Commissioners, and afterwards as a Commissioner. While visiting Fisherton House Asylum, in company with Mr. Wilkes, he was suddenly attacked by a patient, who struck him violently on the temple with a nail, which had evidently been concealed and prepared for the purpose of inflicting injury on some one. An attack of paralysis followed, which ended fatally at Salisbury. Mr. Lutwidge was 72 years of age, so that it was not probable that, in the natural course of events, he would have continued to perform his active duties as a Commissioner for many more years; but it is beyond measure sad that a long and useful life should have been brought to an end in so distressing a manner. Mr. Lutwidge will be generally regretted by those who were brought in contact with him in his official capacity, and who could not fail to appreciate the courteous and genial manners of a kind-hearted gentleman. It must needs be that accidents happen from time to time in asylums; indeed, the marvel is that they are not more numerous than they are, when we consider how many irresponsible beings, dangerous to themselves or to others, are collected in them. An event of this kind is well calculated to make us appreciate more justly than we perhaps commonly do the trials, the endurance, and the unwelcome work of those attendants upon the insane who are in constant intercourse with them, and from whom we demand a long-suffering and a gentleness that are more than human.

PART II.—REVIEWS.

Asylum Reports for 1872.

Among the crowd of reports with which we have been favoured this year, it is only necessary that we should notice a few, taken almost at random, and extract from these any passages which may be of special interest. Of all their official duties, the writing of the annual report must be to the majority of medical superintendents their most disagreeable one. They are supposed to be written for the information of Committees of Visitors, and, such being the case, need not contain more than the most meagre medical details. Yet it is advisable that each superintendent should utilise, for his own benefit and that of his brethren in the speciality, his asylum experiences, and place them on record. Now, it is more than questionable if it is a judicious plan to incorporate

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medical topics with those usually submitted to the perusal of Committees of Visitors, and which constitute in their eyes the only matter of importance. It is an undoubted fact that many asylum reports contain medical observations of the highest importance; but they are really lost, for we do not possess any method for facilitating reference to their contents. No man when working up a subject can afford the time to wade through all the asylum reports issued in the United Kingdom during the last twenty years. What becomes of all the reports issued annually? To obtain the true answer it is only necessary to enter the library of almost any superintendent in the country, where we may see these documents—in many of which much trouble had been bestowed in the preparation—lying in a heap of confusion at the bottom of some cupboard specially reserved for the reception of the "*dead dogs*," as they have been called. Now, though it is gratifying to find in reports the records of medical experience, it is also a matter much to be regretted that good medical work should not be recorded in a more appropriate and convenient place.

BIRMINGHAM.—The medical report consists of *two* pages, with a number of the usual tables. The following are the paragraphs of most interest:—

There were 61 deaths, not quite ten per cent. upon the average number resident; with two exceptions this is the lowest annual rate of mortality yet recorded. In 1855 it was precisely the same; in 1861 it was only 8·3 per cent. The average age at death was: males, 44; females, 47. In forty cases *post mortem* examinations were made, and, as a rule, such examinations are always made when not objected to by the friends.

In five cases inquests were held; three of these were simply cases of sudden death from natural causes; the other two were more important, as, in each case, the death was indirectly the result of violence, and led in the coroner's court to a verdict of manslaughter. One was the case of a policeman, who, about a month before his admission, was struck on the head in a public house disturbance. The aggressor was tried at the next assizes, convicted, and sentenced to a term of imprisonment. In the other case, an attendant of the asylum was implicated, and at the inquest a verdict of manslaughter was returned against him; on the following day he was brought before the stipendiary magistrate, who considered the evidence insufficient for his committal. He was, therefore, sent for trial under the coroner's writ only, and was tried before Mr. Justice Brett, at the ensuing assizes for the county, when he was acquitted. The whole circumstances of this case

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were also fully investigated at the time by the Committee of Visitors, and by two of the Commissioners in Lunacy.

The recoveries number 115, being 55 per cent. upon the admissions.

