circumstantial manner, must either have been a delusion or a bold invention. We are not sure that Lord Ronald Gower tells the story in such a way that ordinary readers would be likely to notice its full significance. He says: "She seems, poor creature, half-dazed and bewildered by her sufferings and her tormentors, to have mixed up in her mind and in her replies the actual event of the King's coronation at Rheims with her angelic visions and voices, for to her one must have appeared as real and actual as the other."

This is not the only instance in which the pardonable partiality of the author detracts somewhat from the life-like character of his portraiture. A little shading is needful for a good picture: perfection is not human. The biographer of Joan of Arc has to describe a character, heroic, yet partaking of the feminine type, and we think that Lord Ronald has left out some traits which might have been put in to complete the portrait. At the same time we heartily join with him in his devotion to the heroine.

Gedenktage der Psychiatrie und ihrer Hülfsdisciplinen in allen Ländern. Von Dr. HEINRICH LAEHR. Berlin. 1893.

We welcome the fourth and enlarged edition of this useful work, and offer our hearty congratulations to the veteran German alienist on the occasion. The amount of labour bestowed upon it is great, and the international character of the work no doubt accounts for the encouragement it has received and which, we trust, will be continued.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.*

Asylum Reports, 1892-3.

In taking up our annual task of reviewing Asylum Reports we think it well to consider them in classes. We are thus able to notice points of common interest. We commence with the

English County and Borough Asylums.—It is impossible to read the reports without coming to a conclusion that year by year steady progress is being made. In one important respect, the relation between visitors and staff—so well summarized by Dr. McDowall at the British Medical Association meeting of 1893—there is ample evidence of the existence of mutual confidence, respect, and good feeling. When to this are added a recognition

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on the part of the Commissioners of good intentions and good work, and on the part of the Visitors and the staff a desire to benefit by the widespread experience of the Commissioners, we rest assured that our asylums will keep their pre-eminence over those of other nations. It is true that here and there the interchange of compliments in the reports of each of these bodies is confined to dry and precise expressions, but certainly most Visiting Committees and most Medical Superintendents use words of genuine acknowledgment of goodwill. We note, too, in several reports expressions of satisfaction recorded by Guardians when visiting the patients of their respective unions. We attach the greatest possible importance to the maintenance and spread of this satisfaction. In proportion to the interest and knowledge acquired by such outside bodies will be the interest and knowledge displayed by the general public, and the cheerfulness with which the latter will fall in with schemes of improvement. We have no doubt on one point—that in many cases where improvement is slow the chief cause thereof is a feeling on the part of the Committees that they are bound to keep the rates down. But if the ratepayers come to know that the true interests of all concerned lie in the direction of well-considered liberality, Committees will have their hands much strengthened.

We would wish here to urge again the desirability of all Medical Superintendents adopting in extent and order the statistical tables of the Medico-Psychological Association. We confess that the task of formulating columns of facts and figures for this purpose is a heavy drain on the time that can be spared from asylum duties, but, surely, there is the compensation of feeling that each has done his part to favour progress, slow though it be, towards solving questions of the highest social importance. We are not all delighters in statistical studies, but some are, and in our opinion do real service to humanity by such studies. To such it is very disheartening to find it impossible to establish conclusions that will apply to the country at large in consequence of there being here and there a hiatus in returns. We wish, too, that all Superintendents would in their reports give, as many do, their personal views on questions of interest. These asylum reports are the *only* places to which the profession and the public can look for guidance by those who have the best title to speak authoritatively on lunacy matters.

Bedford, Hertford, and Huntingdon.—This asylum, like too many others, is overcrowded, and there appears to be no prospect of a diminution of claims for admission. The residents have risen in number from 917 in 1887 to 1,050 in 1892. No wonder, then, that the Committee contemplate a necessity for amending the original agreement between the three contributing counties. If this should take place, so much the better, we think. The necessity for studying the ideas of three County Councils must destroy a

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good deal of the unity of purpose which is so requisite in the handling of a large asylum. The Commissioners urge an increase of staff, as the Medical Superintendent and two Assistant Medical Officers are overtaxed.

Berkshire.—There will be nearly one hundred vacant beds when the new hospital is opened, on which fact we congratulate all concerned. Dr. Murdoch starts the year with 10 curable and 18 doubtfully curable cases, out of 545 cases resident. He points out that in four cases only out of 114 is there reason to attribute the insanity to intemperance, but that general paralysis accounts for 11, which is certainly a large proportion for an agricultural population. In view of this fact we would suggest that more detail should be used in the tables showing forms of insanity in admissions, etc. 74½ per cent. of residents are employed. Dr. Murdoch, notwithstanding this large proportion, has cause for surprise in the reluctance of many to work, and for still more surprise at the number of relatives who object to patients working. An obvious reminder to the latter is that the least they can do, when they accept the money of others for the care and cure of those in whom they are interested, is to help and not hinder in lightening expense.

