PART III.—PSYCHOLOGICAL RETROSPECT.

1. *Asylum Reports for* 1874.

Medical details are conspicuous by their absence from the great majority of the reports for this year, and it is well that it should be so, though the reviewer is thereby deprived of material of which he could take notice. Were the members of the *Medico-Psychological Association* appealed to for their opinion as to the proper method of writing an asylum report, we are quite certain that each superintendent would contend, did modesty not forbid, that his own method is the best on the whole. The gentleman who writes one so short that it could easily be compressed into a page of note-paper might justly urge that there is no use in repeating in a report what the magistrates already know; and he would have much truth on his side. But another gentleman may consider himself an adept at writing the Queen's English, and may take the occasion of his annual report to set forth the results of the year's management in an effective manner. The report may then be of local value, although it cannot have much general interest.

Now, even as one asylum differs from another in its size and structural arrangements; as one report differs from another in the size of the page and the colour of the cover; and as one superintendent differs from another not more in his physical than in his mental characteristics, so must we expect as great a variety in the method of recording the year's work. In noticing each report, therefore, it is necessary for the reviewer to change his style of treatment; grave or gay as the occasion may require, but never ill-natured.

Bedford, Hertford, and Huntingdon.—Mr. Denne having tendered his resignation as Superintendent, the magistrates voted him an annuity of £500, expressing, at the same time, in the most handsome manner, their sympathy with him on account of his failing health, and recording their high appreciation of his past services. Although there is a good supply of books, the Commissioners report that no newspapers of any kind are taken in. Experience proves that patients prefer newspapers to all other forms of literature.

Mr. Swain, the new superintendent, reports that much attention is devoted to amusements, and adds:—"Entertainments have a further value in bringing together and making the staff acquainted with each other. Thus is established that *esprit de corps* which is so necessary where all are working for one common object." Under such circumstances it will require care and rigid discipline to avoid troubles ensuing.

Birmingham.—We quite agree with Mr. Green when he reports:—"It is much to be regretted that the Relieving Officers do not exercise

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a little more care in filling up the statement accompanying the order of admission, especially as regards the cause of the malady, for the successful treatment of insanity, like that of all other disease, depends very much upon having a correct history of each case." But no man believes, without full inquiry, the information contained in the statement and supplied by the relieving officer. We have always maintained that the medical officer should give the necessary information about admissions, to be supplemented by what can be learned by the asylum physician from those best able to afford it.

A patient had her leg amputated for disease of the knee joint. "She was an epileptic, and it is worthy of note that the fits were completely arrested by the disease in the knee, and have not returned since the removal of the limb. She has had no fit since June, 1872." Fuller information might be given of this interesting case in a report in "Clinical Notes and Cases."

CAMBRIDGE.—The Committee of this asylum have been obliged to "consider the accommodation now provided in the asylum for the patients in confinement there, and to report whether any, and if so, how much, additional accommodation should be provided by building or otherwise to meet the requirements of the establishment." It is with much pleasure that we observe that Dr. Bacon opposed the proposition of sending patients suffering under chronic lunacy to the Workhouses of Unions willing to receive them. He certified that only twelve cases might be so treated. It would have been still better if he had certified none. It is most desirable that chronic and harmless cases be handed over to the charge of their relatives; but experience clearly proves that workhouses are not the proper places for lunatics of any kind.

The Commissioners have again to complain that their repeated recommendations, that an assistant medical officer be appointed, are still ignored.

CUMBERLAND AND WESTMORELAND.—Dr. Campbell considers the arrangements for extinguishing a fire equal to such an emergency. We are glad to hear it, and he must be one of the happiest of men; for it cannot be denied that in the large majority of asylums, if fire once got a good hold of the building, the whole of it would perish, the provisions for such an accident being generally altogether defective.