BRIDEWELL AND BETHLEM.—Dr. Rhys Williams is an advocate for the use of the stomach-pump in forcible feeding. He informs the Right Worshipful the President, the Worshipful the Treasurer, and the Governors of the Royal Hospital of Bethlem (Lords and Gentlemen with, we would suppose, no special desire to be initiated into the method of artificial feeding), that:—

> Much discussion has arisen during the past year on the best method of forcibly administering food, and though differing from many of the medical men who have written on the subject, I must record my conviction that in the large majority of instances the stomach-pump is by far the easiest and most humane. In skilful hands, with efficient assistance to carefully control the movements of the patient, I cannot conceive any serious objection.

It would appear from the Commissioners' report that the patients in Bethlem frequently visit places of public amusement, and that several were present at the pantomimes. That is a most commendable manner of entertaining patients, and one which, it is to be feared, is very much neglected in some asylums.

During the year 24 patients died, and 16 *post-mortem* examinations were made. The results of these—tabulated—are given at the end of report; but it is questionable if "My Lords and Gentlemen" can be particularly edified by perusing them. None of them are specially interesting from a pathological point of view.

BUCKINGHAMSHIRE.—There is nothing calling for special notice in this year's report. The Medical Superintendent's Report, which is deliciously short, not quite extending to three pages, shows that the mortality for last year, calculated upon the average daily numbers resident, was 8 per cent. *Post-mortem* examination were made in 19 of the 28 deaths.

CAMBRIDGESHIRE, ISLE OF ELY, AND BOROUGH OF CAMBRIDGE.—Her Majesty's Justices of the Peace for this district appear to have a curious thirsting after knowledge of a trivial character; rude people would say that they are inquisitive. The Committee of Visitors present them with a report of no less than 58 pages, containing, *inter alia*, reports and cor-

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respondence at full length, which might have been condensed to a few pages by an ordinary newspaper reporter in half-an-hour. Other portions of it might have been omitted altogether, with the best effect. Is it not insulting for gentlemen assembled in Quarter Sessions to be treated to the details of a petty squabble among some attendants? What can be thought of a committee who condescend to put the following on record?—

> On the 28th October last, Dr. Bacon, through the Visiting Sub-Committee, recorded a gross case of insubordination and misconduct by a male attendant, named George Blything, and a female attendant, named Ellen Ransom. It appeared that certain irregularities were discovered at the attendants' mess table, upon which Dr. Bacon ordered that the female attendants should take their meals in the wards. This order was defaced by Blything, who was at once dismissed by Dr. Bacon, and the female attendant, implicated with him, left the Asylum of her own accord. Dr. Bacon's conduct in the matter was fully approved by your Committee.

Although there was an average residence of 266 patients during the past year in the Cambridgeshire Asylum, there is no assistant medical officer; and, although pressed by the Commissioners to rectify that defect in the staff, the Committee have postponed the consideration of the subject to a more convenient season. Who is on duty to attend to cases of emergency when the Medical Superintendent is ill, on leave, or in London on asylum business?

Perhaps no one can read the report of the Committee of Visitors without being very uncomfortably impressed with the painful economy, "close fistedness," which characterises their proceedings. We would strongly recommend to their careful perusal an article which appeared in the "Saturday Review" in May. From it they may learn the true spirit which should inspire all asylum proceedings. All have heard of stupid people being "penny wise and pound foolish." Is not the following a capital example?

> From an attentive consideration of the foregoing statements it appears evident that in the present state of the law (*vide* secs. 31 and 45 of the Lunatic Asylums' Act, 1853), no work, however necessary, no undertaking, however urgent, can be carried out in this Institution without the unanimous consent of four distinct authorities (viz.), the Courts of Quarter Sessions of the County and Isle respectively, the Town Council of the Borough, and the Commissioners in Lunacy, in London; and the conflicting opinions, as well as interests of those

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bodies, render the speedy and satisfactory completion of any work, however expedient, a matter of the greatest difficulty; and in the present instance the delay in proceeding with the proposed enlargement of the building, for the last 18 months, will be found to have enhanced the cost of the work (from the rise of the prices of labour and materials) not less than 20 per cent.

