ford, Münsterberg, and Jastrow, more especially Dr. Scripture, who is responsible for a very large number of instruments here included. Among these I may mention apparatus to illustrate the fundamental phenomena of reaction time, vision, taste, smell, etc.; a steadiness gauge to measure accuracy; a device for recording steadiness of tongue; a hypnotism apparatus for inducing the hypnotic state by strain of the eye-muscles; audiameters, dynamometers, æsthesiometers, etc.

The various instruments devised for use in the psychological laboratory by Prof. Jastrow can now be obtained from the Garden City Model Works, Chicago. They are mostly simple and practical in character, and moderate in price. They include æsthesiometers, pressure attachments (for determining the pressure-sense of the skin), test weights, speech key (for giving verbal stimuli and making verbal reactions), temperature apparatus (for testing temperature sense), memory apparatus, and the automatograph. There are also various reaction instruments, including a very simple reaction key by means of which a slight contact ensures the opening or closing of a circuit by simply touching, preventing the frequent loss of readings of the chronoscope due to failure of the subject to maintain the contact. Catalogues and particulars may be obtained from the Garden City Model Works, 124, Clark Street, Chicago, Ill., U.S.A.

ASYLUM REPORTS.

English County and Borough Asylums.

Hants.—This asylum is so overcrowded that eighteen patients sleep in the Medical Superintendent's house. Relief will soon be gained by the opening of the idiot blocks, and later on by the removal of the Isle of Wight patients to an asylum building for the island. Typhoid fever has appeared under indefinite circumstances—that is to say, cases have appeared at intervals, some in new and some in old buildings. They were all on the female side. The water, drains, and milk are above suspicion. The Commissioners remark, *inter alia*, that the warm air supplied to the wards is possibly open to contamination. The air inlet gratings are level with the ground, and the chambers beneath are lined with absorbent bricks, which may derive from the adjacent soil whatever it contains, and communicate it to the air passing over them. Whether this fact has any bearing on the cases or not, it is quite worth noting. In many of the dormitories the cubic space has been reduced by overcrowding to 350 feet per patient. This will probably account for a somewhat high death-rate from phthisis.

Kent. County.—The chief feature of that portion of the report which deals with Barming Heath is the battle royal between the

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Commissioners and the Committee on certain defects mentioned by the former at their visit. The latter responded by explaining away or traversing most of the statements, and a rejoinder on each side completes the matter as far as the present. Both parties seem skilled both in offence and defence, and it is not for us to intervene. Still, we cannot forget that the Committee have the heritage of much ancient, and in our present lights unsuitable, building, and should earn the more glory when they have overcome the difficulties of the situation. At the Chartham Asylum Dr. Fitzgerald notes that an attempt was made to discharge some quiet and harmless men and women to the unions, but with very limited success.

London. City.—Dr. White reports that his Committee have taken such a just view of the value of the Association's Nursing Certificate that they have given each successful candidate a silver badge bearing the City Arms, with ribbon of City Colours, in lieu of the Association's badge. We see with pleasure that the services of the medical staff have been acknowledged by the substantial addition of 25 per cent. to former honoraria. The private patients, each paying a guinea per week, numbered on December 31, 1894, fifty-seven, and gave a considerable profit.

Lancashire. Prestwich.—As our readers will probably remember, the experiment of sending patients to the specially-prepared wards of a Workhouse under sect. 26 of the Lunacy Act was initiated here, and remains, we believe, the sole instance. It seems to work well, with proper selection of cases. That these are well-chosen is shown by the fact that only one case has been returned to Prestwich as unmanageable. Of 617 admissions 114 were general paralytics, 316 cases of mania of all sorts, and 230 of melancholia, with four cases only of dementia, and 23 epileptics and congenitals. These figures show what a pressing demand there is for accommodating moving cases. At the time of their report in May the Commissioners noted that there were only 26 vacancies in the four huge asylums in this county, with no prospect of further asylum accommodation being ready for years to come.

We note the reported recovery of one female general paralytic.