Birmingham City. Winson Green.—This asylum is quite full, as is the second asylum at Rubery Hill. Dr. Whitcombe considers that this is due to the normal increase of population and to the accumulation of chronic cases. The admissions were of an unsatisfactory character, but one-tenth were cases of general paralysis, 38 males and 7 females. Nevertheless a recovery-rate of 47·2 was obtained. The death-rate is very heavy (13·8), but is explained by the relations of this asylum to that at Rubery Hill, where the long-lived chronics are sent. The average of the two taken together is 9 per cent. This is a good example of the ease with which figures taken by themselves may be misread. Taken altogether this is an asylum where movements in and movements out are active, and where the acute element is but little diluted by the chronic. In consequence risks, anxieties, and difficulties abound, and have to be met.

It is only by taking extreme precautions that such accidents are minimised; and fortunately they are not of common occurrence. Nothing shows so forcibly that you have recognized this as the fact that during the last ten years, with a smaller resident population, you have doubled your staff of nurses and attendants; and I am only just in observing that all precautionary suggestions I have made have been most willingly adopted by you.

Birmingham City. Rubery Hill.—At this asylum as at Winson Green the training of attendants and nurses for the certificate of the Association is very actively carried on. Ten passed from here in May. The Committee gives each successful candidate a medal.

Bristol City.—Dr. Benham seems now to be emerging from the

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troubles of rebuilding and reorganization. The large hall is now in use by about 460 patients, 137 having meals in the wards. No accident whatever has befallen a patient in consequence of the very extensive building operations—a sure evidence of forethought and discipline. Bristol seems to be peculiarly favourable to the development of general paralysis.

	Male.	Female.	Total.
Admissions	106	77	183
General paralysis in admissions ...	20	1	21

In comparing the startling proportion among males with the probable causes (Table VII.) we see that general paralysis is assigned as a cause, as is also the case with epilepsy. No doubt there is room for difference of opinion as to where the exact line between cause and effect is to be drawn in our studies of the physical basis of insanity, but we would point out that at present the majority adopt the view of general paralysis being a result. In this instance of extreme production of the disease we should have liked to have quoted the proportions of suspected causes—intemperance both in drink and sexual—but Table VII. does not follow the lines accepted by the Association.

Bucks.—The reduction of the rate of maintenance from 9s. 4d. in 1890 to 7s. 10½d. in 1892 seems to be very considerable, and has been the cause of some discussion. The former rate was undoubtedly above the average of purely agricultural counties, while the latter is below that average, and must demand great skill and management in securing efficiency. No doubt the large number of chronic residents in the asylum would admit of more economical treatment than would be the case with a greater proportion of recent and acute patients. We note that the names of private patients are given in full. Would not initials serve as well for identification by the authorities?

Cambridge.—The Commissioners among other matters advert to the necessity for appointing a *locum tenens* to take the place of either of the two medical officers who may be away for more than two days. We believe, if our memory is not deceptive, that it is only of quite recent years that the medical superintendent has had an assistant at all. We cannot believe that it can be good for either doctors or patients to restrict the former's undoubted right to a liberal freedom from the cares and worries of asylum life, and restriction there must be if either knows that by taking a holiday, however brief, he is casting an undue burden on his colleague. Now that so much clerical work is added to the other duties of the staff, it seems time that a second assistant medical officer should be added. This would obviate the hardships above mentioned.

Carmarthen.—This asylum is very full, and more room is called for. The Commissioners advise against any cases being sent to the workhouses of the unions contributing. We note, too, that

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the Commissioners protest against further delay in appointing a third medical officer. The average residence of patients is 560. There has been only one case of general paralysis in 49 male admissions. This immunity is remarkable, considering that such busy centres as Carmarthen and Llanelly contribute. 17 per cent. of the admissions were due to drink.

Cheshire. Upton.—On account of the crowded state of this asylum the Committee found it to be necessary to send a circular to the contributing unions requesting that chronic and incurable cases should not be sent. This had an effect for a time, but not for long. No less than 16 patients died within one month of admission. A very considerable profit has accrued from out-county patients, which has been handed over to the County Council. We speak of this matter under the head of the Parkside Asylum. Dr. Davidson speaks very regretfully of the character of many of the admissions, several being practically moribund. We note that 22 out of 170 admitted were over 60 years of age. About one-seventh of the admissions were due to intemperance, and about one-fifteenth suffered from general paralysis. The weekly cost was 6s. 10½d., the lowest, we believe, in England.

