnecessarily sent to asylums. Seventy-four patients were admitted, and of these four were general paralytics, "the largest number of pauper patients ever admitted during any one year labouring under this disease." The general character of the cases admitted was bad. Amongst the physical causes, alcoholic excess equalled 12·1 per cent. of the whole. A new wing has been erected for female patients, and is now in use.

The "open-door" system has undergone further development. Dr. Mitchell says:—"Only one division on each side is now locked. These two divisions contain 32 men and 22 women, and it is believed that, when the overcrowding is relieved by the occupation of the new building, there will not be more than 40 patients in all who require to be kept in divisions with locked doors. Only three times during the whole visit was a key used in opening a door."

Glasgow Royal Asylum.—The following paragraph from the Directors' report is important, as showing that they continue to consider the unhappy condition of the insane of the poor middle classes and of their relatives:—

"As regards private patients, on the other hand, the admissions are 99 in number; and the patients of this class have been more numerous than in any previous year. Many of these are at low rates of board. The *pauper* lunatic is provided for by the rates, and the wealthy lunatic can purchase whatever accommodation he requires, but when in a family with limited means a case of insanity occurs requiring asylum care, the providing suitable private accommodation entails on them a heavy burden. This class of cases has had the careful consideration of the Directors, and they have adopted a reduced scale of charges as applicable to them. The relief to the relatives of patients which has in this way been given has been highly appreciated, and gratefully acknowledged."

It is to be regretted that the accommodation for pauper patients is

so inadequate, and that Dr. Yellowlees is obliged to report :—"The admission of pauper patients on the other hand is practically suspended by want of room, and only 14 of this class could be received during the year. Of the 283 pauper patients resident at its close, very few indeed present any reasonable hope of recovery. The institution, doubtless, affords them a safe and comfortable home, but unfortunately their presence excludes the new and curable cases constantly arising in this class of the community, and thus tends to lessen, as regards pauper patients, the real usefulness of the asylum as a place of cure." It is to be hoped, though it is not stated, that the pauper lunatics, for whom there is no accommodation at Gartnavel, are sent to some other asylum, and not allowed to degenerate into incurable cases by being allowed to remain with their relatives, or by being sent to the lunatic wards of workhouses.

Amongst the admissions were two brothers, whose past lives had been wholly different, each of whom believed himself to be Christ, and whilst each recognised his brother's delusion, he held firmly to his own.

Gloucester.—At the time the Commissioners made their annual visit there were 658 patients on the books, and of these 300 did not go beyond the airing-courts for exercise. This cannot be deemed satisfactory.

Hereford.—Relative to lunacy in this county, Dr. Chapman writes :—

"Herefordshire has for many years had the largest proportion of lunatics to population of any English county, and from this with other circumstances I have concluded that the accumulation of the insane (I do not like to use the phrase 'increase of insanity,' as that involves a theory, and one moreover that I believe to be erroneous) has reached a more advanced stage in Herefordshire than in some other counties, rather than that Herefordshire people were more liable, or at any rate so much more liable, to lunacy than others.

"The fact that the present number of Herefordshire patients in the asylum presents the ratio towards which other counties are tending, viz., the limit of accumulation with a 10·6 per cent. mortality, is confirmatory of this opinion. Our low mortality owes one element to the circumstance that our accumulation has reached this point, and when the accumulation in other counties has advanced as far the general mortality will no doubt likewise fall below 10·6, and further postpone the attainment of the real limit.

"If it be asked why Herefordshire occupies this position, the first step towards a solution is found in the circumstance that in this matter Herefordshire stands at the head of a group of agricultural counties with a large proportion of lunatics; and that the counties remarkable for a low proportion of lunatics to population, but a rapid rate of increase of their lunatics, are urban, and more especially mining and manufacturing. We may therefore conclude that to

some extent, perhaps, the better health of an agricultural community affecting its insane members, as well as others, gives that lower mortality which is a chief element in a large accumulation; but to a still greater extent, the agricultural population being a nearly stationary one, has largely done its work of accumulating its insane; whilst in the mining and manufacturing districts, though the stationary nucleus of population may have done the same, the increasing part of the population has only just made a beginning of the process."

