Colony live in full freedom, the door is never shut. They go freely in and out. Some go to the town alone to transact business. The effect of the daily work upon the minds of the patients is said to be very happy. But Dr. Snell confesses that about the same percentage of patients are left at Hildesheim who do work within the asylum grounds, and he assures us that the population of a German asylum is different from that of an English, Dutch, or even French establishment of a similar character. Apparently the German Asylum contains a larger proportion of manageable patients. Would these patients then be at liberty in Great Britain, Holland, or France?—"Zeitschrift," xxxi. Band, 6 Heft.

Those who in travelling through Germany wish to visit its asylums will find full information about them in the little book of Dr. Heinrich Laehr. It gives an account of each asylum, the number of patients and attendants, and the names of the Superintendents. It is illustrated by a map, with the different asylums and hospitals for the insane indicated by lines drawn below the places. I must confess that I never knew before looking at it how many institutions of this kind I had passed by when travelling through Germany.

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2. *English Retrospect.—Asylum Reports for* 1875.

Such of these Reports as have as yet come to hand are of average interest. There has not been anything particularly stirring in asylums, and the Reports share in the general placidity. We are gratified to notice that there is year by year a more general tone imparted to the medical portion of them, and that they are in some quarters becoming what they ought to be, namely, the expression of the sentiments derived from another year's experience in the management of the insane. We have never yet been able to see what good purpose was served by expending the rates in paying for the printing of a long story about incidents in the life of the asylum during the past year, addressed to the Committee who know all about them already. If there has been anything important in the alterations, improvements, and so on, the proper people to say so are the Committee themselves; and the Superintendent discharges his functions far better by putting his statistics into a readable shape, and pointing the moral of anything particular in them. Important questions of management and treatment will undoubtedly often arise out of structural changes, but they should be treated from a medical, not from a stone and lime point of view.

Fifth Report of the Berks, Newbury and Reading County and Borough Asylum.—The Entry by the Commissioners in Lunacy in the Visitors' Book of this Asylum is not published, an omission which is to be regretted in most cases, but especially so when the Superintendent devotes a paragraph to the flattering remarks which

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it is said to contain. There was a slight out-break of Erysipelas in the spring, but it subsided in May, and only one death resulted from it. The death rate is 10·2.

TWENTY-NINTH REPORT OF THE KENT COUNTY ASYLUM, AT MAIDSTONE.—This should in propriety of speech be styled the MEDICAL REPORT of this Asylum, for the Committee of Visitors do not publish theirs, neither is the Entry by the Commissioners printed. The Report itself is written by Mr. Davies, then the senior assistant Medical Officer, and the chief subject of interest it contains is the announcement of the resignation of Dr. Kirkman, the Superintendent. Another resignation is that of "Richard Crowhurst, the Foul Laundryman," who has been granted a pension of £20, and whom we beg leave to congratulate, trusting at the same time that his successor in office has been accorded a less dubious title. The percentage of deaths on the average number resident is 11·18.

TWENTY-THIRD REPORT OF THE LINCOLN COUNTY ASYLUM.—Unless there is a mis-print, we are in this Report presented with the Entry by the Commissioners made in 1876. The documents published in an Annual Report should refer only to its own year, not to the following year. Dr. Palmer does not date his Report, but the presumption is that it was written on the 1st of January, and yet he alludes to an Entry made on the 29th of the February following. The death rate is 15·3, but there was no epidemic.

FIFTH REPORT OF THE CHESHIRE ASYLUM, AT MACCLESFIELD.—There is no want of matter in this Report, that of the Committee occupying 7 pages, that of the Commissioners 9 pages, and that of Mr. Deas, the Medical Superintendent, upward of 27 pages. As might be expected, the result is a good deal of repetition, but it is only fair to add that Mr. Deas' report contains some valuable observations, particularly on the subject of Escapes, of which he seems to have an unusual experience; and he repeats in substance the well-known truth that escapes are often of the utmost benefit to the delinquent himself. We observe in connexion with the Medical Tables of this Report, that the average of *recoveries* is calculated on the admissions after the subtraction of "79 chronic transfers and 2 not insane." However justifiable this may be in theory, it is obvious that it is not capable of universal application, and therefore, its partial adoption, in tables which are designed for universal reference, must lead to the greatest confusion. If the recovery table is to be calculated on the principle of excluding what each Superintendent deems *chronic* transfers, on the same principle the death rate ought to be calculated after deducting such cases as were admitted in what he considered a *dying condition*, and all the element of certainty which the tables contain at present will be virtually destroyed. The death rate is 14.