Cheshire. Parkside.—Very interesting to many will be a special report containing a lucid judgment of Justice North on a knotty point of county law. Briefly summed up the case was thus: Up to the time of the passing of the Lunacy Law (1890) the Visiting Committee had accumulated the respectable sum of £5,674, profits from out-county and private patients. Under the old Acts they might have disposed of this in various ways. But the new Act prescribing a different form of treatment of profits caught them with this nice sum at the bank. The new visitors could not apply it under the old Act—it was too late, while they did not care to apply it (without judicial direction) under the new Act, as it had been earned under the old Act. So a friendly suit was commenced between the County Council, the Committee of Visitors, and lastly the various contributing Unions. It is a little difficult to see what chance the latter bodies had of getting a slice. One threw up the action *in limine*, the others only got part of their costs. The Council and Committee, between whom in reality the question rested, got their full costs. The Judge decided that the Council was entitled to the sum. This action, the taxed costs in which reached £889, beyond deciding the limited question as to a particular sum, has caused a clear definition by a judge of the relations between county and union. Having to decide to whom the sum belonged, he said, "In my opinion it belongs to the persons who have found it." The county found it by making a profit in the provision of buildings, attendance and maintenance supplied to non-union patients. We may conveniently refer here to a point that is mentioned in several reports —the effect of "Queen v. Dolby." By the judgment in this action

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the payment of rates and taxes, etc., is in future to be transferred from building and repairs account to maintenance account, in other words from county to union debit. Doubtless the law must be taken to be absolutely correct in this matter, but the equity does not seem to be equally free from doubt. In most cases it will make but little difference. The individual ratepayers will pay a little less to the county and a little more to the union. But where there are two or more counties or counties and boroughs in union it seems probable that the incidence of the charge may be shifted. It does seem fair that an institution that has a chance of making a little profit should bear the brunt of a charge that pertains primarily to the property in respect of which it is allowed to make that profit.

The Committee report the grant of a pension and improvement in wages and allowances to the male attendances. But the Commissioners in their report say :—

> The duration of service, especially in the male division, is unsatisfactory; almost ⅓rd of the attendants have not been here six months. Dr. Sheldon can give no other reason for it than was assigned in the Commissioners' last report, *i.e.*, lowness of wages, hence inability to marry, and no certainty as to a pension.

Dr. Sheldon, in his report, gives point to the plea that cures cannot be made without curability—bad material is bound to make a bad job. The male admissions were most unfavourable, idiots, epileptics, paralytics, and drunkards being more numerous than ever. The recovery rate was 30·9, the death rate 12·2. The females on the other hand were more encouraging—recovery rate, 45·9; death-rate, 6·9. The two sexes taken together are about the mean of all asylums. If one man with one system has bad luck with one half and good luck with the other, who can doubt that success depends less on the man and the system than on circumstances over which he can have no control?

Dr. Sheldon found in 51 bodies, examined *post-mortem*, 16 cases in which tubercle was an effective agent; in 21 recent tubercle, effective and non-effective; in 28 signs of former attacks of pulmonary tuberculosis which had healed, relapse taking place in at least six; in all, only eight of the 51 failed to show evidence of past or present tubercle of the lung. He draws from them, and impresses on his Committee, plain lessons as to the necessity for the improvement of the heating and ventilation of the wards.

Cornwall.—Dr. Adams contributes some very interesting remarks on the effect of recent legislation in filling asylums. He goes far back to 1861, when the Common Chargeability Act was passed. He says that the effect was at once felt in Cornwall.

Yearly average of pauper admissions ... 1851-61 was 71
" " " ... 1861-70 " 88

The figures from 1871-80 and 1881-90 are but slightly in excess of the latter average.

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He further proves his argument by the following figures:—

Pauper Lunatics in the County.

	In Asylum.	In Workhouses.	With Relatives.
1851 ...	43·5 ...	20·5 ...	35·9
1871 ...	72·1 ...	13·9 ...	13·9
1891 ...	79·6 ...	11·6 ...	8·7

He attributes some effect, but not much, to the weekly grant first given in 1873, and the above figures show that the great change of tide towards the asylum had occurred before that time.

Also he thinks that the Lunacy Act, 1890, has begun to have some effect, in that it tightens the conditions under which lunatics can remain in workhouses. If local authorities have to go to the trouble of getting a magistrate's order and a medical certificate, they probably will think it more worth their while to take the patient right off to the asylum.

