blow on the head? For my part I should say, judging from his character and history, that the man was a general paralytic from his mother's womb, with a diathesis prone to the disease. Perhaps under strong external control his manner of life might have been so modified as to save him from one or all of the exciting causes of his disease, but his character had that in it that led him into all manner of excesses and subjected him to varied stresses such as are commonly followed by general paralysis in predisposed cases.

Lunacy in Norway, 1891. By William Habgood, Senior Assistant Medical Officer, Kent County Asylum, Maidstone.

The population of Norway in 1875 consisted of 891,000 males and 930,000 females. (The details of the last census, 1890, showing a population of two millions, have not yet been published). Of these were insane 2,186 males and 2,382 females, giving a ratio of 23 insane (20·4 males, 25·6 females) to every 10,000 of the population. The total number of admissions into asylums for the year 1889 was 756, a ratio of 4·15 per 10,000. These figures compare favourably with those given in the report of the Commissioners in Lunacy for England for the same year, viz , 29·2 insane (27·2 males, 31·2 females) to every 10,000 population, and a ratio of 5·18 per 10,000 on the admissions. Although Norway is a poor country, such extreme poverty and distress as is found in our large cities does not exist there, and this, probably, accounts for the considerably smaller ratio of insane to population. Of the 756 total admissions 32 per cent. were suffering from melancholia, 27 per cent. from mania, 24 per cent. from dementia, and from general paralysis and epilepsy, equally, 1·9 per cent. The marked preponderance of melancholia over mania is interesting, the opposite conditions obtaining in this country, where mania shows an excess of 24 per cent. The distribution of a small population over a large tract of country, the mountainous character of that country, the monotony of life, the lack of amusement, the phlegmatic character of the race, in contrast to the crowded condition of the people, the high tension of living, and the excitement of city life which prevails in this country probably explain the difference. The small number (1·9 per cent. of the admissions,—being 6·4 per cent. less than in

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England) of those suffering from general paralysis might be explained in the same manner.

With a total insane population of only 4,568, there are necessarily few asylums, and these—owing to the plan of boarding out all the chronic insane suitable among the peasantry—are of small size, the largest containing only 330 beds. Altogether there are 11 asylums—three government, six municipal, and two private. They are under the superior control of the Medical Department of the Ministry of Justice, but the King has the giving of the appointment of Superintendent to the government asylums. All the asylums are governed by a medical superintendent, whose management is controlled by a committee of three members, one of whom must be a physician, appointed and paid by the government. The law concerning the admission of an insane person into an asylum is somewhat more simple than it is with us. All that is required is a certificate of insanity from one medical man, he being, if possible, the one who attended the patient in his last illness. The superintendent of the asylum has then to examine the alleged lunatic, to see if his state is such as to make his admission advisable for himself, or necessary for the maintenance of public order and safety. If anyone be discontented with the decision of the superintendent he has a right to demand the arbitration of the committee of the asylum on the matter. The superintendent's clerical duties are less arduous than in the English asylums. The only report he has to make, besides that to his own committee, is one containing the exact state of every patient to the authority or private person who caused the patient's admission to the asylum.

Criminals suspected of being insane are sent to a government asylum for observation, and remain there until a decided opinion on the matter has been formed.

The government regulations provide that autopsies be made in every case should the superintendent so desire.

I had the opportunity last summer, of seeing over two of the largest asylums, the government asylum at Rotvold, near Trondjhem, and the municipal asylum at Bergen.

I must here express my indebtedness to Dr. Holmboe, the assistant physician at Rotvold, for his great kindness in showing and explaining everything of interest at that asylum, and giving me information on the subject of lunacy in Norway in general; and also to Dr. Bechholm, the assistant physician at the Neevengaarden Asylum at Bergen.

The Rotvold Asylum, beautifully situated on the side of a

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hill overlooking the sea, is an old building, containing 240 beds. The wards in most cases communicate directly with one another, and the staircases are of wood. Except in the part where the private patients reside, the rooms were not so well furnished and decorated as in most of our county asylums. There is a staff of three resident physicians, which seems a large one in comparison with our county asylums, but the asylum population, although small, is—owing to the extensive practice of the boarding-out system—a rapidly changing one, the yearly admissions averaging two hundred. Preference is given to married men for all medical appointments, not only at this, but at all asylums. The majority of the patients are of the pauper class, but private patients are taken at higher fees, and are separated from the others, their wards being better furnished and their diet more elaborate.

The treatment of the patients is very similar to that in use in this country. They have suitable employment and amusements, such as walks in the neighbourhood, dances, and entertainments; some are allowed in the summer to bathe in the sea. Baths are much used as a method of treatment, and among drugs Dr. Holmboe has great faith in the use of opium in melancholia. The only mechanical restraint in use is that effected by the wearing of jackets with long sleeves, the ends of which are tied together. Seclusion in cases of patients suffering from acute mania, with violent and destructive propensities, is freely practised, such cases being locked in single-rooms and only occasionally observed. There is a good staff of attendants, the proportion being one attendant to every nine patients. They are drawn chiefly from the same class as in this country. There is no regular staff of night attendants, each one taking his turn at this duty. All attendants sleep in the asylum, the male attendants who are married being allowed, in addition to the day off duty which is given weekly to all attendants, the night. All attendants have annual leave of eight consecutive days.

The municipal asylum at Bergen is a new building, containing 150 beds. There is nothing particularly striking about it except the arrangement of the single rooms. Nearly all these are on the ground floor, each having a lantern-light in the roof, which affords excellent light and ventilation. There is no provision for darkening the rooms. The rooms are very spacious, and are well heated by hot air. Those used for the seclusion of cases of mania with violent and destructive propensities contain nothing but a heap of straw, the patient

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himself being naked. Observation is carried on through the lantern-lights by an attendant who walks up and down on a place provided on the roof of the building.

I was somewhat surprised to see this method in use in this, the most recently-constructed of the Norwegian asylums. The medical officers, however, defend the method by arguing that it is useless to give clothes and bedding to those who will not only not use them, but destroy them as fast as they are supplied.

Patients that neglect themselves sleep on loose straw, covered with a sheet. This method is found in this asylum less likely to produce bed-sores than that practised in our county asylums, in which the mackintosh placed under the patient serves to retain the urine in contact with his skin till the bedding be changed. The system of earth-closets has been adopted throughout the asylum, and answers well. There is no detached hospital for the isolation of cases suffering from infectious diseases, such cases being treated in a separate part of the same building.

Perhaps a fitting conclusion to this paper will be a consideration of the proportion of recoveries that take place in the Norwegian asylums. According to the statistics issued by the Government for all the asylums the number of admissions for the year 1889 was 756. The same year 203 were discharged recovered, giving a percentage of recoveries to admissions of 26·8. The percentage of recoveries to admissions given in the Commissioners in Lunacy Report for England for the same year was 39·7, being 12·9 per cent. higher than in Norway, notwithstanding the fact that the proportion of those admissions so unfavourable for recovery as general paralytics and epileptics is 6·4 per cent. greater in England.

One naturally turns to the deaths to explain this small proportion of recoveries; but the deaths, whether reckoned according to the daily average number resident—7·6 per cent. —or according to the total number under treatment—4·8 per cent.—are less than among the insane in England, where the numbers are 9·4 for the former and 7·4 for the latter. The most satisfactory explanation of this great difference in the two recovery rates to my mind is that the Norwegian alienists use the word "recovery" in a much stricter sense than it is used in the statistics of English asylums, as the discharged relieved—29 per cent.—exceed the discharged recovered by 3 per cent. I cannot compare these figures with those for all

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