FIRST REPORT OF THE ASYLUM FOR THE COUNTY OF NOTTINGHAM.—This is the first year of the existence of this Asylum as a

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purely County Asylum, it having for upwards of sixty years previously existed for the advantage of the Borough, as well as the County. It appears that the County has agreed to buy out the interest of the Borough, and to receive the Borough patients at the same rate as that charged for those of the County, until the end of 1876, after which an extra shilling per head per week will be charged. The total value of the property is estimated at £43,169, and of that sum the Borough is entitled to receive one-third from the County. On the whole, unless the Borough be compelled to build, it has the best of it, for the interest of the third will probably more than pay the shilling a week. Mr. Phillimore, the Medical Superintendent, seems to have had a very unfavourable class of cases to deal with. Speaking of the Admissions, he says, "18 were of ages varying from 60 to 81 years; 11 were epileptic, 13 were suffering from general paralysis, three from hemiplegia, and 38 from diseases of the heart or the lungs. Two women were pregnant, another had cut-throat, and a third was nearly moribund from voluntary starvation. One man was blind, three persons were found after their reception to be affected with typhoid fever, one of whom died within twenty-four hours, and a second within nine days." The death rate is 11·01 per cent.

THIRTY-FIRST REPORT OF THE ASLYUM FOR THE COUNTIES OF SALOP AND MONTGOMERY.—There was a serious outbreak of Erysipelas in this Asylum in 1874, due, in the opinion of the Commissioners, to over-crowding and bad drainage, and what they say is probably correct, for when the Committee relieved the over-crowding and put the drains in order, the disease disappeared. Dr. Strange, like Mr. Phillimore, has the admission of hopelessly feeble cases to report, but it is easier to complain of this than to carry out a remedy. The death rate is 8·4.

FIFTH REPORT OF THE IPSWICH BOROUGH ASYLUM.—With the exception of the appointment of an Assistant Medical Officer, there is not much of particular interest noted in this Report. The death rate is 11·05.

REPORT OF THE ASYLUM FOR THE NORTH RIDING OF YORKSHIRE.—We observe in the Entry by the Commissioners in Lunacy that the charge for private patients in this Asylum ranges from 15s. 2d. to 42s. per week. If the provisions of the 43rd. section of the "Lunatic Asylums Act, 1853," that all lunatics not being paupers "shall have the same accommodation in all respects as the pauper lunatics" be duly attended to, those paying 42s. per week must be a source of considerable profit to the Asylum, where the average cost per head is 10s. 3½d. per week, or about 12s. 5d. if the building rate be included. The percentage of deaths is 9·3.

FIFTEENTH REPORT OF THE BRISTOL BOROUGH ASYLUM.—The chief point of interest in this Report are the remarks on the water supply to the Asylum. The continued recurrence of typhoid fever just after the pumping of water from a certain well raised the suspicions of the Commissioners, and on enquiry they found that the

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well in question is probably supplied by percolation from a neighbouring stream which receives some of the drainage of a Workhouse. Mr. Thompson, the Superintendent, had the water analysed, and after a perusal of the analysis, we heartily endorse his by no means too strongly worded opinion, that "it is expedient that a new source should be looked for." The death rate is 14·9.

FOURTH REPORT OF THE ASYLUM FOR THE EAST RIDING OF YORKSHIRE.—Dr. Mercer refers, like some of his brother Superintendents, to the caution with which the alleged causes of Insanity in the admissions should be received. He very truly says, that on enquiry "it will be found that an hereditary or constitutional taint exists in many cases where drink alone has been blamed." It is not necessary here to prove the truth of this, but we would fain hope that some member of the Association would really take up the case in earnest, and make a thorough investigation into the causes of Insanity. We are sure that every other member with statistics at his disposal would be willing to help him. The death rate is 16·44.

MEDICAL REPORT OF THE ROYAL LUNATIC ASYLUM OF ABERDEEN.—Speaking of the over-crowding of this Asylum, one of the Commissioners states that he is of opinion that further accommodation should be sought in other directions. The present building cannot, he thinks, from its position so near to Aberdeen, command the purchase of as much ground as is necessary for the occupation of nearly 500 patients. The actual number of patients on the 31st of December was 477, but of these, 175 were private cases, and in the majority of them it is difficult to make much use of open air employment. We had always thought that the Scottish Board of Lunacy were pre-eminently in favour of everything which tends to the freedom of the lunatics in Asylums, and the following extract from the Entry has, under the circumstances, rather surprised us:—"During the day the halls themselves are relieved by the free access which is given to the airing courts; but this free access, although under the circumstances expedient, *is not favourable to discipline and good order, and must tend to foster degraded habits.*" Of course this really means that circumstances alter cases; but why cannot the Board candidly say so? The death rate in this Asylum is 7·2.