It is stated that "in accordance with the regulation of the asylum" an examination was made in every case of death. The subject of compulsory *post-mortem* examinations is a very troublesome one, not to say dangerous. Have the Visiting Justices power to make such a rule? Would their authority protect a medical officer from a criminal prosecution or an action in a civil court? What would be the result if a rule to this effect, made by the Visitors, and sanctioned by the Home Secretary, according to the statute, was carried out by the

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Superintendent against the wishes of relations, and he prosecuted by them for obeying a resolution which the Act says he must carry out? We only hope that this point won't be settled at Dr. Campbell's expense.

Devon.—Extensive structural improvements are in progress; a chapel, sanatorium, and rooms for female patients are being built. £12,000 are to be expended on these structures, and this sum does not include what must be required to furnish the new buildings.

"The unfavourable character of the cases admitted may be judged from the fact that at the end of the year only 26 patients in the asylum were deemed curable, which is rather less than four per cent. of the numbers then under care and treatment. There appears to be a growing disposition to send a class of cases to the asylum who in former years would have been kept at home or in workhouses. When some years since the cost of maintenance of lunatic patients was transferred from the individual parishes to the common fund of the Union, a perceptible increase in the number of patients was observed, and at the present time the allowance of four shillings a week from the Consolidated Fund for their maintenance appears to have a similar effect, as a chronic harmless lunatic can be kept almost as cheaply in the asylum as the workhouse, and the Union Authorities are relieved of a class of patients who undoubtedly entail an additional amount of care and responsibility if kept in workhouses. It is feared that the effect will be to rapidly fill our asylums beyond the provisions made for the *cure* and *treatment* of patients of an acute class, and the custody of such as cannot be properly cared for out of an asylum."

In several of this year's reports a paragraph of a similar nature appears. We contend that a case of chronic insanity is as legitimate a subject for care and treatment as an acute one. If our asylums are not large or numerous enough, the remedy is obvious; but do not hand over poor, helpless, demented creatures to the tender mercies of workhouse officials. The only improvement which can be effected in the treatment of such cases is to transfer them to the care of their friends, and even then it is necessary that they should be under official supervision as is the case in Scotland, where the Deputy Commissioners in Lunacy periodically visit and report upon them.

Out of only 159 admissions no fewer than three were found to be not insane.

Gloucester.—We cannot find any contribution by the Superintendent, Mr. Toller, to this report, unless, perhaps, the statistical tables. The Visiting Justices object strongly, and in our opinion justly, to criminal lunatics being placed under their care in the County Asylum.

Glamorgan.—In the report read at Quarter Sessions the Visitors state that they, "feeling very strongly that their asylum is an hospital for the curative treatment of the insane,are doing all they can

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to reduce the number of the patients by the removal of those who may be safely taken care of by their friends, but as they cannot control the admissions, and have now only three vacant beds on the female side, they urgently press on the Justices the necessity of some early action being taken for the care of idiots and others who [do] not require the vigilance and expensive treatment of an asylum." We most sincerely hope that Dr. Pringle will oppose with all his might any proposition to place idiots, &c., in workhouses.

There is nothing further calling for remark except that a Turkish bath has been in use for some time, but that no opinion can yet be expressed as to the benefits likely to follow its employment.

CARMARTHEN.—The supervision of epileptics is to be improved by converting certain dormitories into wards for facility of night inspection. Heart disease appears to be extraordinarily frequent among the patients in this asylum. Dr. Hearder informed the Commissioners that nearly one-half of the admissions were so affected.

If the overcrowding of asylums is to be relieved by the removal of patients to reside in private houses, especially if to board with strangers, it is quite evident that such cases must be under much better official supervision. In connection with this subject the following paragraph is not satisfactory. The Commissioners remark :—

"It appears that in the counties of Carmarthen, Cardigan, and Pembroke, more than half of the insane population are dealt with as single pauper patients, and placed either with their relatives or strangers, the parish allowance being often quite inadequate for their proper care and maintenance. Patients of this class are stated by Dr. Hearder not only to be frequently admitted here in a filthy and neglected state, but that they are also thoroughly unfit for treatment out of an asylum. From the annual return for the year 1873 of lunatics chargeable to Unions in the three counties, it appears that while 29 only were in workhouses, as many as 427 were boarded out with their friends or others. This subject is of such importance that we beg to bring it before the Visitors in this report, in the hope that in their several districts they will cause inquiry to be made into the condition of this class, and procure the removal to this asylum of such individuals as may be unfit subjects to remain in their present charge."