Ipswich.—The following suggestion by Dr. Chevallier has often been made; and though the object is good, it is to be feared that in many cases the information supplied by the parish medical officers would be of no more value than that at present filled in by the Relieving Officers. The best method for obtaining reliable information is to compel the attendance of a relative or friend who has intimate personal knowledge of the patient.

Dr. Chevallier's suggestion is:—"Should there be any alteration of the Lunacy Laws, I trust that some of the particulars now supplied by the Relieving Officers in the case of pauper patients may be required of the medical practitioners who sign the certificates, especially as regards the causes of insanity. This should be regarded as a scientific question to be carefully and deliberately answered after due investigation. Under present arrangements a large number of the statutory statements give '*unknown*' as the supposed cause of insanity, whereas it might, without much difficulty, be ascertained by medical men in attendance upon the cases, and often acquainted with the family history, that some of the relatives had been insane, or that intemperance, or domestic troubles, or bodily illness, had preceded the attack, and were probable causes, either separately or in combination."

The water supply is not satisfactory. In case of fire the results might be most disastrous.

The following is an amusing slip by the Commissioners:—"The provision of tell-tale clocks for the use of the epileptic night attendants in either division has not been made."

Isle of Man.—That this asylum is seriously overcrowded is evident from the following paragraph in Dr. Wood's report:—

"The health of the patients has been as good as could be expected under the circumstances. The occasional outbreaks of diarrhoea, conjunctivitis, boils, &c., which have been noticed, have been in a great measure due to the vitiated state of the atmosphere in the seriously overcrowded wards. There has been one case of erysipelas, resulting in death, and it is a question how far this result was due to the same cause. As this has been alluded to for so many years by your medical superintendent, I shall not on this occasion say more than point out that this overcrowding cannot continue longer without grave responsibility resting upon the authorities. An outbreak of epidemic disease

may occur in consequence, and the health of the patients is suffering. There are 153 patients (90 women and 63 men), and 22 nurses, attendants, and servants—making a total of 175—living in day rooms large enough for 63 only, which leaves a balance of day room space owing for 112 people, viz., 75 women and 37 men. In addition to this, there are 17 beds short on the female side and three on the male side. In considering the erection of buildings necessary for the relief of this overcrowding, I would strongly advise the Committee to make provision for the future requirements of the island. The want of accommodation also for paying patients should not be lost sight of; it is greatly needed, and would supply a want long felt by the better classes in the island. Numerous applications have been made to me from time to time for the admission of persons able to pay for their maintenance, which would have been a source of considerable profit to the institution; but the want of the necessary accommodation has prevented their reception.

“I have carefully considered the question of boarding out some of the patients, and I have come to the conclusion that, considering the past history of the home treatment of the insane poor of this island, it is not advisable to revert to the condition of things which existed prior to the erection of the asylum, and that, with regard to the condition of those insane persons found insane by inquisition, and who are living under the care of their committees, I would strongly (urge) upon the authorities the absolute necessity of having such cases registered and placed under surveillance by being visited from time to time by some competent and independent person, so that their health, food, clothing, and any special treatment they may require may be properly attended to, and that the money paid for their board, &c., may be judiciously expended. No person should be allowed to keep a lunatic for profit without being registered, and under the control of some properly constituted authority. In other parts of the United Kingdom this is strictly enforced.”

Kent. Barming Heath.—As the result of abolishing beer as an article of diet, Dr. Davies is of opinion that “the wards are much quieter than they have ever been before. The patients are cheerful without being noisy, and they certainly work better. Their general health has been good, and there is a marked diminution in our death rate, to which, however, I do not attribute much importance, as it may be explained in other ways. However, for the improved condition of the patients generally, the diminution of violence, destructiveness, and noise, I think the abolition of the issue of beer is mainly to be credited.”

For beer the patients receive water. The attendants receive £4 per annum, the laundry attendants £3, and the female attendants and servants £2 instead of beer. Many have become total abstainers, and have contracted habits of thrift.

A system of heating the single rooms in the old building by means

of hot water pipes has been commenced, and, as far as completed at present, works in a most satisfactory manner.

It would be well if the statistical tables recommended by the Association were adopted in this asylum report.