Monmouth, Brecon, and Radnor:—A dissolution of unions between these counties, or some of them, was reported as pending, but this could not take place before severe overcrowding would be experienced. This is by no means the only case where inconvenience has arisen from delaying till the last moment the steps necessary, but we cannot wonder at the delay, looking to the enormous expense thrown suddenly on a county which from having entered into union with others cannot be either rich or important. The proportion of contributed money paid out to it by its quondam partners goes but a small way towards the establishment of an independent institution. Dr. Glendinning reports that the length of service of the male attendants is gradually increasing, this

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being brought about by higher wages and lodging money to the married men. He calls for a pension scheme to further this desirable improvement.

Newcastle. Borough.—To the carefully-kept statistics of the ordinary tables Dr. Callcott adds a new one, which we believe is quite original. In it he gives the weight on admission and the weight on leaving of each patient discharged as recovered during the year. No constant rule can be deduced therefrom, but it seems to have been very generally the case that the shorter duration of residence was accompanied by the greater increase. For instance, 6st. 9lbs. became 8st. 9lbs. in five months and 24 days; 6st. 11b. rose to 8st. 2lb. in two months and 14 days, while 32 months' residence in another case resulted in the loss of 11b.

The relative amount of melancholia cases admitted is very small, being nine cases in 116.

Northampton. County.—The profits from out-county and private patients have met all claims on the building and repairs account, and the asylum has handed over in the year £2,222 to the County Council, making a total of £8,323 in the last six years.

A feature of the institution is the children's block for both sexes attached to the women's wards, where great attention is evidently paid to the improvement of mind and habits. Four are stated to have been discharged recovered, though on consulting Table VIII. we cannot find that any child under fifteen is thus reported.

Nottingham. Borough.—Mr. Powell notes that 10 cases in 178 admissions were directly attributable to influenza, and he believes that this disease will in the future become a very potent factor in causation. The number of melancholic cases admitted is considerably above the average.

The holders of the Association Certificate each receive £2 extra wages per annum.

Salop and Montgomery Counties.—Dr. Strange, of whose recovery from serious illness we are glad to be informed by the report, relates the following extraordinary occurrence, which well illustrates the endlessness of the trials and troubles to be met with in the care of the insane:—

> Only one inquest was held. The circumstances of the death were very peculiar. A female private patient, partly demented, was sleeping in a single room in No. 2 Ward. On the night of September 23rd she was visited, as usual, by the night nurse every two hours, and at the last visit, a little after four a.m., she was sleeping quietly in bed. When the day attendant went to get her up a little after six o'clock she found the bed empty, the patient's clothing, which should have been in her tin box, strewed about the room, and the patient in the box apparently dead. The dimensions of the box were only two feet by one foot four inches, by one foot four inches. This patient had never shown any suicidal tendency, nor is it likely that if she contemplated suicide she would have carried out her intention in this way. She was in the habit of secreting herself in places, and the only possible explanation is that she got into the box under some insane idea of hiding when she was called, and the lid fastened down accidentally and shut her in, and suffocated her.

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Somerset County.—Dr. Wade, in describing the difficulties caused by the admission of many serious cases into an already overcrowded asylum, states that 24 of the suicidal admissions had made actual attempts on their own lives. He is very dissatisfied with the state of the law concerning would-be suicides.

> Two of these had been arrested and charged before the magistrates, and as their cases illustrate what I venture to consider the very unsatisfactory state of the law on the subject, I will briefly allude to them.
>
> 1. A. D., while the subject of mental depression, made an attempt to destroy himself by cutting his throat. He was removed to the hospital, and on his discharge therefrom was taken before the magistrates and committed for trial, *being admitted to bail*. He was in due course tried for the offence, found insane at the time of committing it, and ordered to be detained during her Majesty's pleasure. When received into this asylum he was found to be quite sane, and on representation being made to the Home Secretary he was conditionally discharged. The proceedings in this case were no doubt strictly in accordance with the law, but were not very logical. The object of detaining a man during her Majesty's pleasure is, of course, to prevent him from doing harm to himself or others. But if this man was fit to be out on bail it was hardly necessary to detain him during her Majesty's pleasure.
>
> 2. J. P. was tried at Quarter Sessions for attempted suicide, and sentenced to three months' imprisonment. On his discharge from prison he was removed to the workhouse, when, his insanity being recognised, he was sent to the asylum. In this case a lunatic was sent to prison just when it was important that he should be placed under care and treatment.
>
> These and other cases that have occurred from time to time suggest the consideration of the present law, and the question, Is it just and is any good gained to society by it? I venture to think that punishment of attempts at suicide is useless, inasmuch as it fails to prevent sane men from committing self-destruction, and harsh, as it is frequent y inflicted on the insane, who are thus removed from treatment just at a time when such treatment is most likely to be of service.