TWENTY-THIRD REPORT OF THE ABERGAVENNY COUNTY ASYLUM.—There is nothing particularly worthy of remark in this Report, except a passage in the Entry by the Commissioners, where they say; "Three men and 12 women only appear to have been secluded; the former on three occasions and for a total duration of eight hours, the latter on 28 occasions and for 151 hours. *It has not however been the practice here to record as 'seclusion' the locking of patients in their own rooms by day, where the window shutters have not also been closed!*" It is not easy to see what the window shutter has to do with it, because "seclusion" in Asylums means putting a patient in compulsory isolation by day, and the fact of the shutter being unclosed has no more concern in the matter than the fact of the ventilator being open.

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Nothing is more desirable than that the Commissioners, having once defined "seclusion," should see that the rules which follow on the definition are observed. Until they do so, those who act upon their definition minutely are likely to be little encouraged in their resolution to be honest in the matter. A few cases treated for two or three days each in this way, the one recorded as "seclusion" and the other not, make a great and most unfair difference in the number of hours at the end of the year. The death rate is 11·2.

REPORT OF THE SLIGO AND LEITRIM HOSPITAL FOR THE INSANE.—The peculiar nature of the duties of a Medical Superintendent of an Irish Asylum obviously makes it impossible to compare his report with those of his brethren on this side of the Channel. They are so multifarious that his report necessarily alludes to matters which we should think quite improper in those of an English or Scottish brother officer. By the English Statute it is expressly provided that the Superintendent shall not be either the Clerk or the Treasurer, the evident intention being that he shall hold office in a Medical Capacity only; and though the spirit of the law is too often broken, and he is made responsible for a great deal with which he properly should not be troubled, still he has never yet, so far as we know, been called upon to certify to the accuracy of the Balance Sheet, as Dr. McMunn has to do. Another thing we notice is that most Irish Asylums have a Visiting Physician at a large salary, and no Assistant Medical Officer. The Visiting Physician is the relic of an old system which is now happily obsolete, and we would suggest as vital to the well-being of the Irish Asylums, that the Visiting Physicians and Apothecaries should be done away with, their places filled by an Assistant Medical Officer, and that the Superintendent should be relieved of the Clerk and Treasurer portion of his duties; his authority over all the officers, male and female, being established as absolute. The death rate is 8·31.

REPORT OF THE LONDONDERRY DISTRICT HOSPITAL FOR THE INSANE.—In this Asylum the Visiting Physician gets £100 a-year and the Apothecary £30, for which an Assistant Medical Officer might be paid and boarded, to the far more satisfactory working of the establishment. The death rate is 8·45.

FIFTH REPORT OF THE AYR DISTRICT ASYLUM.—Both the entries by the Commissioners are to the effect that there is little to be desired in the management of this Asylum. They as usual direct attention to the necessity for devoting untiring energies to the decorations of the wards with mirrors, &c., and one of them mentions that the old-fashioned eight-day-clock can always be obtained at a reasonable price "through a Glasgow auctioneer." The death rate is 13·25.

REPORT OF THE MONTROSE ROYAL ASYLUM.—Dr. Howden's Report is never dull reading, and it generally furnishes matter for reflection. It is not possible that a Superintendent can find something novel to say of treatment year after year; but there is a way of writ-

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ing suggestively of familiar principles which is in no wise akin to the utterance of mere platitudes. His Report this year is quite up to his average, and we have read it with benefit and gratification. The death rate is 8·32.

Twenty-fourth Report of the Derby County Asylum.—In this Asylum there was an outbreak of 13 cases of Erysipelas, and one death ensued from this disease. It is said to have been due to the leak in a soil pipe, which certainly contaminated the air; and, if the Asylum is supplied by wells, it probably contaminated the water also. A bad smell is very disagreeable to those who have to live in it and should be remedied, if possible, but it is far from proved that it has so ill an effect on health as impure water, and it is likely that many epidemics of fever which are charged to vitiated atmosphere are really due to other causes. The death rate is 14·4.

Twelfth Report of the Argyle and Bute District Asylum.—This is said to be the Report for 1874, but the Commissioners' Entries are both dated in 1875; a confusion which is not dispelled by the fact of the Report of the Committee being dated the 7th July 1875, and referring to both of these entries, one of which was made on the 25th and 26th August following. These entries, as might be expected, speak in the customarily high terms of the system which is said to prevail at this Asylum. One part of this system appears to be the total abolition of night nursing, with the result of having an average of eight wet beds *per diem*, in a population which is said to be in an excellent sanitary condition. The disuse of supervision, as it is generally understood in Asylums, seems to have led to a large number of escapes, and the Commissioner expresses the opinion that they are "perhaps more numerous than they might be if the surveillance were more active." The death rate is 6·1.