If it be granted that the patients referred to by the Commissioners require improved supervision, and we admit it readily, it may be feared that the official suggestion is insufficient for the object desired. Can we expect the Visitors to hunt up cases which require to be sent to an asylum? It is very doubtful whether they will be induced to take the necessary trouble?

HEREFORD.—In his report Dr. Chapman states :—"The proportion of pauper insane to the population is greater in Herefordshire than in any county in Great Britain, and possibly this is due to some extent

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to a greater tendency to insanity in the county; but its principal cause is that the insane of this county have been more fully detected and registered. The proportion in Herefordshire is 3·2 per 1000, and it varies in other counties to as low as 1·2. In Hereford the total increase of pauper lunatics from December, 1861 (1868 ?) to December, 1873, a period of five years, was only 8, viz., from 413 (231 in asylums, 182 out of asylums) to 421 (243 in asylums, 178 out). These figures somewhat exaggerate the truth, as December, 1868, came at the end of a period of somewhat rapid increase in the numbers, due probably to the Union Chargeability Act; and the year 1873 showed a remarkable diminution in the number of patients out of asylums, viz., from 207 to 178, partly due to an increase of 14 in the asylum, but chiefly probably to a diminution of pauperism, in consequence of the higher wages ruling. On the other hand, those counties having less than two pauper lunatics per 1000 of population show a rapid increase. All are tending under the present methods of treating the insane, or rather perhaps under the present standard of what constitutes insanity, to some such ratio as 4 per 1000; but the later steps of the accumulation progress much more slowly than the earlier."

This asylum has an unusually low death rate, viz., 8·36 per cent. on the average number resident. Dr. Chapman is able to report that "during the year there has been no death from phthisis, nor is there any case of the disease in the house. *Post-mortem* examinations were made in all cases of death, and no tubercular disease was found except in one case, that of a man who died from general paralysis of the insane two months after admission. . . . . Some cases of phthisis might fairly have been expected among the admissions, but although it so happened that there were none, phthisis so commonly originates among the patients in asylums that there is good ground to suppose that this immunity may reasonably be ascribed to the original capabilities of the building and to the care bestowed on hygienic measures in the management of the asylum."

Cornwall.—At least two, probably three, patients were suffocated during the night by turning on their faces during fits. The Commissioners accordingly recommend that all epileptics be under constant supervision at night.

In this, as in many other asylums, special attention appears to be now devoted to the cultivation of music among the officers and patients. This is much to be commended.

Bethlem Hospital.—The Appendix of this report is medical. In it the information contained in the statistical tables is extended, but "it is not proposed in it to exhaust the interest of the cases, nor to do more than glance at our endeavours to verify the observations of others, and record some original investigations." The notes are so short and deal with such a variety of subjects that it is impossible to make an intelligible abstract thereof; but we have no doubt that if

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Dr. Williams and his colleagues will take the trouble to work up these notes and publish the results in the "Journal," we shall be indebted to them for some very interesting information.

CHESTER.—The Committee reports that its attention has been directed to the providing of a sufficient water supply in the case of fire. In the meantime it has been deemed advisable to increase the insurance on the building.

The mortality was remarkably low last year. On this subject Dr. Davidson remarks:—"The number of deaths which occurred in the course of the year was 32 males and 11 females, or 21 deaths fewer than in the previous twelve months. The difference in the mortality of the sexes is very marked, and may be accounted for by the fact that the mental derangement among the men is more frequently complicated with grave bodily diseases,—the women enjoying a comparative immunity from the ravages of general paralysis of the insane. It is gratifying to be able to report that the death-rate for the bygone year has been lower than for several consecutive years; the proportion being 9·8 per cent. on the average number resident, and 7 per cent. on the total number under treatment." Of the deaths, 17 were due to general paralysis, 7 to epilepsy, and 5 to phthisis pulmonalis.