We note that no less than five cases (in 227 admissions) were discharged as "not insane." Surely a high proportion.

Staffordshire. Burntwood.—Dr. Spence is a little doubtful whether much success will attend the desired extension of the grant of 4s. to cases returned to workhouses from asylums, even if it be adopted. He fears that the union authorities will object to any case that gives the least trouble, and he also states that there are but few workhouses in that county where such accommodation is provided as would satisfy the requirements of the Commissioners. No doubt this is true as matters stand now, but it must be remembered that the number, both of doctors and nurses, who are competent to attend to quiet chronic cases is steadily increasing, and that public opinion is being kept constantly stirred up by continued demand for fresh and expensive asylum accommodation. It is not too much to believe that any opportunity of obviating further burdens will some day lead Guardians to put parts of their workhouses in proper repair to keep suitable cases near home. Dr. Spence, with a view of improving the "causation" tables, issues printed papers of queries to Relieving Officers and others, but

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notwithstanding these and other attempts to obtain information, cannot look on the table as satisfactory.

Sunderland Borough.—This new asylum commences its history with an interim report, which, by reason of recent birth, does not contain the Association tables. No doubt we may rely on such an energetic Superintendent as Dr. Elkins giving his loyal support in this direction when he has accumulated a whole year's figures. Mr. Hine, now well known to the Association by his constructions all over the kingdom, considers that a record in asylum building has been established. His competition design was selected in February, 1892. After it had been passed by the Commissioners the tenders for the foundations were obtained in September of that year, and finally the asylum was opened in May, 1895, more than a month before the guaranteed date of completion. The cost per bed is not given, as the accounts are not yet completed, but Mr. Hine states that in the aggregate it will not exceed the contract amounts, as extras have been balanced by omissions. We wish Dr. Elkins success in the management of his asylum.

Sussex County.—Notwithstanding that East Sussex, the present proprietor of Haywards Heath Asylum, has shed off West Sussex, the increased demands from its own territory and from Brighton again threaten to swamp the accommodation. The Committee has reported to the County Council their opinion that there should be at once provided (*a*) a hospital for acute cases; (*b*) additional accommodation for paupers; (*c*) special accommodation for idiots and imbeciles; (*d*) accommodation for private patients. We hear, however, that, though these proposals have met with a favourable reception, the present financial arrangements between East Sussex and Brighton are such as to render the former unwilling to expend more capital on the asylum until such arrangements have been reviewed. There is therefore a distinct chance of these two authorities having the pleasure of contributing to the profits of other counties, even if they should be lucky enough to find vacant accommodation when the pinch comes.

Warwick County.—

> For my own part, I freely admit that I know of nothing which is more likely to be productive of benefit to those under our care than this education and raising of the status of those to whom we are necessarily obliged to depute the carrying out of our treatment.
>
> Classes of instruction have been held annually in this asylum for four years.
>
> Between 40 and 50 Certificates of the St. John's Ambulance Association have been obtained, and a large class is at present studying for the Certificate of the Medico-Psychological Association, which is obtained by passing an examination on paper and *viva voce*. The former part of the examination has, I feel sure, prevented many from entering their names, and for my own part might, I think, be excluded with advantage.

While cordially endorsing Dr. Miller's views as to the necessity for raising the status of attendants, we cannot agree with his suggestion to omit the written part of the examination. No doubt

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many old attendants are debarred thereby from entering the examination, but surely the necessity for being able to put their thoughts on paper on the part of younger attendants must raise the standard of knowledge. We trust that the authorities will never be induced to relax the regulations in this respect.