Kent. Chartham Downs.—The report by Mr. Spencer is unusually short; and those by the Committee to Quarter Sessions and by the Commissioners are not given. These should always be given, and it would be well if all the Association tables were used.

Hull.—The new asylum is now in course of erection. The admissions during the year were of a very unfavourable character; but the mortality has diminished from 24·22 in 1879 to 14·37 in 1880.

Relative to the high death-rate, Dr. Merson says:—"In my last report I discussed fully the several causes which at present tend, in my opinion, to raise the death-rate of this asylum as compared with similar institutions. The points of chief import in this connection, to which I then directed your attention, were briefly these: (1) the great prevalence of general paralysis; (2) the large proportion of recent and acute cases which furnish the majority of deaths to the permanent and chronic population, among whom deaths are comparatively rare; (3) the fact that a very large proportion of patients are brought to the asylum only in the last stage of brain disease, and in a hopelessly reduced condition of bodily health. The great prevalence of general paralysis will be apparent from the fact that 39·13 per cent. of the entire number of deaths were due to this cause; in other words, this disease alone accounts for a death-rate of 5·65 per cent. on the average daily number resident, or more than half the average death-rate of borough and county asylums; but even this is an improvement on last year, when general paralysis alone furnished a death-rate of 8·69 per cent. on the average number resident."

Killarney.—In this report Dr. Woods repeats his protest against the abominable system of sending the majority of pauper lunatics to the asylum as criminals. This is a matter in which the Irish superintendents should exert themselves.

Ireland must indeed be in a disturbed state when a Committee of Visitors decides that an improved water supply, urgently required, cannot be gone on with because of "the state of the country."

The Irish Inspectors have of late been rather sorely chaffed as to the blunders in their reports. The word "becomingness" is used in a curious way in the following sentence:—"I am particularly gratified at the uniform cleanliness of the dormitories, and their free ventilation; also, the goodness and becomingness of the bed clothing."

Lancashire. Lancaster.—Several important additions and alterations are reported as being in progress or completed. An entirely new system of drainage is contemplated. It is evident that this is necessary, as the deaths for 1880 include eight from dysentery and diarrhoea and three from erysipelas.

The following paragraphs from Dr. Cassidy's interesting report

deal with subjects much discussed at present, and are on that account important :—

“ With regard to the 159 patients discharged recovered, it will be seen by Table V. that 88 were recoveries from first attacks which had not lasted more than twelve months prior to admission, whilst the remainder were of the other two classes before specified. Such recoveries as those in the latter category must of course be taken for what they are worth. They are, in fact, relapsing cases, and nearly all will probably become again more or less frequently asylum inmates. Nor should it be concealed that even among the 88 primary recoveries many will probably relapse, and some will die insane. This suggests forcibly the consideration that the care and alleviation of the condition of the general body of the insane is at least as important a function of asylums as is the so-called ‘cure’ of a small percentage of cases, few of whom remain permanently sane. It also suggests the futility of making artificial distinctions between the curable and the incurable insane.

“ Experience shows that about the same percentage of recoveries takes place under very varied modes of asylum treatment, with restraint and non-restraint in large asylums, and in small ones with stimulants, Turkish baths, and all the modern scientific paraphernalia, and without them, notwithstanding that such differences in treatment do undoubtedly affect the general well-being of the patients, their health and comfort, and the death-rate of the asylum.

“ But, on the other hand, the doctrinaire movement for establishing special ho-pitals for curable cases, while tending to improve the treatment of one class, would distinctly tend in disfavour of another, and greater, by implying that their necessities and the means required for their proper care are much less. I do not wish to depreciate the importance of recoveries, inasmuch as the interval of sanity, in relapsing cases, is sometimes a very prolonged one, and is practically of great value to society, but I think that the general direction of the current of progress in the past years of this century, which has been directed towards the improvement of the condition of all classes of the insane, should not be lost sight of, and should still steadily be followed. I believe that if improvements are wanted in our Lunacy Laws, they should be such as would tend to increase, if possible, the number of recoveries, which can only be by such means as will facilitate the admission of patients into asylums by the removal of unnecessary restrictions.”