All these considerations, though not necessarily applicable to other localities, are worthy of careful study.

Cumberland and Westmorland.—As usual the report of this asylum contains much that is both interesting and valuable. The recovery-rate is satisfactory, while the death-rate is very considerably below the average of asylums. In both respects Dr. Campbell claims that he can show a better record than asylums over the border, "even though their modes of treatment and results are by some frequently commended, rather at the expense of the institutions of the sister country."

Following the example of his predecessor, who summarized the statistics from 1862-72, and his own practice as to the years 1872-1882, he now gives similar results from 1882-1892.

For these three decennial periods the figures are:—

	10 years to 1872.	10 years to 1882.	10 years to 1892.
Recovery rate...	39 ...	47·3 ...	44·1
Death-rate ...	7·6 ...	8·1 ...	8·9

The following figures appertaining to the percentages of certain types of insanity among the admissions afford food for reflection:—

	Ten years ending 1872.		1882.		1892.	
	No. of Cases.	Per-centage.	No. of Cases.	Per-centage.	No. of Cases.	Per-centage.
Senile Insanity *	25	2·7	50	4·2	97	6·3
Congenital Insanity ...	38	4·2	36	3	27	1·7
Epileptic Insanity	51	5·6	44	3·7	76	4·9
General Paralytic Insanity	85	9·3	74	6·2	76	4·9
Puerperal Insanity ...	75	8·2	100	8·4	27	1·2

We doubt whether Dr. Campbell is justified in saying that the decrease in general paralysis speaks well for the habits of the community Are we so far on in the etiology of the disease as that?

* Senile Insanity above 70 years of age.

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He thinks that periods of prosperity are more conducive to insanity than periods of depression. If we remember right, when Dr. Yellowlees was at Glamorgan far back in the seventies he also expressed his opinion on this point. Dr. Campbell puts it thus, "It takes time even to acquire the art of spending money judiciously, and in such a way as not to injure its possessor."

He finds that, as a result of habits of life, intermarriage and mixture of races, districts have a habit of sending cases of one type only, *e.g.*, melancholia from one, cut-throat cases from another.

Denbigh, Flint, Anglesey, Carnarvon, Merioneth.—Urgent need is felt and acknowledged for immediate increase of accommodation. Nearly 100 patients are boarded out in four other asylums. This is a hardship on many in every case where boarding-out has to be resorted to, but is peculiarly so here, for, as is pointed out, it is difficult to find a sufficient number of patients who can speak English. There is a difficulty in coming to a conclusion as to the manner in which more asylum accommodation is to be made, whether by building on to the present one, or by building a second one in one of the remoter counties. The majority of votes are for addition, and it is urged that if a second asylum is built such a course would legitimately lead to a dissolution of the union between the five counties. This in itself would waste precious time. An appeal to the Secretary of State is threatened by the Commissioners.

Forty-two of the staff have passed the examination of the St. John Ambulance Association. We trust that a substantial proportion of these will present themselves for examination and certification by our Association. Trial with relatives in cases of doubtful prognosis has been as a whole successful, 16 having been returned on discharge as recovered and eight improved. There can be no question as to the propriety of pushing the experiment as far as safety will admit. The report does not state whether in these cases the pecuniary provision of Sec. 57 was made use of. We presume that it was so, but it would be interesting to know, and to what extent. Success has not followed attempts to return chronic cases to workhouses under Sec. 25.

Derby County.—Considerable additions and alterations are about to be made here. Among others are additional infirmary blocks, a new house for Dr. Lindsay, etc. The Committee protest against groundless complaints being made about the treatment of patients, two of which were fully dealt with, exposed, and apologized for. It is a gratifying sign of advancing interest in lunacy matters that a deputation from a Board of Guardians should make the following record of their views:—

As a deputation of Guardians from the Burton-on-Trent Union, we desire to place on record our appreciation of the efforts that have been made to improve both the appearance of the premises and the condition of the patients since our

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last visit. We also desire to urge upon the Asylum Visiting Committee of the County Council to take steps to increase the accommodation of the asylum, and to make the institution more in accordance with the requirements of modern times, especially by providing additional infirmary accommodation, and improving the ventilation and warming of the wards.

A thorough remodelling of the sanitary arrangements has been carried through both in the matter of drains and ventilation, while Dr. Lindsay anticipates better health and a diminished death-rate from an improved warming system. Dr. Lindsay suggests the erection of a cottage or cottages on the estate for the reception of private cases.

Deaths from general paralysis are fast rising in frequency, while those from consumption have dropped. Great success has attended the institution of Ambulance Classes, 59 being successful in obtaining certificates, only three being rejected. These classes are being followed up by those prescribed for the certificate of our Association. The Technical Instruction Committee of the County Council contributed towards the expenses.