The suicidal and epileptic cases are placed in a large special dormitory for each sex. Dr. Davidson is strongly in favour of such an arrangement:—"Now that we have had experience of the system of special night supervision for a period of nearly three years, I take the present opportunity of stating that I have found it fraught with great benefit to the patients of the character above mentioned, and that I cannot too strongly commend it. In fact, since the introduction of the system here there has not been a single instance of a patient dying in an epileptic fit during the night."

BUCKINGHAM.—The night supervision of epileptic and suicidal cases is here also receiving attention. The present arrangements are not perfect, but are provisional and better than none.

The Chaplain's report contains the following passage:—"There are, however, some patients (and their number seems to be on the increase) who cannot get rid of the distressing idea that they have committed 'the unpardonable sin,' and that for them there is no forgiveness—their fear of punishment being confined to this world, and not extending to the future. Of these a few are ever seeking and watching for an opportunity of self-destruction, and require constant supervision. These cases, to which my attention has been kindly called by the Medical Superintendent, I have made my especial study; and though they are very difficult ones to deal with, and my ministrations are apparently disregarded, still I trust God's blessing may rest on my labours, and that 'the word' in season 'may not return unto Him void.'"

Now we greatly fear that these well-meant efforts of the worthy

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clergyman are entirely misdirected. In our opinion such cases would have the best chance of recovery if all religious reading and discussion were avoided entirely, and the thoughts directed into other channels by means of occupation, amusement, &c.; medical treatment, at the same time, receiving the greatest attention.

LEICESTER (BOROUGH).—An excellent feature in this report is the Meteorological Table. We think it is very desirable that in all asylums meteorological observations should be made and recorded. No doubt, to do this is no light task; but we think that the results would amply reward the trouble expended.

LEICESTER AND RUTLAND.—In this asylum also increased precautions have been taken for the protection of the building and inmates from fire. The Committee of Visitors consulted the well-known Captain Shaw, who submitted a report. His suggestions are now being carried out, at an estimated cost of £2000.

Mr. Buck, the Medical Superintendent, reports that "during the past year seven cases have been received from the county gaol, and they have been a source of considerable anxiety and difficulty in the management of the asylum. They often make daring attempts to escape, they are unruly and destructive, and, unlike ordinary patients, they often conspire, either amongst themselves or with other patients, for improper purposes. It is impossible to exaggerate the discouraging influences which result from the introduction of criminal patients into the ordinary wards of a county asylum." This is a distinct grievance which it would be well that the Association take into consideration. The remedy for the evil is not at once evident.

LANCASHIRE (PRESTWICH).—From Mr. Ley's admirable report we make the following extract because it clearly indicates a great abuse and proves how injurious, in every way, is the custom of sending cases of insanity to the lunatic wards of a workhouse.

"The majority of those who recovered were suffering at the time of their entering the asylum from the more active forms of mental disease, such as acute mania, which always furnishes a large proportion of cures, owing probably to the fact that friends, frightened by the violence of the symptoms, are glad to get rid of their insane relatives; the Union authorities find them too troublesome or too expensive to manage, and consequently they are sent at an early period of the disease to the asylum, and are there treated with the best results. There are other forms of mental disease as curable in the earlier stages as acute mania, but in these instances, as no very great extravagance of manner and conduct marks the progress of the malady, the patients are kept at home or detained in workhouses without proper treatment, and are only brought to the asylum when the curative stage is passed, and restoration is out of the question. The practice current in this county of passing all the insane through the different workhouses has often been commented upon, and though in