The easiest remedy, if it were a desirable one, for this state of affairs would no doubt be to invest the Commissioners with power to enforce their suggestions being carried out at once. When the work had been done, the visitors would then only need to occupy themselves with the means of getting money to pay for it.

CHESTER.—That good attendants may be retained, the scale of wages has been increased as follows:—The ordinary male attendants were raised from £23 to £25 per annum, increasing £1 per annum to £35; and the female attendants from £10 to £14, increasing £1 per annum to £20. It cannot be said that even now the attendants at Chester are extravagantly paid when we consider the wages to be obtained in other occupations and in some asylums.

The sudden death of one of the patients who, so far as could be ascertained, was smothered in bed whilst in a fit, led the Committee to adopt the plan of placing all the suicidal and epileptic patients in a large dormitory on each side of the Asylum, under the surveillance of special night attendants. Such a step is highly to be commended.

During the year 81 patients were discharged recovered, being a percentage, calculated on the admissions, of 41·3. Forty-eight deaths occurred, being at the rate of 10·9 per cent. on the average number resident. Seventeen patients died of general paralysis; seven of chronic disorganization of the brain; three of apoplexy; three of phthisis pulmonalis; and eight of senility and gradual decay.

It is certainly remarkable that in 196 admissions the cause of attack was unknown in 117 cases. On this subject Dr. Davidson's remarks are just:—

> The principal physical factors of the insanity were intemperance, general bad health, and epilepsy; and the chief moral or psychical causes were attributable to domestic troubles, mental anxiety, and religious excitement. This information, I may state, is given by the Relieving Officer, but it would undoubtedly be of much greater value if supplied by the medical man who writes the certificate as to the patient's insanity. In some parts of the Continent not only does the

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certifying physician give the cause, or supposed cause, but also a full history, so far as can be ascertained, of the patient's character, peculiarities, and habits prior to the mental derangement.

Perhaps the best method of getting at the facts of a case is to obtain them personally from the friends of the patient when he is brought to the asylum. The worst histories of cases are obtained in transfers from one asylum to another. It should positively be obligatory that when a patient is sent to another asylum a full report of his case should accompany him.

Coroners' juries are notorious for the peculiarity of their verdicts. Dr. Davidson reports, in the case of one of his patients upon whom an inquest was held, that the following was the verdict :—"Died of exhaustion from acute mania with serious effusion on the brain." Was this really the verdict, or is Dr. Davidson libelling the very intelligent jury, while he perpetrates a very serious but old joke for the amusement of his committee?

The spiritual condition of the patients is certainly most assiduously attended to. The chaplain reports that he visits the wards twice nearly every day. Were all chaplains as energetic they might positively sometimes find themselves at a loss for a text from which to address the patients. But a shrewd and very able psychologist of this country has kindly relieved them from all such danger by suggesting the passage, "Rend your heart, and not your garments," Joel ii., 13. An appropriate address can at all times be made from this passage in the refractory ward; or it may be permanently suspended on the wall, as many other texts are.

City of London.—It is proposed to enlarge this asylum. It has been full during the greater part of the past year.

With the view to the further protection of the building, and the safety of the inmates, a fire-engine has been obtained from Messrs. Shand, Mason & Co., with suitable hose and appliances, and directions have been given for its frequent exercise by the attendants and male patients, with the intention, that should at any time its services be required, it will be found not only in good order, but the attendants and patients accustomed to the proper use of it.

The following rebuke, administered by the Commissioners in Lunacy to the Committee, is surely uncalled for :—

We have also seen every patient, and afforded to each of them an opportunity of speaking to us, and making what complaints they desired. No charges of ill-treatment or harsh usage were made, but

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we had numerous appeals for liberation, and complaints that the committee did not often visit the wards or afford them sufficient means to state their cases or hear their applications for discharge. As the power of discharge rests with the committee of visitors alone, we take leave to bring this subject under their consideration.