Dr. Cassidy makes various suggestions for carrying out his views. They are exceedingly reasonable, if not new, but they would never satisfy those who carry on the present agitation against the Lunacy Acts.

Lancashire. Prestwich.—The heating of the wards by steam has been extended throughout the buildings, adding much to the comfort of the patients.

The report of the Commissioners is very complimentary to Mr. Ley, who has done so much to render his asylum a model of comfort and of tasteful decoration. That these conditions react favourably on the patients is well known, but it may be not amiss to reproduce Mr. Ley's account of his experience at Prestwich.

"A considerable proportion of the inmates, when not employed in industrial pursuits, walk during the fine weather within the grounds, and more select cases are allowed the privilege of exercise in the neighbourhood; so far as it is practicable, these privileges are extended to all classes, even to the most disturbed. The greater amount of personal liberty now happily accorded to the insane, though doubtless open to some risk, has on the whole been attended with much benefit, and has markedly increased the general well-being and contentment. The comparative quietude and freedom from excitement which usually prevail throughout the institution may, I think, be fairly attributed to the lessened restrictions on personal liberty, to the constant attention paid to occupation and recreation, and to the various improvements and additions which from time to time have been made in the patients' comforts and surroundings. It has often been remarked, and the experience of this asylum bears out the fact, that among all classes of the insane, the tendency to noise and turbulence, to destroy furniture, to dirty and destructive habits, is much controlled and lessened by adding to their comforts, and by increasing the attractions in their wards and living rooms. Among no class of patients has this satisfactory result been more apparent than among the so-called refractory patients. A few years ago the wards used by this class were improved and modified at a comparatively trifling expenditure by the labour of the patients and the staff. Large bays with glass roofs were added to each ward, the dark and gloomy day rooms were made bright by additional windows, and enlivened by a few pictures and plants, and some inexpensive decoration and ornaments. The increased light and space thus secured were important gains in a sanitary point of view, and proved valuable adjuncts in the moral treatment. Both patients and attendants felt the change. The former were brought more into view, their supervision was rendered more easy, and their habits received closer attention. The insane, as a rule, are as sensitive as their saner brethren to the influence of bright surroundings, and soon a marked improvement manifested itself in the disposition and deportment of many who were previously noisy, irritable, and intractable. The increased cheerfulness and comfort seemed to exercise a soothing effect, developing their powers of self-control, subduing their tendencies to boisterousness, and reducing their outbreaks of violence to a minimum."

Lancashire. Rainhill.—The following paragraphs in Dr. Rogers' reports show the necessity of some uniform plan in preparing statistics. Whatever may be the rule, it is not the invariable practice to class the "not insane" among the recoveries. Neither is it always,

though it is very frequently, done, to include general paralytics among the recoveries, because the mental and physical symptoms have for the time disappeared.

“Eighty-five patients have been discharged as ‘recovered,’ including three who were certified as not insane on admission, who are classed as recovered because they are included under this heading in our official return, those sent out because the orders were defective being classed as ‘unimproved.’

“The recoveries also included a case of general paralysis in whom all the mental symptoms had subsided for some months, though there is too much reason to believe the disease to be latent rather than cured. If the man can earn his own livelihood for a year or two, there does not seem sufficient reason to detain him all that time in an asylum.”

As to the causation of insanity, Dr. Rogers finds that intemperance acted as such in 30 per cent. of the men and 10 per cent. of the women. He cannot accept the theory that drunkenness is often an effect of insanity rather than a cause.

Lancashire. Whittingham.—Numerous important improvements and additions continue to be effected. The heating of the wards by steam is being carried out, as it was found impossible to keep up a sufficient temperature by open fires alone. In Dr. Wallis’s words, “The temperature of the wards and corridors has been many degrees below the proper standard, averaging 40 deg. Fahrenheit for days together in spite of fires incessantly looked after. It is not to be wondered at under these circumstances that we should have had a number of cases of pneumonia, bronchitis, &c., when the well-marked proclivity of the insane for diseases of the organs of respiration is taken into account.”

Leicester. Borough.—The general health was good during the year, but a typical case of scurvy occurred in a woman who had long abstained from vegetables and almost all other food. She made a good recovery.