Derby (*Borough*).—There is no fear of further accommodation being required for borough patients for a long time to come. Over one-third of the patients, who now about comfortably fill the asylum, are out-county and private. A very large proportion of admissions (34 to 121) was ascribed to alcoholic excess, taking admissions and readmissions together, while Dr. Macphail informs us that 80 per cent. of the readmissions during the last four years were due to this cause. It would be interesting, though doubtless impossible, to decide whether the majority of these latter cases drank because their control was injured by a former attack, or whether a moderate amount of drink acted prejudicially on the predisposition acquired. Probably both weak control and irritable brain had a share, but in any case such impressive figures confirm the wisdom of everyone leaving an asylum being urged to relinquish alcohol in every shape, except under direct medical orders.

We are glad to append the following extract:—

It is no small satisfaction to me to be able to state that year by year this institution is becoming more appreciated as a hospital for the cure of disease, as well as valued in its function of taking care of the chronic sick. The prejudice against asylums which unfortunately still exists is gradually disappearing, and the public are being educated to recognize the physical basis of insanity, and all that this simple doctrine implies. In this town, at all events, I am glad to say that the views of a considerable portion of the public respecting the treatment of the insane have been widened and remodelled since the asylum was opened four years ago.

Devon.—The accommodation here needs to be increased, in view of probable crowding before new buildings would be ready. The Commissioners paid an unusually early visit this year in order to advise with the Committee on this point. Two of their reports appear, and we are glad to notice more unanimity between Dr. Saunders and the members of the Lunacy Board than existed in

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1891. It seems probable that extensive additions will be made in all directions of the building and its dependencies, which the Commissioners think will avert for many years the building of a new asylum.

Dr. Saunders recommends the renting of some roomy house for the reception of convalescents.

Some excellent charts show in very plain fashion the steady increase in asylum population since 1847, the percentages of deaths and recoveries, and the variations in weekly charges from year to year. In the deaths the cholera year (1866) shows up plainly among the males, reaching 25 per cent., while the female rate went down slightly. But this high mortality did not prevent the recovery-rate for males rising in that year, though next year there was a fall of a clear ten per cent. In the recovery chart a most startling rise from 42 per cent. in 1872 to 75 per cent. in 1873 followed the closing of the asylum in the latter year to all but acute cases. In 1874 there was a still more abrupt fall to 36 per cent. As in its neighbour, Cornwall, so here the influence of alcohol as a causative agent is considerably below the average.

Dorset.—Large additions are being made here, tenders for no less a sum than £52,000 being accepted.

Dr. Macdonald estimates that 70 per cent. of his admissions were hopelessly incurable. This fact has left its mark on the recovery-rate, and its effect will be carried on no doubt into this year. He does not join in the cry against old cases being sent to the asylum instead of to the workhouse. He recognizes that in all such cases sent to him, bar one, actual mental disease existed requiring asylum nursing. He points out that the old and chronic are not always the most suitable cases for workhouses, as they are often feeble, require skilled nursing, and are noisy at night. But while he is thus considerate about such cases he very rightly inveighs against the practice of sending acute cases to the workhouse, of which he apparently has had good cause to complain. Like most of the counties in the south-west, Dorset has little of its lunacy to ascribe to alcohol, and Dr. Macdonald utters strong but perfectly justifiable sentiments on the possibility of diverting by exaggeration public attention from more worthy subjects of study in relation to insanity. Respecting the treatment of idiots he appears to be of exactly opposite opinion to his neighbour, Dr. Worthington, in Hants. In pronouncing against a separate institution for such cases he is, in our opinion, wrong. Darenth has its two separate asylums for chronic patients, and we are sure that the experience gained there is in favour of separate treatment of idiots, provided a sufficient number can be got together.

The following paragraph fully expresses our views as to the aims and results of training. Dr. Macdonald deserves credit for insisting on training being a precedent to promotion, and, indeed, a condition of continuance in the service:—

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As in former years a course of lectures was delivered to the nurses and attendants during the winter months, and we have reason to be satisfied with the result of our labours. One object in view in giving these lectures is, as far as possible and practicable, to build up a recognized service, so that no member of the staff will attain the position of full nurse or attendant until they have passed through the necessary course of training. As this entails a considerable amount of extra work, not to say absorption of spare time, only those are continued in the service of the asylum who are considered suitable and are willing to remain a certain time. We hope by this mutual and voluntary arrangement to reduce the number of changes, and to always have for duty an ample staff of trained nurses and attendants.