If it be intended that a Committee should be so familiar with each case as to be able from personal knowledge to discharge patients without the recommendation of the medical officers, then we would suggest that all Committees of Visitors become resident officials, and make themselves useful by keeping the case-books, and undertaking such other duties as the medical officers may suggest, to the end that said visitors may acquire a sufficient knowledge of the cases they are obliged to discharge. This snub is the more uncalled for when it is found, as Dr. Jepson reports, that during the past year—

The number of patients discharged is 22, of whom eight of each sex were recovered, one of each sex relieved, and three males and one female were removed to other asylums, not improved; the percentage of recoveries being 38 upon those of the males and 34 upon those of the females, making a mean average of 36 per cent.—a higher rate than has been attained in any previous year.

Fife and Kinross.—In his official report on this asylum Sir James Coxe remarks:—

It has been stated that *post mortem* examinations were made in every case; and it has to be added that these examinations are made with great care, and the results recorded in such a manner as cannot fail to give them a high scientific value. The appliances for conducting these investigations are, however, insufficient, and are likely to become still more so by the appropriation of the room in which the necessary preparations are made, and the microscopical examinations are conducted, as part of the accommodation required for the private patients whom it is proposed to admit. Under these circumstances it is strongly recommended that a room adjoining, or in close proximity to the dead-house, should be erected, and fitted up with the necessary appliances for pathological investigations. It may be mentioned that the Directors of the Royal Asylum of Montrose are at present erecting a laboratory for the purposes indicated.

Dr. Batty Tuke continues to give a very large amount of liberty to his patients; keys are but little used, and he finds with the best results. On this matter he says:—

A very large number of the former class (acute cases) have been treated in those parts of the asylum where liberty of action is no more

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controlled than in the wards of a general hospital. It is when recent cases begin to convalesce that the chief benefits of the open door system are observed. When such a patient is gradually regaining his powers of reasoning, when he is no longer—to use a homely, but most significant expression—" out of his judgment," he finds himself in a hospital having none of the characteristics of a prison, he is treated as a reasonable being, is not locked up as an irresponsible agent, and, not being constantly subjected to the humiliation of being shut up under lock and key, he accepts the position of an ordinary invalid in an ordinary hospital, which he leaves with re-established health, and no more disagreeable reminiscences than must necessarily attach to the memory of past sickness. I believe it to be quite practicable to treat eight out of every ten cases of insanity on this principle. You will see in Table IX. that nine of the cases discharged recovered, and fifteen of those discharged improved, had been resident in the asylum for upwards of two years. Eight of these were men who had the fullest liberty of action in the convalescent house at the farm, and who during their residence there had so materially improved as to demand discharge. Several of the women had had similar confidence placed in them, with equally good results. In the reports of Her Majesty's Commissioners in Lunacy we have been told of many instances of amelioration of the physical and psychical condition of chronic lunatics boarded out in private dwellings. Such cases bear a strong resemblance to those of whom I have just now been speaking, and the deduction to be drawn, at least in my mind, is that the present prevailing principle of construction of lunatic asylums is erroneous, as it places all the inmates on one dead level. I believe it would be a vast advance, both from a humanitarian and economic point of view, were asylums to consist of a small central hospital and a large number of detached cottages, scattered over a considerable extent of ground. Few lunatics require absolute seclusion, the large majority being quite amenable to discipline of the mildest nature. There is good reason for the belief that many of the violent maniacs and chronic dements which crowd our asylums have been developed by a system of indiscriminate restraint, which excites in one man refractory opposition, and in another fosters inactivity of the brain. It is to be feared that this condition must ever be, to some extent, inseparable from all asylums; but it may be very much lessened in extent, degree, and kind. Of course the open door system has its drawbacks, the chief of which is the increased number of escapes. A certain number of patients will break their parole, but if they are not dangerous to themselves or others this is a matter of very little consequence, and it is not unfrequently advantageous to the eloper, as he is then for a time thrown on his own resources. I am given to understand, however, that the escapes from your asylum during the past year have but slightly exceeded those of other institutions, and you may rest assured that the anxiety they have caused is more than counterbalanced by the increased tranquillity which has resulted from

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the system which gives the opportunity. I may mention that the few who are detained in the locked wards are not submitted to any greater degree of restraint than they would have to undergo in any asylums where the doors are generally locked.