The percentage of deaths on the average number of males resident is given as 12·3—an evident slip for 12·8.

Leicester and Rutland.—In their report the Committee of Visitors pay a warm tribute to the memory of the late Mr. Buck, who during the twenty-seven years of office did such excellent work.

The arrangements to build a new asylum on another site have fallen through. The threatened creation of County Boards has been the cause of this good work being postponed. For the welfare of asylums, it would be well if that dreaded County Boards Bill made its appearance, so that the present Committees might know the worst. Whatever the feelings of medical superintendents may be on the subject, it cannot be denied that most county magistrates view the bill with horror, and are so overawed by its threatened advent that they fear to expend money on alterations and improvements manifestly required.

Limerick.—In this report Dr. Courtenay returns to a consideration of the influence of trade depression on asylum admissions, and says :

“ In my last annual report I drew attention to the effect which the depression of trade, experienced during 1879, would likely have in increasing the number of admissions, the friends of the insane being obliged to send them to the asylums in order to be relieved of the cost of their maintenance at home, and this, to a certain degree, has taken place, resulting in the number of admissions having increased from 85 during 1879 to 104 during last year. Not only so, but the class of cases admitted were of a very unfavourable type, both as regards their mental condition and the duration of their insanity—in four cases the disease had lasted over twenty, in seven over ten, in eight over two, in three over one year before admission.

“ How far the depression in trade has had the effect of checking excesses in the use of alcohol, and thus diminishing the number of attacks of insanity resulting from this cause, is a question which cannot be settled from statistics taken from so small an area, and during so short a time. The difficulty experienced in ascertaining the true history in each case renders it a doubtful matter to ascribe the cause to any one factor. I find, however, that during the past year, in eleven cases, alcohol was supposed to have, at least in part, produced the disease.”

The asylum is in process of having a hot water heating apparatus fitted up. When completed it will be a most important improvement.

Lincoln.—The mortality in this asylum is high, and has been so for several years. It has not been below 10 per cent. on the average number resident since 1865, and has been as high as 16·2 per cent. For 1880 it was 15·1. Out of a total of 90 deaths, 11 were due to apoplexy, 12 to general paralysis, 18 to phthisis, 9 to disease of the heart, and 10 to senile decay. Only two deaths occurred which point to defective sanitary arrangements, one from typhoid fever and another from choleraic diarrhoea. The origin of the fever case could not be discovered, but Dr. Palmer intimates the early consideration of some sanitary improvements.

Lincoln Lunatic Hospital.—This institution is evidently under good management. The Commissioners report exceedingly favourably of it, and yet there were only 56 patients resident at the end of the year, and there is accommodation for about 80. The Commissioners say that it only wants publicity to ensure its filling. It should advertise and enter into competition with private asylums.

It is to be regretted that no report by the medical superintendent is published. In an annual report it is not only seemly but very desirable that the man really responsible for the active management of an asylum should state for himself what has been done during the year.

London, City of.—It would appear as if the “open-door” system had not yet reached Stone, for in Dr. Jepson’s report we read : “ A

portion of the boundary wall near the laundry, which afforded special facilities for getting away, has been raised, and increased security is the result." A boundary wall never was intended to keep patients in; its proper use is to keep the public out. Most asylums situate in the country, and thus free from the visits of idle and inquisitive people, have no boundary walls, and do quite well without them. Is it not a false security to rely on the height of a wall? This by the way, however. The asylum is evidently under excellent management.

Middlesex. Banstead.—This asylum no longer limits its admissions to chronic, incurable cases. Patients are now admitted direct from the parishes, and although the building was not constructed for the treatment of acute and probably curable cases, little inconvenience has arisen. In only seven cases has it been necessary to send specially troublesome cases to Hanwell or Colney Hatch.

The treatment of these cases must involve extra work on the medical staff. It is, therefore, surprising that, at Dr. Shaw's suggestion, it should have been reduced by the discharge of the third assistant medical officer.

It is very satisfactory to note in the Commissioners' report that Banstead Asylum "is now governed under general rules which place the medical superintendent in a proper position for control of the whole staff." That is an arrangement which might with great advantage be introduced into the other Middlesex asylums.