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certain Unions there has been some amendment during the past year, yet cases generally are unnecessarily delayed in their passage to the asylum, and many in the end are only brought here because they become so troublesome as to make their removal desirable. At the risk of seeming repetition, I venture again to protest against a practice which is both unwise and injudicious, and which probably more than is known has tended to rear up that store of chronic lunacy which taxes so heavily the ratepayers of this county. There are certain Unions unprovided with lunatic wards to their workhouses, which send all their lunatics to the asylum; others, again, have lunatic accommodation, and divide their patients between the asylum and workhouse, sending to the former the unmanageable, and retaining the more tractable in their own workhouses; there is a third class which retain all their lunatics, and never, except on compulsion, send patients to the asylum. Workhouses of the latter class are therefore asylums, but the insane therein are admitted by no order of magistrate, and are detained without that supervision and special control which are the safeguards of asylums. In no view, save in the doubtful one of economy, can this practice be defended. It is said that the insane in workhouses are maintained at a lower rate than in asylums, but a trustworthy statement of the comparative cost is difficult to obtain, because in workhouses the accounts are so kept that no distinction is made between the expenditure for the young and the old, the sane and the insane residents; and, again, no fair comparison can be made, because in asylums there are all classes of lunatics, the noisy and the destructive, the dirty and the dangerous, the paralysed and the sick, and wherever these classes are accommodated, their treatment, entailing as it does certain requisites which cannot be dispensed with, must necessarily be more costly than the maintenance of an equal number of the class of lunatics usually retained in workhouses. It was thought that the aid afforded by Government towards the maintenance of all pauper lunatics now confined in county and borough asylums would remove whatever inducements in a pecuniary sense there might be in favour of retaining the insane in workhouses, and would expedite the prompt removal of all cases of recent insanity to the asylum. Such, however, has not been the experience of this asylum. If we may judge from the admissions of the last three months since the grant has been in operation, the tendency seems to have been not to send recent cases, but to clear out of the workhouses all the chronic insane. Of the patients admitted in October, November, and December in the past year, only 19 were recent cases, the remaining 75 were incurable, 26 were helpless and paralysed, 9 were epileptic, and only 21 of the entire numbers have been able to employ themselves."

We most cordially agree with all Mr. Ley says, and would strongly urge him to move in the matter. He has certainly got a most excellent subject to work at. By extending his inquiries to other

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counties and working up his results, he cannot fail to expose the magnitude of the evil, and that is the first step in rectifying it.

Mr. Ley proposes that the epileptic patients at present in the various Lancashire Asylums should be placed in a special institution. He says:—

"From the returns of the Clerks to the Boards of Guardians, it would appear that up to the end of last year there were 6000 pauper lunatics in this county, and that the increase for the past three years has been at the rate of nearly 200 per annum. A very large proportion of the total number are hopelessly insane, and of the present inmates of this asylum not more than 7 per cent. can with any confidence be pronounced curable. To deal with this steadily increasing mass of lunacy is a problem which as time goes on becomes by its magnitude more and more difficult of solution. To build asylums furnished with every requisite that experience and science have proved essential to the proper treatment of lunacy, and to fill these asylums as soon as they are built with incurables, is enormously expensive, without being satisfactory. There can be no doubt that the only way of checking the growth of lunacy is by treating, in properly organised hospitals, the recent cases as they occur, and that cannot be effectively done until our present asylums are eased of the dead weight of chronic insanity which fills their wards and hampers their curative powers. The experiment of drafting the chronic cases to the lunatic wards attached to workhouses has been extensively tried in this and other counties, and has been found to work most unsatisfactorily. The idea of providing for the same class in separate institutions or in asylums for incurables has been condemned by all competent authorities, and to repeat in Lancashire the experiment tried in Middlesex of establishing imbecile asylums would require special legislation. To meet the difficulty, I venture to suggest that a very great if not a permanent relief to the overcrowded condition of our asylums might be gained by an extension of the plan first adopted in this asylum, of providing separate accommodation in a distinct hospital for epileptic patients. This institution was the first among English asylums to recognise the importance of having special accommodation and separate treatment for patients of that class, and tested by the experience of years, there can be no doubt that both as regards the comfort of the other inmates, as well as the safety and well-being of the epileptics themselves, the special arrangements introduced by Mr. Holland, have borne results which have amply justified the wisdom of the course pursued. Epilepsy is a distinct disease, and epileptics are a class by themselves; when accommodation in wards set apart for their use, as in this asylum, is not provided for them, their presence among the other inmates is not conducive either to their own benefit or the benefit of others. The Commissioners in Lunacy warmly advocated the establishment in all asylums of separate provision for these unfortunates. Why should not this provision take the form of a