Worcester County.—Judging from the reports of the Committee and Commissioners things seem to go well and in perfect harmony in this asylum. We are especially glad to see the complimentary remarks written by the Commissioners on the bright and cheerful state of the wards, for they coincide exactly, we hear, with the observations made by the members of the Association who attended the successful general meeting in Worcester last year, when the hospitable arrangements made by Dr. Cooke made the scientific programme more than usually digestible.

Among the causes of insanity (Table X.) we note that 25 admissions in 189 were epileptic, and that 60 had had previous attacks. Both these proportions are considerably in excess of the Commissioners' five-year averages. On the other hand, nine cases only were due to alcohol, and in 23 cases only was the alleged cause returned as unknown. We also note that Dr. Cooke has the courage of his opinions in assigning general paralysis as a physical cause of insanity. Of these cases there were eleven, six males and five females. We do not remember to have hitherto noted such a high proportion of female paralysis.

Yorkshire. Wadsley.—In this asylum, fed as it is by such large and busy centres as Bradford, Leeds, Sheffield, etc., a larger proportion of general paralytics than seven per cent. of the admissions might have been looked for. On the other hand, however, there were 329 epileptics in an average residence of 1,582, being over 20 per cent. Intemperance in drink was responsible for 65 in 444 admissions and sexual intemperance for nine cases, the latter being much above the average.

English Hospitals.

Virginia Water.—A considerable item in this report is a statement by Dr. Phillips of the unfortunate case which has been so thoroughly discussed and thrashed out in every conceivable way. It would indeed be pleasant to record that the last word had been said about the matter, since every lesson that can be taught has been long ago learned. Further criticism must necessarily be considered to be largely personal spleen.

Wonford House.—The medical report is made and presented by Dr. Morton, on whom had devolved the superintendence of the asylum in consequence of Dr. Deas' absence, the latter being brought about by lamentable accidents. Dr. Morton notes a rare occurrence. A gentleman developed spontaneous gangrene of the leg, and a fortnight later a lady, aged 73, suffered from a similar

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affection. In each case amputation was necessary, the subsequent course of the cases being satisfactory.

We are pleased to see by the Committee's report that the financial position of this most useful institution has materially improved since we touched on the subject two years ago.

York Retreat.—Dr. Pierce in his report makes, in very appropriate terms, mention of the loss which this institution has suffered by the death of Dr. Hack Tuke. The latter's first connection with it was just fifty years ago. Among the recoveries was a case of melancholic stupor after 16 months' residence. For many months she required feeding with the tube.

Many alterations and improvements have been carried out, and it is gratifying to see that financially matters have been going the right way, as we gather from Dr. Pierce's report. The usual financial statement is not published this year.

Scottish District Asylums.

Argyll and Bute District.—In the report of the Visiting Commissioner we find the following:—

> Considerable progress has been made with the addition to the asylum. When completed it will accommodate 34 men. All the mason, carpenter, plaster, and plumber work, and all the painting will have been done by patients and artisan attendants. They will have done everything except the slating, a part of the work on which it would not be safe to employ patients. This is believed to be the largest piece of work which has been executed by patients and their attendants in Scotland. That such a thing is possible reflects most creditably on the management.

It seems ungracious to pick holes in conscientious work bestowed on the preparation of the Association Tables, but we feel impelled to question the subdivision of Table III. adopted by Dr. Cameron. He has continued the laborious practice, no doubt handed down to him, of providing a separate table for each of the two districts of Argyll and Bute. On adding the main factors together we cannot make them fit with the figures running through all the other tables. On looking about, however, we recognise that in addition there are a considerable number of private patients who are here ignored, and therefore Table III. in no sense represents the total operations of the year. We suggest that it should, for while probably there are few local digesters of figures to be benefited by such subdivisions, there are plenty of general readers like ourselves who do take note of statistics. By a curious but obvious error the percentage of deaths on average residence is given in the principal division as 32 for 1893 and 16 for 1894, the fact being, as stated in the body of the report, that the death rate was in 1893 7·1 and in 1894 as low as 3 3.