Durham.—There seems to be some congestion here, which will be temporarily remedied by the erection of two iron infirmary blocks. In his report Dr. Smith notices that more pitmen than usual have been admitted, possibly as a consequence of the coal strike of last year. One case recovered after eighteen years' treatment. As usual, general paralysis is an important factor both in admissions and deaths, 49 in 407 admissions, and 48 deaths in 159, the average death-rate being 12·9. We note two recoveries from general paralysis. Dr. Smith likewise draws attention to the prevalence of phthisis, 34 as against 21 in 1891. He insists that it is a preventable disease favoured and fostered by overcrowding, bad ventilation, etc. Also he points out that it is infectious. "As a matter of fact several nurses have within the last few years contracted the disease here, and more than one has died." The table of professions or occupations displays a wonderful variety of callings which have contributed in small numbers to make up a total of 407 admissions. Only pitmen (40), labourers (56) among the men, and domestic servants (17), housekeepers and housewives (101) among the women, and persons of both sexes with no occupation (56) run into double figures, the remainder being split up in nigh 80 varieties.

Essex.—Superabundance of claims for admission into this asylum has led to the renting of large houses about the county as overflows. We can imagine that if circumstances permit their being used as testing places of convalescence as well as store-houses there may be in this direction a set-off against the inconvenience and waste of time entailed. The Committee and Dr. Amsden both advert to the proposed withdrawal of beer from the diet, both of patients and staff. It is distinctly said that this change is not dictated by motives of economy, and it is promised that other articles will be substituted—tea, coffee, cocoa, lime juice, etc. Nor is "teetotalism," stern and unbending, at the root. A far more satisfactory reason is given:—It is desired to show patients who may eventually recover that they can get on as well without beer as with it, so that when they leave the asylum there may be a chance of their avoiding that which will risk a subsequent attack. (See notes on Derby Borough Asylum.) We wish the experiment every success, feeling sure that principle will not

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lead to the withholding of stimulants where they are called for on medical grounds.

The Committee have revised the pay of attendants in their favour. All are to receive 10s. per quarter good conduct money in addition to their wages.

We append extracts from reports of various Boards of Guardians, showing a healthy expression of opinion, which only needs judicious guidance to ensure reform in many directions. It is right to add that every such report cordially acknowledges the endeavours made to ensure comfort and happiness.

CHELMSFORD.—Some of the inmates seem to feel it a great indignity to have to wear pauper clothes. These, we suppose, were persons who have become chargeable to their parishes by reason of their being sent to the asylum; and we are inclined to think that an alteration in this respect might in many cases be a benefit to the parties aggrieved.

ROMFORD.—Your Committee much regretted to observe several imbecile children in some of the wards with the adults, and strongly urge upon the authorities the necessity of providing suitable accommodation for this class of patient.

SAFFRON WALDEN.—From careful inquiries we would suggest the following be removed to the Union Workhouse:—J. T., reported harmless, clean, and quiet; M. A., reported the same; J. D., reported the same; A. R., reported the same; and M. R., reported childish, quiet, and clean. This last-named patient, through having lost the use of her legs, would require some little attention, which, however, it would be perfectly possible to give her in the Workhouse Infirmary. The following two patients, J. F. and J. A. C., were reported as harmless, quiet, but dirty; we, therefore, leave it to the consideration of the Board whether the accommodation and attendance at the Infirmary warrants their removal.

Exeter.—There are few points of special interest in this report. The recovery-rate was high, 47·3. The death-rate 7·2. Intemperance was returned as a cause in 15 per cent. of the admissions, a rate considerably above that of the county at large, or of Dorsetshire.

Glamorgan.—Pressure on the available accommodation is leading to the erection of large extra blocks on each side. Dr. Pringle points out that it is bad business to be short of room, and thus have to board patients elsewhere at a great expense. He tells his Committee that the profits derived from Glamorgan patients boarded out have been so considerable that out of them a neighbouring asylum has been enabled to build a handsome chapel. He also reminds his Committee that a very heavy death-rate from phthisis has been coincident with overcrowded wards. General paralysis has made a heavy mark (over 20 per cent.) also on the death-rate, while it has accounted for about one in nine of the admissions. Eight female general paralytics were admitted. Only one quarter (about) of the admissions come in class i. of the duration table, *i.e.*, first attack of less than three months' duration, while one-third were of at least twelve months' duration. One-fifth of the admissions were ascribed to drink. Dr. Pringle ex-

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presses the opinion, in which we coincide, that undue Bible-reading is more often the result than the cause of melancholia, and he is strongly of opinion that a proper conception of religious truth, backed up by its being used as a guide in our every-day life and action, tends to ward off strongly inherited insanity.