Eleventh Report of the Inverness District Asylum.—Dr. Aitken gives a long and interesting Report of this Asylum. The prevalence of Phthisis amongst the insane of that district has long been a subject of remark, and it appears to have been aggravated by the serious deficiency in the supply of milk to the Asylum during the cold months of the year. The average quantity daily required is 270 pints, and at one time it fell so low as 70. This in a population whose staple of diet is, we presume, oatmeal porridge and milk cannot but be attended with grave consequences. We notice by the way that the Scottish Reports do not as a rule give the Diet Tables in use in the different districts; they ought to be given, because they are of great importance in connexion with other things, in comparing rates of death, maintenance, &c. The death rate is 6·7.

Report of the Dorset County Asylum.—The Committee of Visitors of this Asylum are not disposed to carry out the wishes of the Commissioners in Lunacy with reference to the continuous supervision of the Epileptic and Suicidal patients. The structural difficulties in the way are considerable, but the Committee are in addition opposed to the alteration on the grounds of its general inexpediency. The

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Commissioners are not easily beaten, however, and we suppose they will return again and again to the subject until they win their point. There is nothing particular in the Report of Mr. Symes. The death rate is 6·58.

Report of the Roxburgh, Berwick, and Selkirk District Asylum.—Mr. Grierson seems to have much difficulty in procuring and retaining the services of a proper class of attendants and nurses. The Commissioner reports 17 changes in about seven months, which cannot fail to have a most serious and prejudicial influence on keeping up the routine of the Asylum. Mr. Grierson ascribes the evil in a great measure to the difficulty the married men have in procuring accommodation for their families near the Asylum; if such be the reason, it is one which demands the instant attention of the Committee. There is no falser economy in any condition of life than a system of management under which servants are reasonably dissatisfied. The death rate is 6·1.

Report of the Asylum for the South Riding of Yorkshire.—Dr. Mitchell is of the opinion that Asylums should have "appliances for enforcing lazy patients to undergo that amount of physical exertion which is necessary for the maintenance of their bodily health." He does not say what "appliances" he alludes to; but there can be no doubt that the dread of appearing harsh with the Insane operates on many Superintendents as an absolute bar to the due enforcing of industrial habits on a class of lunatics who stand greatly in need of them. The death rate is 15·2.

Report of the Broadmoor Criminal Lunatic Asylum.—Dr. Orange reports that the custom of sending to Broadmoor convicts who go insane whilst undergoing penal servitude is dying out, and we congratulate him and the inmates of this Asylum on the fact of the Authorities having at last taken a step in so excellent a direction. The association of unfortunate men who, having gone insane, commit certain acts which they would regard with horror were they sane, with the basest dregs of the population, who wind up a career of infamy and disgrace by becoming insane, is so flaring an act of injustice, not to say of hardship, that we wonder it has been tolerated so long. Broadmoor was never intended for the reception of such cases, and we trust that in his next Report Dr. Orange will be able to say that none such are now sent to him. The death rate is 2·78.

Sixty-second Report of the Glasgow Royal Asylum.—Dr. Yellowlees advances a point of doctrine which we think he has a little mistaken. He says, talking of the restlessness of some of the Insane, "The friends of patients are so apt to mistake the restless efforts of excitement for real strength, and are so imbued with the notion that insanity confers herculean power that from the best possible motives they withhold the necessary amount of support. * * * The popular impression that the insane possess a marvellous strength which it is almost impossible to control or resist is to a large extent erroneous. It is in the will, rather than in the muscles, that the

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insane strength lies," &c. Dr. Yellowlees has here, to use an unpolished expression, got hold of the wrong end of the stick. All the strength of will in the world would not console a man who had to tussle with an infuriated Sampson. The truth is that it is in the muscles that the strength of the insane, as of any one else, lies; they are neither stronger nor weaker than others, and the reason why their efforts appear so terrible to the unskilled is because they are so utterly without method. A large fire in one's grate is a very pleasant thing, but the same amount of burning coals scattered about the floor would be hardly so soothing. The death rate is 9·0.