Barony Parochial Asylum, Lenzie.—No less than 29 unrecovered cases were discharged in 1894 to the care of relatives, and 43 were boarded out with private guardians. It could be wished that cir-

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cumstances and prejudices permitted this system being widely adopted in England. The admissions were 446 in number, being over 70 per cent. of the average number resident. We would suggest that Table X., showing the alleged causes, should be brought into the form adopted by the Association. As it stands now it is difficult to collate, which, dealing as it does with the largest number of admissions in Scotland, is to be regretted.

Barony Parish Inspector of Poor.—We are glad to have received this, as it enables us to collate with the foregoing and give a few facts about dealing with pauper lunatics. The figures given are for only part of the time included in the Lenzie report. From these and from a very able statement appended from Dr. Carswell on the certification of lunatics in the Barony Parish for the year ending May, 1895, we learn that out of a population of 300,000, as estimated by Sir Arthur Mitchell, 338 applications were made to the Inspector of Poor on behalf of persons supposed to be insane. Of these 213 were certified and 125 escaped the ordeal. Of the latter 79 were treated in the observation wards at Barnhill Hospital, with the result that 77 were discharged recovered and two died. In addition seven cases were kept there but a short time, and were then certified and removed to the asylum. For a fuller study of the beneficial functions of these observation wards we refer readers to the "Journal of Mental Science," July, 1894, which contains a paper by Dr. Carswell, and a prolonged debate on the subject. In addition to those treated in Lenzie and in the observation wards there were at the time of report 215 harmless patients boarded out, viz., 15 at Larbert Institution (idiots?), 16 with friends, and 184 in private dwellings. Of course there is one great danger in boarding so many outside institutions—the danger of neglect. But here every precaution seems to be taken.

It will be remembered that the Barony Parish was selected by Sir Arthur Mitchell as the ground for his invaluable memorandum on the question of increase of insanity. The reason for selection is thus stated by Dr. Carswell:—

> He selects the Barony Parish as a suitable area for the purposes of investigation, because, among other reasons, during the ten years 1883-92, the social condition of the Barony population was steadily prosperous, there having been no bursts either of depression or prosperity, and also because the possession of sufficient asylum accommodation, neither too great nor too limited, kept the parochial administration free from the temptation either to exclude from the benefits of asylum care and treatment patients who might thereby be benefited, or, on the other hand, to crowd into their asylum patients for whom asylum care was not necessary.

City of Glasgow, etc., District. Kirklands Asylum.—Dr. Campbell Clark having participated in the great shuffle of cards in asylum work in and around Glasgow, has gone to Hartwood, his Committee parting with him with expressions of regret. Dr. Sheen has taken his place, and issues his first report. A table is given of the results of Dr. Clark's fourteen years' work there,

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which shows a percentage of 42·4 of recoveries. There were boarded out 12 per cent. on the admissions, and 75 per cent. of those so treated managed to remain outside the asylum; 12 per cent. of the admissions were general paralytics—not a high proportion for such a busy collecting area as this asylum has.

Govan Parochial Asylum.—Dr. Watson having been appointed to the new Hawkhead Asylum, is succeeded by Dr. Richard. Among the otherwise very carefully kept statistical tables we do not find the usual No. XI, showing the form of insanity in those admitted.

Midlothian and Peebles.—Dr. Mitchell states that among the admissions there were three brothers on different dates, whose mother and uncle are likewise insane. One man, a foreign sailor, had tried to drown himself before admission, the suicidal impulse coming on him after at least fifteen years of latent insanity. We are glad to see that an Assistant Medical Officer is to be appointed, since there will now be an opportunity for the preparation and publication of the Association's Tables, without which the report appears lopsided.

Roxburgh, etc., District.—Pressure on the accommodation has necessitated the procuring of plans for an addition of fifty beds to the female side of the asylum. A very severe epidemic of influenza indirectly lead to a high death-rate. We note that, possibly from this cause, six general paralytics died, one only being admitted, and two remaining at the end of the year. The lamentable scarcity of water, which continues in spite of the labours of the Committee and of the thunderings of the Commissioners, suggests great carelessness in prospecting when the site of the institution was first looked out. Dr. Carlyle Johnstone is philosophically thankful that "the past season was a wet one, and the institution escaped with less of dirt and danger than usual."