With much that Dr. Tuke says all must agree, but we cannot but regret that in attempting to exalt his own system he should unnecessarily wound the feelings of his brother superintendents. There are many asylums where great liberty is given to convalescent and trustworthy chronic cases. There are other asylums in the kingdom where a patient can be treated as a "reasonable being," and where he is not "locked up as an irresponsible agent," and not "constantly subjected to the humiliation of being shut up under lock and key." We consider it a libel on the members of the speciality to say, as Dr. Tuke does, "that the present prevailing principle of construction of lunatic asylums is erroneous, as it places all the inmates on one dead level." Certainly his views have changed wonderfully during the past few years. His opposition to the out-door system, as pursued at Kennoway, was so decided that it became necessary for Dr. Mitchell, one of the Commissioners in Lunacy for Scotland, to write an official report refuting many of Dr. Tuke's statements concerning the patients in that village. As Dr. Tuke very well knows, nothing irritated the Scotch superintendents so much, and thus, perhaps, introduced some feeling into a question which should have been discussed on its own merits, as the apparently unfriendly remarks on the condition of patients confined in asylums, made by the Scotch Commissioners, who appeared never to miss an opportunity of praising the out-door system, to the disparagement of asylums and their management. Of course we must make allowance for the fervour and earnestness of a recent convert; but it is a great pity that these good qualities in the advocate should prejudice the matter which he strives to further.

His opinions on restraint and seclusion are sound.

But mechanical restraint and seclusion have been rarely employed. As to the former, I am convinced that restraint applied through the muscular force of attendants is much more irritating and dangerous than mechanical restraint. It is too great a tax on the patience of any man or woman to be struggling for hours with a refractory patient, who, by word and deed, must eventually wear out the good nature of the best servant. In surgical cases, its employment is an actual necessity. In regard to seclusion, I hold that a large majority of recent cases are best treated in bed in single rooms; and, further,

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that chronic cases which are liable to violent outbursts of dangerous passion and obscene conduct and language, are better secluded, than by being allowed to upset the tranquillity of a whole ward, and outrage the sense of decency of respectable attendants and quiet patients. The necessity does not often arise, but when it does, I have no hesitation in placing such a patient in a single room for a few hours.

This report has appended to it the records of all the *post mortem* examinations performed during the year. They are very full, exceedingly well reported, and may be used as an example of what such reports should be by those who neglect this most important department of asylum work.

DEVON.—The percentage of recoveries during the past year was 47·4,—42·4 per cent. on the males, and 52·74 on the females. The death-rate was 47 per cent. on the average number resident.

Among the deaths were two of gangrene of the lungs. Dr. Saunders devotes two pages of his report to a short lecture on this disease. Doubtless his Committee of Visitors, which consists of earls, lords, baronets, &c., &c., must have been greatly edified by being informed that Guislain first pointed out that gangrene of the lungs is unusually frequent among the insane; that "the disease is mainly due to impoverishment of blood, and perverted nervous action;" that "it is sometimes developed in the course, or as the termination of the low forms of pneumonia, either of the catarrhal or croupous kind, which are such common diseases among the insane and others who suffer from defective nerve supply;" that, "as a rule, the diffuse form of the disease is most commonly met with in asylum practice, and but rarely is the circumscribed variety observed, when interstitial pneumonia forms around the sphacelated portion, and encysts it," &c., &c.

It speaks strongly in favour of the past management of the Devon Asylum that it is possible to make the following very satisfactory statement:—

Many of the attendants have been in the Asylum service for a lengthened period, and all the charge attendants in the female division have been here for periods varying from five to twenty-five years.