The recovery-rate was 31·3, but 26 other patients were so far improved that they returned to the care of their friends.

We are glad to see that the Committee have taken a very liberal view of what is pecuniarily due to those on whose efforts the success of treatment and care depends.

Gloucester.—Mr. Craddock congratulates his Committee on the fact that the present accommodation is sufficient to meet all probable requirements for at least twenty years to come. The question as to whether any spare places should be given to private patients has been reconsidered, and after three years' disqualification they have again been admitted. A very proper distinction has been drawn between the claims of private patients from the county, who are charged 15s. per week, and out-county private patients, who pay £1. Mr. Craddock hopes that in time the old asylum will be sold, and the patients removed to another building to be erected in contiguity with the present second asylum. He had reason to consider no less than 52 per cent. of the admissions to be curable, and had the satisfaction of discharging 62 per cent. of those deemed curable during the current year. The recovery-rate was 42·92; the death-rate 11·47. About 10 per cent. of the admissions were due to intemperance. We should here say that many of the tables are given in great detail, showing an immense amount of work, and are interesting from many points of view. But from one very important point—comparison with other institutions—the detail is somewhat embarrassing.

Hampshire.—The asylum is practically full, but 200 patients will be removed when the Isle of Wight Asylum is opened. Meanwhile Dr. Worthington is anxious to find some other place than the asylum wards for idiot children. We note that one male and one female were admitted under 10 years of age, one at least of them presumably being two years and seven months of age. If this reading of the first entry in the table of ages is correct, surely nothing can point more strongly to the necessity for providing some special institution. On all grounds it is desirable. Experience shows that much may be done in the way of educating idiot children, and also in improving habits and conduct. But this can only be done by those who are specially skilled, and there is no room in county asylums for such teachers. We regret that the opinion of Dr. Macdonald, of Dorset, is, as we have said before, opposed to Dr. Worthington's, for the way would be made easy if several neighbours joined together in carrying out the idea, the expense of which would be considerable for only one county. But, failing such a union, we fully believe that if an institution were

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founded and conducted on the principle of admitting not only county but also private children the net expense would be much reduced. Not only is there a demand on the part of the classes just above the lower, but the middle classes may be expected to patronize a well-conducted home. There is less scruple in mixing with inferiors in the case of children than there is with adults.

The Commissioners note with pleasure that it is proposed to supply a Sunday suit to the majority of the male patients.

Hereford.—This report contains an able statement of reasons for spending a large sum of money on the effectual ventilation and heating of the asylum. Dr. Chapman attributes a good deal of illness and a good number of deaths to the imperfections of the present system. He points out that more than half his residents are over 50 years of age. He apparently has much ground for stating that, *cæteris paribus*, the asylum is more difficult to manage than most others on account of the great proportion of old folk. More nursing, more special arrangements, are called for; and he attributes several resignations in the staff, after only a short residence, to the fact that the work is harder than usual by reason of the helplessness of his patients. We note that out of 82 admissions eight were between 70-75 years of age, four between 75-80, and two between 85-90. If these folk were sane and in a good position of life, the health of each one in our trying climate would be an object of some solicitude; what must that solicitude be, and what extra care must be required, when the element of helpless, restless insanity is imported? He attributes the rise in the mean age of residents over the average of other asylums to the younger folk leaving the country for towns or emigration.

Hull. Borough.—General paralysis claims 27 out of the admissions (136), being just about 20 per cent. This, epilepsy, congenital deficiency, senility, and dementia make up a large and most unsatisfactory proportion of the admissions. Intemperance was assigned in 49 cases, or more than a third. What a contrast to Cornwall, where only one alcoholic case occurred last year, and that was of a foreigner, who turned out to be not insane! The death-rate is high, 13·41, but four-fifths of the 46 deaths were primarily due to progressive disease of the nervous system. 43 post-mortem examinations out of 46 deaths is a good record. The Committee advert to the high rate of maintenance. Dr. Merson deprecates the charging of several items, *e.g.*, artisans' wages, to maintenance. This is certainly contrary to usual practice. We note that, for some reason or another, the charge to maintenance on account of farm and garden is 2s. 5d. per head per week—a sum only approached by one asylum in the country, and, barring the latter and one other, at least a shilling more than in a few others, while it is 1s. 6d. and more in excess of the charge in the great majority. Yet it is claimed that over £500 profit is made on the farm in these bad times. We fancy that any excess in

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weekly cost is mainly apparent, and a matter of account, for the other items, *e.g.*, provisions, wine, etc., are well within the mark, especially if we take into account the large amount of nursing cases.