Scottish Chartered Asylums.

Dundee Royal Asylum.—We cull from Dr. Rorie's report the following graphic description of certain folk well known to most of us:—

> The persons I now refer to ought probably to be classed with the habitual offenders, and generally are admitted from the prison or from the police office. Although probably too weak-minded to be suitable for prison discipline, they are certainly in many instances too sane for detention and treatment in an ordinary asylum. They refuse to engage in any form of occupation, declaring they had not been sent to the asylum for that purpose; they frequently attempt to pick the door locks, and often succeed in doing so, this being no difficult matter; but the most striking feature is that they often combine in these efforts, a procedure of very rare occurrence amongst the ordinary insane.

Gartnavel Royal Asylum.—Dr. Yellowlees is apparently quite a connoisseur in the matter of feeding patients for years. If we remember right we noted another such case of his in a former review. It is a comfort to those who are not yet convinced that means of

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treatment of a respectable age must be thrown on one side completely, to have the practical and successful example of Dr. Yellowlees.

One of the recoveries was so remarkable as to deserve special notice. The man, age 38, was admitted in January, 1888, in consequence of religious excitement connected with a Jubilee Mass which had just been celebrated by the Pope. Two months after admission he became utterly indifferent to things around him, ceased to speak and to perform any voluntary act of any kind, and required to be fed by the stomach-tube. All attempts to arouse him were futile, and the tube-feeding was of necessity continued thrice daily for four-and-a-half years thereafter; for another year he was fed by the spoon; at length, in the end of 1893, he began to awake from his long insanity, spoke, fed himself, and was able to walk about; and in April, 1894, was discharged recovered.

This is the third case of this kind which has occurred here. In the other cases—both women—the periods of tube-feeding were respectively eight-and-a-half years and three years. Although this patient could recall many things that had occurred in his presence during his illness, and said that he had often heard me assure the students that he would recover, yet it was disappointing to find that, as in the other similar cases, he was quite unable to analyse or to explain his behaviour in any satisfactory way. He could only say that he felt it a solemn and imperative duty not to eat, but when he found no special benefit coming to him thereby, he thought he might as well eat like other people!

James Murray's Royal Asylum, Perth.—In commenting on a case of recovery after six years of residence, Dr. Urquhart writes:—

These events are rare enough to merit special mention, but we can refer to three within recent years in which the duration of the disease necessitated residence of six, eight, and three years respectively.

The occurrence of such cases causes us to hesitate when we are asked to subscribe to the opinion that divorce should be granted on account of "incurable" insanity. The recovery of these patients appeared to be extremely improbable, yet recovery has not only ensued, but remains permanent after the lapse of years.

Dr. Urquhart is a firm believer in the policy of developing self-restraint by granting every possible liberty, and at date of report is able to say that 56 patients out of a total of 112 are on parole. There has been no escape during the year, and it has only once been deemed advisable to withdraw parole, except in recurrent cases where at certain times unfitness for parole is temporarily manifest.

Irish District Asylums.

Belfast.—Overcrowding, pending the splitting up of the district and consequent provision of another asylum for County Antrim, has led the Governors to put 112 quiet chronic cases in the Ballymena Workhouse, under provisions which seem to correspond exactly with those of Sect. 26 of our Act. Further, the authorities have had "go" enough to purchase a neighbouring demesne of 300 acres, with a fine house, which, with a little modification, will take in 75 male patients.

The general paralytics number 2 admissions, 1 death, and 5

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remaining, the corresponding totals being 215, 45, and 750. Intemperance was assigned in about 5 per cent. of the admissions.

Cork.—The training of nurses and attendants for the Association's certificate is carried on thoroughly. The following remarks of Dr. Oscar Woods are valuable:—

"Hereditary influences" are only assigned in 22 cases. This information is always reluctantly given, but I have frequently traced it when it has been altogether absent from the committal; the same may be said as regards intemperance, which, as a cause of insanity, is not decreasing, especially in relapsed cases and those having a hereditary predisposition; in such cases a very moderate amount of stimulant acts as an exciting cause. The tendency of the day is centralisation: towns are filling up, while the country population is decreasing; thus, the mass of the people are brought under conditions not so favourable to health. I cannot give a better example of the effect of this than to cite the proportion of lunacy in the County and City to the population. While in the

County it is	1 in 411
City it is	1 in 231

Proportion for admissions of the year—

County	1 in 1,696
City	1 in 691

General paralytics numbered 2 in 313 admissions, 1 in 91 deaths, and 4 in 1,207 remanets.