Middlesex. Hanwell.—Some important structural improvements have been effected. A detached chapel has been erected, capable of seating 900 persons. The old chapel has been added to the amusement hall. These works have cost fully £9,000; but all acquainted with asylum management will consider the money very well spent. New workshops are next to be built. The number of patients usefully employed is now so large that the present shops are found to be inadequate.

Mr. Richard reports that "The principal causes of insanity in 143 cases out of the 175 admitted, in which we were enabled to get a more or less accurate account of the patients' illness from their friends, were mental anxiety, grief, and poverty, the puerperal state, the change of life, and old age. Fifty-one, or 35 per cent., had distinctly hereditary taint; and 33, or 23 per cent., had had previous attacks of insanity. Intemperance as a cause was traced in 14 cases only."

Dr. Rayner agrees with his colleague that the patients at Hanwell are now exceptionally difficult of management. "Hanwell, with Colney Hatch, differs from most county asylums in containing only 40 in place of 60 per cent. of the insane population of the county. The 20 per cent. of quiet cases, which in other asylums serve to dilute the more excitable, are accommodated elsewhere. Hence it may be estimated that the 750 male patients in this institution would represent the excitable element of upwards of 1,100 patients in an average county asylum."

The suggestion made by Dr. Rayner that there should be a clinical clerk to assist in the medical work errs in its modesty. When it is remembered that there is only one assistant medical officer for 750 more or less acute and excited cases, it is obvious that the medical staff should be strengthened by another assistant and at least two clinical clerks.

A serious assault was committed by a patient on Mr. Wright, the senior assistant. Under the delusion that he was tortured at night, with the knowledge of the medical officers, the patient secreted a nail, sharpened it, and attacked Mr. Wright. The weapon penetrated both cheeks, and forced out a molar tooth.

Monmouth, &c.—Does not the following passage in the Commissioners' report condemn the general principles on which the insane are treated in England? It is to be feared that the English system is too severe, and perhaps the Scotch is too free, a hobby carried too far; but why may there not be a happy union of the two?

The paragraph is as follows: "We were much struck with the appearance of the patients at the cottages, and on the farm. They all were old chronic cases, and are living under conditions which must make their life as little asylum-like as possible, and they appear to have just that amount of care and supervision which their state requires." If the cottage system is right, the barrack system must be wrong. It is only necessary to see the enormous buildings erected in Lancashire for chronic cases to be convinced that they are built on evil principles. No man or woman should be condemned to be a unit amongst 800 or 1,000 patients if it be at all possible for him or her to dream life away in a cottage.

Montrose.—Important structural alterations and additions are still in progress. As far as the funds permit, this "asylum steadily discharges an important charitable function in regard to private patients who cannot pay high rates of board. Admission has never been refused to any patient in this position who comes from the counties of Forfar, Kincardine, Caithness, or Shetland; this is from any county which sends its pauper lunatics to the asylum. The rate charged for many of these private patients is very low. There are 29 of them who only pay £25 a year, which is below the average pauper rate for the county. Many others pay a rate varying from £25 to £36."

Amongst those discharged recovered were two patients who had been in the asylum nine and twenty-one years respectively. Concerning them Dr. Howden writes:—

"The first was that of a young woman who laboured under violent mania on admission. She continued in a very excited state for about six years, and then gradually sank into a condition of apparent imbecility, from which there seemed little prospect of her ever emerging. Contrary to expectation, however, in about eighteen months she began to waken up; at first her conversation was very limited, and her capacity for work equally so; slowly, however, her intelligence and former