Ipswich. Borough.—The statements of Committee, Medical Superintendent, Commissioners, and Chaplain are indeed very prosaic. No point of interest arises in any one of them, unless it be that the recovery-rate has reached the excellent figure of 63·7. The death-rate is 12·2. Out of 33 deaths general paralysis accounted for seven, while phthisis claims no less than 10, or exactly 30 per cent. This should raise some suspicions as to ventilation, warming, etc. We think that the diet scale might be advantageously extended.

Kent. Barming Heath.—We regret to note important mistakes in the statistical tables. It would be infinitely better for asylum superintendents to omit them altogether than to issue misleading figures. Justice obliges us to say that we cannot bring the charge of "cooking" these tables, as no attempt has been made in the Barming Heath report to make them agree. Thus, taking Table II*a.*, it is stated that of 5,691 persons admitted during 18 years, 2,842, or 49·9 per cent., recovered; of these, 783 were readmitted in consequence of relapse, leaving persons not relapsed 2,059. The relapsed persons discharged recovered amounted to 577. We are then informed that the *not* recovered persons equalled 3,051, being 53·6 per cent. of the persons admitted. We suppose that sheer carelessness has substituted "not" for "net," but, taking the latter as intended, we have the astonishing result of a larger percentage being cured after deducting relapses than before. The net number should be 2,636 (5,691 — 2,842 = 2,849; this — 783 + 577 = 2,636) instead of 3,041. In fact, apart from blunders in addition and subtraction, the calculation is made on recovered *cases* instead of persons.

In Table IV. the total number of new cases (in other words, persons) admitted during the above period is 5,568, being 123 less than the total given above in Table II*a.*

The total of recovered *persons*, 2,842 (given in Table II*a.*), is the same as the total of recovered *cases* given in Table II., but in Table III. the total of recovered *cases* is 2,801, and in Table IV. 2,623.

Take, now, the *deaths* for 18 years. They are in Table II. given as 2,452, in Table III. as 2,444, and in Table IV. as 1,833. The total remaining in the asylum on December 31st, 1892, which appears in Tables I., II., and III. as 1,513, becomes transformed into 1,349 in Table IV.

The deaths during the year are given in most of the tables as 171, but in Table IV. as 199, and in Table VI. as 170.

Then the total recoveries during the year given in Table IV. are 230, but in other tables 182.

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In Table I. the figures representing *cases* and *persons* admitted, recovered, and under care during the year are identical—a coincidence so highly improbable that we venture to ask whether these numbers are not also incorrect?

Again, the cases discharged relieved during the 18 years appear as 446 in Table II., 444 in Table III., and 277 in Table IV.; the not improved as 545 in Table II., 539 in Table III., and 200 in Table IV.

In the last-mentioned table the total remaining, given as 1,349, after deducting the total discharges and deaths from total admissions, is quite wrong. Thus:—Total admissions, 6,422; recovered, 2,623; relieved, 277; not improved, 200; died, 1,833—amounting to 4,933, which, deducted from 6,422, leaves 1,489, and not 1,349.

We have no doubt that this tissue of errors will be rectified in next year's report, so that those who refer to these tables in future years may find the correct figures given twelve months afterwards.

Kent. Chartham.—Dr. FitzGerald reports that late in the year beer was withdrawn from the patients' diet, and so far no complaints have been made. He is far from satisfied with the nature of the admissions, no less than 60 per cent. of the males being included under the heads of general paralysis, epilepsy, senile dementia, and idiocy. The recovery-rate was 33 per cent. and the death-rate 9·9. Here also phthisis accounts for 18 deaths out of 88. In one-tenth of the admissions intemperance was said to be the cause. We note a recovery from general paralysis.

(*To be continued.*)

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2. *Therapeutic Retrospect.*

By Harrington Sainsbury, M.D.

Works upon the subject of brain surgery are becoming very numerous, but then the workers in this department of medical knowledge are increasing in number, and fresh gains are continually being accumulated—hence their apology. A recent work by Dr. Allen Starr* appears to be carefully done; the writing is clear and the illustrations are many and good. Diagrams minutely apportioning the functions of motion, in particular, are given, but they lose much of their significance from a practical point of view when we consider that the different areas are not sharply demarcated, and that "each motion, each part of a limb, has a wide general representation over the cortex, and a special representation at a limited area." The increasing size of the windows which surgeons in search of disease make in our skulls bears witness to

* "Brain Surgery," by M. Allen Starr, M.D., Ph., etc. London: Bailliere, Tindall and Cox. 1893.

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