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separate asylum for their care and treatment? At the lowest computation there must be nearly 400 epileptics confined in the different asylums of this county. Every year adds to their number. If these were provided for in an institution organised and furnished with all the modern appliances for their treatment, they would be placed under the most favourable circumstances as regards the cure or the mitigation of their terrible malady, and the withdrawal from the existing asylums of so many patients, by creating vacancies, would evade for a time at least the difficulties which now surround the treatment of recent insanity."

One objection to Mr. Ley's proposal which will, no doubt, be made, is, that in having a separate asylum for epileptics we would really have an institution for one form of incurable cases.

Most reports make reference to the part which intemperance plays in the production of insanity. The time must be drawing near when this horrible vice will be combatted in a more efficient and earnest manner than in time past. No one can deny that drunkenness is the great sin of this country, and that to its influence a very large proportion of insanity must be more or less directly attributed. The experience at Prestwich is, unfortunately, not peculiar. Mr. Ley states:—

"In the admissions of the past year, although intemperance figures largely in the table of causation, it is probable that its influence as a producing agent of mental disease has been under estimated. The extent to which it has acted as an immediate cause of the malady can only partially be arrived at, as many of the admissions are brought and left at the asylum without any history, and in these and other instances the cause of the mental disease has to be determined from the character and form which the malady assumes. [How is that done?] But even if all doubtful cases are excluded from our calculations, there still remains a large percentage both of males and females in whom intemperance, if not the sole cause of the insanity, was a most important auxiliary. The greatest number of admissions in this asylum always occur during the month or six weeks following the Lancashire Carnival, Whit-week. In the month of June last year no less than seventeen males and four females were admitted suffering from mania, induced by excessive and persistent drinking. Of these, four had attempted suicide, and had extensive wounds of the throat on admission. These instances of the direct effect of intemperance occurred with scarcely an exception among a class who were in receipt of good wages from regular employment, and who therefore had not the excuse of the half-starved and ill-clad poor. There is no disguising the fact, that among the labouring classes insanity has of late years increased by a reckless course of inebriety, favoured in a great measure by a plethora of money and an abundance of leisure. In Lancashire, as probably elsewhere, high wages and short hours of work have not been by any means an unmixed benefit to the recipients.

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More money has been available for the purchase of drink, and more drink, as a natural consequence, has induced greater physical and moral deterioration."

We conclude our extracts from this admirable report by the following :—

"Nobody, however, with any practical knowledge of the want of a hospital for the insane will question the propriety of having everything connected with it in the highest state of efficiency. Upon the good order of the establishment and the perfection of its arrangements much depends, and it is now a recognised fact, confirmed by daily observation, that the best arrangements are invariably the cheapest, and that a judicious liberality in all that pertains to the treatment and government of the insane is, in the long run, the truest economy."

LANCASHIRE (RAINHILL).—In their official report the Commissioners direct attention to the system of night-watching in use in this asylum. They say :—

"The system of night attendance here differs from that in most county asylums. The attendants are not specially and exclusively appointed for this duty, but are taken from the ordinary body, and perform the work for a period of two months, when they are replaced by others selected in rotation. In our opinion, the very difficult and responsible duties of night watching cannot be satisfactorily executed in this manner. It is evident that with a staff liable to such frequent changes, attendants quite new to these duties must very frequently be appointed, instead of the work being performed by the most trustworthy persons who can be obtained. We strongly recommend this matter for consideration, and we also recommend that Dent's Tell-tale Clocks be introduced. At present there is no security that night rounds are duly made. But, for the full security of patients suffering from epilepsy and suicidal mania, we think that no occasional visit is sufficient, and that the only safe system is to place such cases in separate wards, properly arranged for complete supervision, and to appoint special night attendants to watch them, having no other duties."