GLOUCESTERSHIRE.—The Annual Report for 1872 contains no contribution, except perhaps statistical tables, from the Medical Superintendent. The following paragraph occurs in the report of the Commissioners:—

We trust that on the completion of the additions and alterations now in progress, advantage will be taken to set apart, as has already

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been recommended in previous reports, in each division, an Infirmary Ward, with special conveniences, and hospital comforts for the treatment of the sick. We attach great importance to this as an arrangement which should exist in all asylums of this magnitude.

It is quite surprising that such a matter should require to be pressed upon the attention of anyone who is obliged to treat the sick in an asylum. Even for the convenience of the medical attendant it is desirable that patients be collected in a sick ward. The duties of the nurses are much lightened by such an arrangement, and the sick are certainly more cheerful and better attended than if they are isolated in single rooms. A good sick ward is very often the most cheerful and happy part of an asylum.

HANTS.—The mortality during the year was under 10 per cent. on the daily average of patients resident; and the recoveries were 37 per cent. on the admissions.

In one instance only has there been an accident attended with fatal consequences. A feeble, toothless old woman, who, for safety's sake, was served daily with minced meat to prevent her choking herself by her voracious eating, managed to take a hunch of meat from a neighbour's plate, which she bolted; the morsel passed the wrong way, and, lodging in the larynx, partially closed the air passage, and produced epileptiform convulsions, which terminated in coma, although the air had free access to the lungs, an artificial opening having been made into the trachea.

On looking over the table showing the causes of death, we were much astonished to find that this case is entered under cerebral and spinal disease; the cause of death, as given, is "coma." We always understood that the word coma was used to indicate a certain condition of patients labouring under diseases affecting primarily or secondarily the cerebrum; we never knew before that coma, *per se*, was a distinct disease, and of itself capable of terminating life. At College we were taught, and the authorities still state, that the state of coma is merely a symptom dependent on many causes, and occurring in various diseases, as apoplexy, meningitis, &c., &c. In a case of poisoning by opium, would Dr. Manley certify the cause of death to be coma? It is a well-known fact that death frequently follows, sooner or later, partial suffocation, whatever may have been the mode by which the supply of air was temporarily suspended. In cases of drowning, hanging, and choking, many individuals have been saved before life was quite extinct, and yet have

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perished in a few hours or days. It is not stated whether or not a *post-mortem* examination was made in Dr. Manley's case; if there was, we would be curious to know what was found. The probabilities are that something more satisfactory than "coma" might have been discovered to account for death.

HEREFORD.—This is the first annual report of this asylum. The building was commenced in 1868, and is now occupied by 129 males and 121 females—250 in all. An excellent plan of the asylum accompanies the report.

Eighteen patients died during the year; "*post-mortem* examinations have been made in every instance, the permission of the friends having been first obtained in all cases where they could be consulted; in those where they could not, an interval of two days was observed to give them an opportunity of refusing"—a very excellent arrangement.

Dr. Chapman very strongly objects to criminal lunatics being sent to county asylums. Certainly his experience of them has been very disagreeable. We entirely agree with all he says on this subject, and would humbly suggest that the authorities who have been attempting to interfere, or have succeeded in introducing a similar method of dealing with criminal lunatics into Scotland, would read his statement of the case, and then they shall perhaps be better able to judge of the probable results. The advocates of the outdoor system have taunted medical superintendents by declaring that their asylums partake of most of the characteristics of prisons. It really appears as if they were determined to make them prisons in reality by placing criminal lunatics in them.