Down.—Dr. Nolan's views on the apparent increase of insanity are very interesting. He says:—

Admissions:—The phenomenally high number of admissions—159—higher than any other since the opening of the asylum in 1869 must not excite alarm as indicating a proportionate increase of insanity in this county. It is probable, indeed, that a very small absolute increase of mental disease underlies the figure, which is 42 in excess of the number admitted in 1893. The influx of patients may be fairly taken as indicating the extension of more enlightened views regarding the nature and treatment, rather than as a rapid growth, of insanity. Investigation of the antecedents of the patients admitted during the twelvemonth under review supports this opinion, as careful inquiry brought to light a history of heredity in 33·3 per cent., many having had two, three, or more relatives insane, *a large proportion of whom had never been certified lunatics.* When we consider the very imperfect family histories obtained from the class from which our patients are drawn, and the reticence that holds back information on the important point in question, it may be safely assumed that the percentage arrived at is very much under the real number of those in whom hereditary taint is accountable for insanity. Moreover, in very many instances one or more of the insane ancestors have never been treated in any institution for mental disease. But nowadays the Hospital for Mental Disease is quite as much appreciated by the relatives of the afflicted, and in no small proportion by the insane themselves, as the "mad-houses" of old were abhorred. Though seemingly paradoxical, it is nevertheless true that the wiser we grow the more insane shall be found in asylums.

General paralytics numbered 6 in 159 admissions, 5 in 50 deaths, and 5 out of 501 at the end of the year.

Kilkenny.—A severe epidemic of pneumonia caused just one-half of the 26 deaths. This was in the spring of the year. It would be interesting to know what was the cause. The average age of these deaths was 61.

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No admissions nor deaths were due to general paralysis, and only two of the 346 residents at the end of the year suffered from this disease.

Limerick.—A great necessity exists here for increase in the amount of land for cultivation by the patients. The Governors are apparently afraid of hiring the only ground available on account of a railway crossing it. But the Inspector plainly tells them to discount this, as it is of no hindrance in other places, and puts on the screw thus:—

> Under such circumstances the Board of Control, on whom the ultimate responsibility of providing sufficient land rests, will have to consider in connection with the additions to the asylum so admittedly necessary, whether it does not lay on them as a statutory duty to increase the asylum estate. If it should be decided to do so, I venture to hope that the Board of Control will carry with them the approval of the Governors, who have at all times shown such an intelligent and liberal interest in the treatment of the insane poor of the district.

It would not, perhaps, be a bad thing in some English districts if the Commissioners had a little of the large amount of power which their Irish colleagues have.

In other directions the Inspector speaks highly of the determined efforts made to overcome the long-standing defects of the buildings.

No paralytics were admitted or died or were left at the end of the year.

Londonderry.—No general paralytic appears in any of the statistics. Dr. Hetherington reports that neither restraint nor seclusion was used during the year. The Inspector noted with satisfaction that at the time of his visit no one was in bed from violence or excitement, that there were no wet beds on the previous night. We note that the recoveries were 46·87 on the admissions, and the deaths 8·12 on a daily average residence of 418. Such facts can hardly be regarded in any other light than affording the best evidence of the best asylum management.

In concluding the review of the only six Irish reports which have reached us we feel that it is our duty to acknowledge the immense improvement that is taking place in Ireland. It seems as if a great wave of progress had passed over. In all the reports one can see on the part of all, whether Governors, Officers, or Inspectors, the best possible spirit. The points of defect, which used to be all too many, have been, or are being, systematically attacked and overcome. It is not too much to suppose that as both directly by order, and indirectly by its large share in contributing the necessary funds from State income, the "Castle" can influence enormously the asylum system, enlightenment in this direction has crept in there, and may now be expected to increase.

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