Fifty-sixth Report of the Dundee Royal Asylum.—Dr. Rorie reports that he has begun to test the alleged virtues of the "*Colour*" system in the treatment of the more intensified forms of insanity. "Two rooms" he says, "have recently been fitted up, one for the admission of red, the other of blue light. On two occasions marked diminution of excitement was found to result from placing a patient in the blue chamber, but as yet the cases submitted to treatment have been too few to warrant a more decided opinion being given. The benefit of placing certain patients in darkened rooms and thus removing them from all sources of excitement and irritation has long been known. It is not improbable, therefore, that similar if not more marked benefit will result from what may be regarded as a more highly developed and more scientific application of this fact." There may be benefit to be derived from this form of treatment, but it should be borne in mind that it is only Seclusion under another name. It bears the same relation to Seclusion indeed that "Packing" does to Restraint. The death rate was 7·47.

Eleventh Report of the Borough Asylum, Newcastle-on-Tyne.—Mr. Wickham reports: "Of the admissions, a large proportion were in a very feeble state of health, and although the death-rate has been surprisingly low, it is feared that in spite of all care it will rise considerably in 1876. The types of insanity have been much the same as usual, but the number of patients suffering from general paralysis has increased, and the cases themselves were in a particularly advanced stage. * * * The total amount of hours in which seclusion was employed is large as compared with some other Asylums; and in the Report of the Commissioners in Lunacy of their statutory visit special attention is directed to this subject. Some of their remarks refer to eleven months of 1874, and it must be borne in mind that their Report includes a period of exactly 18 months. Of the three men to whom they particularly refer, one has been discharged recovered; another was a case of general paralysis in a large powerfully built man, who was at the time passing through that intractable stage of mania to which so many of them are subject, and which is so nearly allied to epileptic mania; and the third was a man who, as was reported last year, was removed to Fisherton House Asylum. This was a case of determined homicidal insanity whose fixed intention it was to murder the superior officers, and who, while the arrangements

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for his removal to Fisherton House were being made, was placed in seclusion. Every year or so we hear of savage and brutal assaults on, and not unfrequently of the murder of, asylum officers by desperate lunatics who retain only the outward form of a human being; and I am quite at a loss to see how the cause of humanity, science, or anything *else good* is promoted by allowing such persons to be at large even in the asylum wards. They are objects of terror to the well-disposed patients, and the feelings of the quiet and orderly, who, be it remembered, do all the work that is done in asylums, should be considered when one is resolving to attempt the task of eradicating the disease in such a case as the one under remark. When an accident happens in an asylum, and an officer or attendant is either severely wounded or killed outright, what is generally reported is to the effect that the patient was 'of a refractory class, but not considered actually dangerous.' This is simply an admission that those in charge of him were ignorant of one of the most important symptoms of his malady; and I respectfully suggest that he who finds out such a symptom and, taking steps to prevent evil consequences, so avoids the probable loss of one or more valuable lives, is more deserving of credit than he who never finds it out at all until irreparable mischief has been done. It will be understood that these remarks are made in reference to a particular case of which the old saying may be quoted, 'desperate diseases require desperate remedies.' Since the visit of the Commissioners in July, 1875, I have, in deference to their very strongly expressed wishes, almost entirely relinquished the use of seclusion. It would be premature to speak of the results of this change, but although far from thinking that there is anything wrong, inhumane, or retrograde in seclusion, I am quite willing to give the other system as prolonged a trial as I have already accorded to seclusion, provided, of course, that the cases continue to be suitable." The death rate was 4·7.

(To be continued.)

PART IV.—NOTES AND NEWS.

ANNUAL GENERAL MEETING OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

This was held in the Library of the Royal College of Physicians, London, at 11 o'clock, on Friday, July 28th, 1876, when the following Associates were present:—

Dr. Parsey, Dr. Duncan, Dr. Maudsley, Dr. Wood, Dr. Paul, Dr. Lalor, Dr. Petit, Dr. Courtenay, Dr. Clouston, Dr. Murray Lindsay, Dr. Lyle, Mr. Thompson, Dr. Hack Tuke, Dr. O. Woods, Dr. Fox, Dr. Grabham, Dr. M'Dowall, Mr. Denne, Mr. Mould, Dr. Davey, Dr. Harrington Tuke, Dr. Hayes Newington, Dr. Jepson, Dr. Sutherland, Dr. Green, Dr. Boyd, Mr. Bayly, Dr. Anderson, Mr. Gill, Dr. Ward, Dr. Sankey, Dr. Hewson, Mr. T. O. Wood, Dr. Manley, Dr. Wilkie Burman, Dr. Kirkman, Dr. James Stewart. Dr. J. Langdon Down, Dr. Staden, Dr. Bucknill, Dr. Blandford, Dr. Donald Mackintosh, Mr. E. H. Byas, Dr. Mickle,

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