INVERNESS.—One of the Commissioners in his report makes various suggestions for increasing the amount of outdoor exercise. It would appear as if the superintendent had some peculiar ideas about the use of airing-courts, as the Commissioner remarks—"some fears are entertained lest a tendency to degraded habits should be encouraged by such freer use of the airing-courts; but this result is not experienced elsewhere, and need not be apprehended with proper supervision." If airing-courts be objected to, what, may we ask, becomes of those patients who cannot be permitted to accompany the ordinary walking party? It would give some very valuable information were there kept in each asylum a register, showing the number of hours per day, week, month, and year, spent by each patient in the open air. It is all very

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fine to enter into the register that such and such members take exercise, but it must be remembered that many so entered go out daily, and we are apt to forget that a certain percentage must necessarily get less of the fresh air. Particularly must such be the case where the airing courts are despised. Many cases cannot or will not accompany the ordinary walking party; if some special arrangement be not made, these patients must remain indoors if not allowed to go about in the airing courts; and we all know the result of detaining human beings indoors for protracted periods. As the population at Inverness Asylum, as noticed by the Commissioners, has suffered severely from phthisis, it is a matter for enquiry whether or not some of the patients might have more fresh air by being placed under supervision in the airing courts whenever the weather may permit.

The Commissioner also reports that "as a rule these patients (the sick) were in single rooms, but it appears to the Commissioner that if the sick of each sex were placed in appointed dormitories, they would not only be brought under more careful supervision, but would be placed in more cheerful circumstances." We can only repeat what we said in regard to the same matter in connection with the Gloucestershire asylum—that it is really amazing that the advantages of congregating the sick in a special ward should require to be urged upon the attention of any medical man of any experience and common sense. What advantages are derived by patients, nurses, or medical attendant, by the former being secluded to a certain extent? It must be a very doleful matter for all concerned, we would suspect, for a chronic case, as phthisis, to lie in a single room week after week. Such an arrangement would drive most sane people out of their mind, and it is not impossible that it influences injuriously the mental condition of those already insane.

If medical superintendents insist upon cramming all sorts of medical scraps into their reports to their visitors, it is at least advisable that the statements they make be correct. A man does not require a special medical education to know that it is not an unfrequent occurrence for an abscess to form near or on the site of vaccine vescicles, especially in adults. A chronic maniac at Inverness was re-vaccinated, and appears to have been greatly interested in the vesicles on his arm. "He was incessantly taking his coat off, tugging up his sleeves, looking at them apparently with a sense of admiration, patting them with his fingers, exhibiting them to every-

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one who came into contact with him, and bending down at such a distance from the fire that the part of the arm on which they were might be gently warmed. In a short time an abscess formed, of considerable size, which, it is believed, may be fairly taken as an instance illustrative of the effect of attention directed to a particular part." Really, the ingenuity of this idea is too much. Most ordinary men, not endowed with such an inventive mind as the writer of the preceding sentence, would have attributed the abscess to the irritation of an already inflamed part, caused by incessant exposure, and by the patient incessantly rubbing it when removing his jacket and pulling up his shirt sleeve, patting it, warming it at the fire, &c.

Extra diets appear to be distributed in a peculiar manner at Inverness. Very judicious means are employed to detect phthisis (the predominant cause of death) on its first occurrence in patients; even "the diminution in weight is taken to indicate the necessity for a more liberal diet being given to the patient, and in this way the indiscriminate use of extra diets is avoided, which, without sounder principles than are generally acted upon in ordering them, are apt to become a source of needless extravagance in such institutions as this." Such a method of proceeding is a very apt illustration of the saying that it is useless to lock the stable door after the horse has been stolen. The ordinary principles which guide men in the use of extra diets are to *prevent* the occurrence of phthisis by a judicious distribution of food in larger quantity or greater nutritive power. These principles Dr. Aitken characterises as unsound; but we rather suspect that the practice founded upon these so-called unsound principles will show better results than can be expected where extra diet is withheld until the patient begins to emaciate or has got a tubercular deposit in one of his lungs. Phthisis may be prevented by attention and diet, exercise, &c., but we do not know that there is on record a single case of phthisis in an insane patient cured by an extra allowance of food. Such being the case, we do not expect that Dr. Aitken's suggestion will meet with approval from many, or, indeed, be acted upon by any who consider the matter from any but a narrowly economical point of view.