In his very short report, Mr. Rogers is able to state that the past year was a singularly uneventful one so far as accidents were concerned.

The Commissioners and the Medical Superintendent are at variance as to the use of seclusion. The former say that "they would be glad if some means could be found for reducing the number of instances and their duration. Exclusive of the large number of patients who are entered under this head for medical or surgical reasons only, 63 patients of each sex are recorded as having since the last visit been secluded for maniacal or epileptic excitement, or for acts of violence and insubordination." To this Mr. Rogers replies that "every patient is, as far as possible, treated individually, both in a moral and medical sense, and if in this treatment the element of

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seclusion, by which is meant treatment of one patient separately and apart from others, enters more largely into the system than accords with official views on the subject, he can at least refer to results as justifying his own views, and can assure the Committee that seclusion, so far from being used in a routine manner, is only employed upon a deliberate conviction of its desirability in every individual case."

ARGYLL AND BUTE.—This is one of the pet asylums of the Scotch Commissioners. All the favourite ideas of the Scotch Board have been carried out there; airing-court walls have been pulled down; and all the patients are turned out to work on the farm. At a meeting of the magistrates a few weeks ago, the Asylum Committee were impeached for mismanagement, though from the account of the meeting which appeared in the "Glasgow Herald" we would conclude that the Committee made a successful defence. The affairs of this much-lauded asylum have formed the subject of considerable discussion by Scotch Superintendents. We therefore hope that next year's report will be a very full one, especially regarding the dietary lately in use. It is very well known that at another Scotch District Asylum the patients were, in the opinion of the Commissioners, under-fed, although they really received a larger allowance of the chief articles of food than in the Argyll Asylum, where "the food served during the visit was of good quality, abundant, and prepared with care. All the butcher meat used is, with the exception of a small quantity of Australian mutton, killed on the farm, and the supply is thus not limited to necks, houghs, and heads, but includes the finest cuts. In the supplies to the house, the heads, feet, and internal organs are not counted, and do not appear in the cost of consumption, consequently the meat supply may be reckoned at about a fifth more than appears in the accounts." In such an important matter as the dietary of patients, whatever goes in as extras should be estimated and stated accurately. It is not right that a scale of diet should be departed from without the addition or diminution being distinctly stated.

SALOP AND MONTGOMERY.—Dr. Strange is one of the few Medical Superintendents who object to the use of special dormitories for epileptics and suicidal patients. As a rule the plan has been found to work so well that we are forced to the conclusion that he would find it equally satisfactory were he to overcome the structural and other difficulties which appear to stand in his way. In an asylum with only two night attendants on each side, we consider it a less evil to leave a sick patient for half an hour than to leave thirty or forty epileptics and suicidal cases for the same period. In the one case, the patient can only complete the process of dying; in the other, death may be self-inflicted or result from accidental suffocation. It is not at all necessary for the sick to sleep in the special dormitory. They can easily be attended by the attendant who "makes the round of the house;" and where a patient is on the very point of death, and

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the attendant must begin his visit to the various dormitories, another attendant can easily be called up. We have had ample experience of this system and find it to answer admirably. However, we shall allow Dr. Strange to state his own views on the subject, and it is always well to have an important subject discussed from all points of view.