active habits returned, and eventually she was discharged quite recovered. The variations in the weight of the body at the various stages of illness in this patient were remarkable. When admitted she weighed 109 lbs.; during the first two months of the excited period she lost 5 lbs., and continued to lose weight for long after; cod liver oil and extra diet were administered, and as the excitement passed off, and the apparently fatuous stage set in, she became rapidly very stout, and continued so till her discharge, when she weighed 180 lbs., or over five stones more than when she was admitted. The other was that of a man admitted in 1860, labouring under deep melancholia accompanied by many delusions. Two years after admission he was reported to be demented, and it is noted that 'he rarely speaks;' in 1864 he is said to be 'quite demented and dumb.' In 1868 he appeared to be in the same condition mentally, but he had begun to assist the attendants in house work. In 1870, when suffering from pain (as from toothache or colic), he spoke, but when he got better he was again dumb. In April, 1875, he began to speak in a barely audible whisper, and continued to do so for several months. His normal power of speech and intelligence were then gradually restored, and in 1878 he was able to work at his trade in the asylum workshop. It was evidently an error to suppose that during the dumb stage of his illness he was demented in the ordinary acceptation of the term, for during the latter part of it, at any rate, he did intelligently what he was told, and though he did not speak, he expressed his wants by signs and sometimes in writing. On recovery, thirteen years seemed to have been a complete blank in his existence, and on leaving, it appeared to him that he had been only six or seven years in the asylum. His loss of speech did not seem to have arisen from want of memory of words or their meaning, nor from paralysis of the muscles employed in articulation, but from a nervous feeling that he had not the power to give expression to his thoughts in articulate sounds. The ultimate complete recovery of these patients shows how careful we should be in stamping the brand of incurability on chronic cases, even though apparently hopeless."

Norfolk.—The auxiliary asylum is now in use and in charge of an assistant medical officer.

Three patients and a nurse were attacked by typhoid. Under the room which they occupied an unused drain allowed sewer gas to escape. A thorough examination revealed many serious defects in the drains.

On the beer question Dr. Hills writes: "The substitution of water for beer at dinner has been in operation upwards of a year, and nothing has transpired to cause me to regret having taken such a step; on the contrary, I wish I had done so years ago, when I first contemplated it. We have not, in any instance, discovered loss of weight or strength; indeed, some patients have become stouter, and many have keener appetites. We have likewise found

all the allowance of food eaten, whereas, when beer was drunk, this was not the case. I have also given milk freely instead of porter to the invalids."

Northampton.—There are always two sides to a question, even as to the proper method of heating a room. As we have already praised what has been done in some asylums to secure comfort and health, we give the following paragraph from Mr. Greene's report, as it condemns what has been found useful and beneficial in several asylums. He says :—

"One of the most important points in the management of an asylum is the keeping of the wards at a proper temperature, and at the same time providing a pure air to breathe. The system inaugurated last year is being gradually extended, and is found to answer well. The large wards are supplied with slow combustion stoves, which are kept burning throughout the night, and are allowed to smoulder during the day. In the morning, when leaving the dormitory, and when the cold is most felt, the patient has a warm room to sit in, while fires are being lighted in the open grates. It seems to the medical superintendent that the above is the best method of obtaining the object in view, and he is satisfied that enclosed stoves or hot water pipes are injurious to health, and ought never to be relied on in any room habitually used (though very useful in passages, dining halls, &c.), for the reason that these and all similar apparatus heat the air which is breathed, while the rays from an open fire resemble those from the sun in their effects. The English method of warming rooms is, therefore, not only the most cheerful and healthful, but it is also the most natural and scientific, though unfortunately not the most economical, as far as regards the consumption of coal. All the fireplaces in the day rooms have now been remodelled after a form which secures a greater amount of heat with a smaller consumption of coal."

Northumberland.—The following paragraph from Dr. McDowall's report indicates a desirable form of charitable work, at present almost entirely neglected :—

"This reference to charitable interest in the insane reminds me that a good work might be carried out in this county by a systematic supervision of the patients discharged from the asylum upon recovery. There is no doubt that many of these persons have great difficulty in finding employment when they return to their district, and the hardships they undergo not unfrequently produce a relapse in their condition. As a rule, a recovered patient has some kind of home ready to receive him, but sometimes he has not. To such I can give little real assistance. To give him a suit of clothes and a few shillings is all I can do before the gate is opened and he is allowed to walk off where he likes. There is a small fund for the relief of such cases, chiefly subscribed by the officers, and it has occasionally enabled me to relieve a man in great want. But such occasional acts of charity are not sufficient ; they are only a portion of a good work which lies ready to

be taken up by the benevolent. It is not easy in the present day to indicate a new method of doing good, but here is one virtually unknown. With the exception of a small society in London, I do not know of any other for the purpose. Should my suggestion be taken up, I shall be ever ready to give such assistance as shall help to make the work a real benefit for a sorely afflicted and comparatively helpless class of people."