Joint Counties Asylum, Carmarthen.—The Chaplain, in his report, informs the committee that the general health of the asylum has remained, during the past year, in a remark-

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ably satisfactory state. What official right a chaplain has to report on things medical we cannot understand.

> The deaths during the year have been 22, giving a percentage of 8·18 on the average number resident. This is 2·66 per cent. below what obtains in other asylums. . . . . Only 3 per cent. of the female patients have died during the year, while the death rate of the males has been over 13 per cent.

Post-mortem examinations were made in 20 cases. Eighteen of the total deaths were due to diseases of the cerebro-spinal system.

Special arrangements have been made to extinguish a fire, should such an unfortunate event ever take place. "A system of pipes in connection with fire plugs, at intervals all round the Asylum, is being laid in continuity with the water supply from our steam pump. When this work is completed we shall be able, in the event of a conflagration, to deliver over 4,000 gallons of water an hour at any part of the building."

LANCASTER.—The following are the only paragraphs of anything like special interest in Dr. Broadhurst's report:—

> The deaths have been 10 per cent. on the average daily number, an increase of mortality in excess of the last three years, chiefly owing to the number of cases affected with chest disease, several of them arising in the new block for men, where they are more exposed to atmospheric changes than in the older parts of the building. In 15 instances the period of residence at the time of death varied from 19 to 43 years.
>
> An arrangement has been entered into to provide additional security for the epileptic patients during the night; 50 of the men of this class have been brought together on the top flat of the main building, and have been placed under the special charge of a night watch, who has no other duty to take his attention. The remainder of the epileptic men, about 20 in number, who required separation on the ground floor, either from infirmity or other causes, have been placed in the care of the ordinary night watchman; hitherto this system has worked well, and by this subdivision of labour it is to be expected that accidents in future will be avoided.
>
> An application was made in the spring by the attendants and nurses for an extension of time for relaxation from duty; the request was granted, and carried out without any addition to the number of the staff. The artizans and out-door labourers applied for an increase of wages with success; the advance of remuneration to the in-door servants had been gone into the year before.

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LEICESTER (BOROUGH).—Dr. Finch reports that the death rate continues very high. The mean annual rate was, males, 13·9; females, 13·2; average, 13·6 per cent. This, he says, is principally due to the large proportion of very feeble and infirm cases admitted; six cases having been brought to the Asylum last year in an almost moribund condition, and these died in less than a month.

It is noted by the Commissioners that about 15 female patients go to the village church on Sunday evenings. This is a most excellent arrangement, which perhaps Dr. Finch may be able to continue with increased numbers; and perhaps his example may be followed in other asylums. It is to be feared that proper value is not always attached to this matter. Patients highly value the privilege of attending church, lectures, and amusements outside the Asylum.

LINCOLN LUNATIC ASYLUM—

One case of recovery is worthy of remark, viz., that of a lady, considered hopelessly insane, who had resided in the Hospital for nine years in a state of complete melancholy, or, it might be said, *despair*. The patient suddenly recovered, and has remained perfectly well so long that her restoration may be looked upon as thoroughly established. Like many other recovered patients, she pays visits to the Institution on every opportunity, and even comes specially to see her old friends. Nothing can be more satisfactory, indeed, than such visits as these of former ptients, who are welcomed, not only by the officers and attendants, but by the more intelligent patients themselves, who express their great delight in seeing their former associates once more among them.

This report contains a very curious table; it is called "House Surgeon's Daily Return of the State and Circumstances of the Patients." This return is stated to be made up daily from reports made by the attendants. It gives statistical information on nearly sixty points. Many of the matters referred to are most important; but we positively cannot see the necessity of printing and circulating figures to show the number of gentlemen who "chewed tobacco," "smoked in the grounds," "had confined bowels," &c., &c. Out of an average of 70 patients, 66 took porter and 4 wine, *medicinally*. It thus appears that the whole of the inmates are under medical treatment.

(*To be continued.*)

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