"With regard to the suggestions strongly urged by the Commissioners, both at their official visit, and after the sudden death of an epileptic during the night, that all this class of patients should be placed together at night, I think that as it has been carried out in this asylum, so far as is practicable (entirely on the female side, but owing to the dormitories being smaller not quite in its entirety in the male division), I may now venture, after the experience of eight months of this system, to state what are in my opinion its advantages, and what its disadvantages, in an asylum of this size, where there are only two night attendants in each division. The advantages are easily summed up, viz., the possible prevention of death by suffocation in epileptics; I confess I can see no other. The disadvantages are more numerous. However great the gain, by the fact that we may (*occasionally*) prevent an epileptic dying when no one is present, I think the congregating together of a mass of epileptic patients, varying in every degree in their forms of insanity; some quiet, clean and fairly rational; at the other extreme, noisy, dirty, demented, or idiotic—for without special construction this cannot be avoided—is open to objection. But the disadvantages are not confined to the epileptics alone, and are far greater as regards the other patients, who have for their safety to sleep in the same ward. As this is the only room in which a night attendant is constantly present, it follows that recent and suicidal cases, the sick and infirm, have also to sleep in this gallery; and although some amount of classification is certainly possible, yet the fact remains that quiet, clean patients who are supposed to be suicidal, are obliged to sleep in the same room with the worst class that the asylum contains. Previous to this new arrangment, the second night attendant remained in the infirmary, and had special charge of the sick, and never left serious cases of illness; now such of these as are unable, from one cause or another, to be taken up stairs to the epileptic gallery are only visited at intervals, or, in severe cases, a special attendant has to be placed on duty. If the liability of epileptics being found dead is reduced, on the other hand there is the possibility that some of the hospital cases may be so found; and this has happened in this asylum, since the change has taken place. The distress of moving infirmary cases from their own warm room to a colder atmosphere in another gallery is very great to them, and also a great strain upon the attendants. Not only this, but it frequently happens that an epileptic having severe fits, or being in such a prostrate condition from the effect of fits, is not in a condition to be removed from her day-ward to the epileptic gallery--a

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special night nurse has to be placed on duty to take charge of the case. This is actually happening while I write these lines, and thus the very object for which the plan was adopted is defeated. Under this arrangement patients have to be taken from their own wards at bedtime, often a considerable distance, to sleep in this epileptic gallery: it follows that the patients in the day-ward belonging to this gallery have to be sent to fill up the vacancies so caused; and thus the sleeping arrangements of this asylum—not at any time of the best—are rendered very complicated, and when the time for rising in the morning comes the nurses have to leave their wards to fetch their respective patients from the epileptic gallery.

"I have endeavoured to state facts quite fairly, and as I unhesitatingly accepted the suggestions of the Commissioners in the matter, and have ever since carried them out as far as practicable, I feel that I am justified in stating my experience. The system is still in practice, and probably will continue so; but I am fain to confess that I am unable to consider it the unmixed good that it has been stated to be."

LANCASHIRE (WHITTINGHAM).—That female attendants in the male wards has a humanising effect upon the patients appears to be the result wherever the experiment has been tried. The Commissioners report on this subject as follows:—

"To these last [the ordinary female attendants] must be added three more women, the wives of male attendants, who live with them in the male wards, and take charge of the bedding, and are responsible for the general state of the dormitories. Judging from the good order of the wards in which this arrangement exists, there is every evidence of success in the plan, and we are glad to learn that as other male wards are opened, the same system will be adopted. Another arrangement made by Mr. Holland, and followed by the most complete success, is the employment of women only in the male infirmary. This ward now contains 43 inmates, who are attended during the day by four nurses, and who are watched at night by a fifth specially appointed for that purpose, and having no other duties. Nothing could be better than the state of this ward and its inmates."

(To be continued.)

PART IV.—NOTES AND NEWS.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

The quarterly meeting of the Medico Psychological Association was held on the 13th May, 1875, in the Hall of the Faculty of Physicians and Surgeons, Glasgow. There were present—Drs. Fraser (Cupar), Fleming (Glasgow), Clouston (Edinburgh), Rorie (Dundee), Fairless (Bothwell), Campbell (Carlisle), Howden (Montrose), Skae (Larbert), Grierson (Melrose), Denholm (Dunse), Gairdner (Glasgow), Yellowlees (Glasgow), Brown (Edinburgh), Rutherford (Lenzie), and Dougan (Glasgow).

Professor GAIRDNER, who took the chair, welcomed the Association to Glasgow,

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