Nottingham Lunatic Hospital.—It is very satisfactory to learn that this institution, which appears in every respect to be in excellent working order, is about to be enlarged by the addition of accommodation of forty patients, twenty of each sex.

Nottingham. Borough.—This asylum is already practically full, although it has not been a year open. The boundary of the borough has been extended, and the included population nearly doubled.

We would earnestly beg Mr. Powell to adopt the statistical tables recommended by our Society. In table 2 there is an evident misprint—2 for 12.

Oxford, &c.—It is greatly to be regretted that the Committee still refuses to pension old servants. The Commissioners point out the necessity for a temporary medical assistant when one of the medical staff is away on his holidays. It is impossible for one man to perform all the medical and administrative work of an asylum containing 500 patients. He may do it for a day or two, but certainly not longer than a week.

Portsmouth.—This the first report shows that the asylum is rapidly being got into working order, and that defects, which could only be detected when the building is in use, are being remedied as speedily as possible. We hope that Mr. Bland will in future use the Society's statistical tables, and make every effort to secure accuracy in the figures. In the table on page 11 the number of patients recovered is 40 : 34 pauper and 6 private. On page 14 the number is given as 48 in the table showing the length of residence in those discharged recovered and in those who have died.

Richmond District Asylum.—Want of space compels us to notice but briefly Dr. Lalor's interesting report. We would gladly have reproduced his remarks on the abolition of single rooms. It must always be remembered that such accommodation can be used by others than the dirty, noisy, and disagreeable. Single rooms without shutters are greatly appreciated by patients for their privacy and quiet. Even boys at school object to the dormitory system, and asylum patients often do so very strongly. To most people it is not pleasant to occupy a room with 20, 100, or, as occurs in one asylum, 200 strangers.

We are glad to know that Dr. Lalor's interest in the Asylum School is unabated. Those who wish to understand its value ought to visit it, and to read the article by Mr. Fox upon it, in the present number of the Journal.

The following curious paragraph occurs in Dr. Lalor's report: "I

have no report to submit from the inspectors of any inspection made by them in 1880, and as the same has been the case for some years back, it appears to me only right that I should supplement the absence of such documents by reports of visitors to the asylum in the last three years; and as these reports are very generally from persons of experience in asylum management, and many of them well-known authorities, I hope the institution will not suffer in its character from the want of official reports."

It would be well if, in next year's report, Dr. Lalor explained the reason of the inspectors omitting to visit the Richmond Asylum. To persons non-resident in Ireland such a state of affairs appears inexplicable. The management and general condition of Dr. Lalor's institution are so well known that they may fairly be said to be above criticism. It is nevertheless absolutely necessary, for the satisfaction of the public conscience, that all Irish asylums should be inspected by the proper officials.

(To be Continued.)

2. French Retrospect.

By J. G. McDOWALL, M.B.

(Continued from Vol. XXVII, p. 601.)

Visit to some Lunatic and Idiot Asylums in Holland. By Dr. BILLOD.

This paper contains not only an account of some of the Dutch asylums, but a short *résumé* of the system of management and inspection. Their condition and arrangements appear to be good, and are very favourably spoken of by Dr. Billod. None of his remarks, however, call for special notice here, except one, which is an amusing commentary on the opinions of those who see in Gheel and similar colonies the perfection of asylum treatment. When at the Utrecht Asylum he saw two private patients who had escaped from Gheel in order to return to Utrecht, where they had formerly been under treatment.

The method of secluding violent patients in places very like cages is most objectionable. Most persons will agree with Dr. Billod that restraint is preferable to such a method of treatment.

Clinical Study of some features of Lypemania. By Dr. H. MABILLE.

This paper is divided into two sections. The first is devoted to observations on the pulse, respirations, temperature, and arterial tension; the second to the loss of sensibility of the digestive canal.

Part I.—Writers differ as to the condition of the pulse and temperature in melancholiacs, and rightly so, for according to circumstances which Dr. Mabile points out and explains, they vary