other drugs, Dr. Shaw concludes that marked changes may take place in the cerebral circulation without any alteration in the retinal and choroidal circulation, and that, therefore, we cannot place much reliance upon ophthalmoscopic appearances in the diagnosis of the simple functional diseases of the brain, such as cerebral anæmia and hyperæmia.

Case of Infantile Paralysis, &c.—Dr. Caldwell gives a short account of cases of infantile paralysis, paraplegia by rheumatic metastasis, and cerebral paralysis, in the treatment of all of which, in addition to other methods, galvanism was employed with benefit.

The Lesions in Paralysis Agitans.—Dr. Lautenbach believes that the symptoms of paralysis agitans are due to an irritation of the regulating or co-ordinating fibres in the voluntary motor tract of the brain, which fibres pass from the peripheral grey matter of the cerebrum through the motor ganglia (probably through the nucleus caudatus) and the pedunculi cerebri to the cerebellum.

Medullated Nerve-fibres in the ganglia of the posterior roots of Spinal Nerves.—Mr. Amidon, in examining the spinal ganglia of the frog, cat, and dog, has observed the large-sized medullated nerve suddenly lose its myelinic coat, and then its axis cylinder becomes divided into two branches. He believes that the cells on the spinal ganglion are unipolar, and that the cell process becomes a medullated nerve-fibre, which in its peripheral course, either joins a sensitive fibre of the posterior root, or bifurcates, one-half going to the cord, and another to the nerve. The ganglion on the posterior root of a spinal nerve would appear to exercise a trophic influence over the sensory nerve fibres.

Neurological Association. On the Retinal Circulation in Epilepsy.—From observations made in 95 cases, Dr. Cross is of opinion that there is no change in the intra-ocular circulation in the interval between the paroxysms, and that there might be congestion of the retinal vessels after a fit, but it soon disappeared.

The Quarterly Journal of Inebriety.—The "Quarterly Journal of Inebriety" is the Organ of the American Association for the cure of inebriates. Starting with the doctrine that "Intemperance is a disease," this Association advocates the establishment of hospitals for the exclusive treatment of inebriates. Dr. Beard endeavours to show that drunkenness, as a disease (inebriety), is closely allied to the neuroses—this connection being more especially seen in its hereditary character and in its periodicity—and that it has of late increased for the same reasons that other nervous diseases have increased, and *pari passu* with them.

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2. *English Asylum Reports.*—1876.

The reports by the Commissioners indicate two important improvements in most English asylums. The continuous night supervision of epileptic and suicidal patients has been almost universally adopted,

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and has been found to work well. Detached hospitals for the treatment of infectious diseases have been erected in several places, and proved of service on more than one occasion.

BIRMINGHAM.—Dr. Green's opinion is that "under some circumstances, mechanical restraint is not only justifiable, but preferable to manual restraint, and may be used with decided advantage to the patient." He cites three instances which occurred during the year, in which restraints for very short periods had a good effect. A very destructive patient wore a strait waistcoat for two and a-half hours; two suicidal patients were restrained during one night with permanent benefit.

It is stated that in 25 per cent. of the admissions intemperance was clearly the exciting cause of mental disease.

JOINT COUNTIES: CARMARTHEN.—Through a defect in a main sewage pipe typhoid fever attacked six patients, two of whom died, both epileptics. Plans have been prepared for the extension of the building, as, especially on the female side, the accommodation is insufficient. Concerning the night supervision of epileptics, Dr. Hearder says—"While very much may be said in favour of this arrangement for special cases, all theoretical objections to the scheme have disappeared before the practical working of the system." Dent's tell-tale clocks are in use to check the punctuality of the night attendants.

CUMBERLAND AND WESTMORELAND.—The buildings at Garlands are now inadequate for the population. The wards are crowded; the kitchen, laundry, and workshops are too small. It is, therefore, proposed to build blocks for patients working in the laundry and on the farm; a very good plan. No detached hospital for infectious cases has yet been built, but the epileptics are now under special supervision during the night, though the structural arrangements of the wards are not the best possible for that purpose.

Fifteen of the patients admitted during the year were Irish; on which Dr. Campbell remarks—"I firmly believe that if the patients were as comfortably kept in the Irish District Asylums as they are in the English County Asylums, the asylums on the West Coast of England would not require such frequent enlargements." Of course Dr. Campbell does not mean that the Irish, of malice prepense, swarm over to England to enjoy the luxuries of a pauper lunatic asylum. If he suggests that they should be sent back to their native country when they become insane, various objections to his proposal at once become evident. For example: A man and his family come from Limerick and settle in Whitehaven; in three months his wife becomes insane, and is placed in Garlands Asylum, where she can be visited by her relatives. Whether she recovers or not, it would be a hardship to insist on her removal to Limerick. If she recovers, a long double journey has been undertaken at a possible risk to her life or her ultimate recovery, and at great expense. If she becomes a chronic

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lunatic, she is quite beyond the reach of her friends; a cruelty to all concerned.

GLAMORGAN.—This asylum is so full that "every available place has been utilised for sleeping accommodation; beds are made up nightly in one of the day rooms, and the committee room is used for the same purpose." Of 148 admissions no fewer than 27 males and 40 females were suicidal, and the prevailing form of mental disease was melancholia.

Dr. Pringle's remarks on intemperance are worthy of notice:—

With the view of determining what proportion of cases due to intemperance has been admitted to this asylum since its opening, I have carefully examined the tables bearing on this point, with the following result:—Excluding old cases received from other asylums, there have been 748 males admitted during the past twelve years, and of these 174, or 23 per cent., were ascribed to intemperance. During the same period, and again excluding all old cases, there have been 636 females admitted, and of these 31, or 4·8 per cent., were due to the same cause. Taking both sexes together, the percentage is 14·8. But the above calculation is made without any allowance for cases in which the cause could not be ascertained, and during the twelve years these amounted to 202 males and 141 females. A proportion of those cases was no doubt due to intemperance, and would add of course to the above percentages. Now, if to all the above be added the idiots and imbeciles born of drunken parents, and the wives and other relatives made insane by the want and misery generally found in the homes of the intemperate, I do not think I at all exaggerate when I say that at least *one-fourth* of the insanity in Glamorganshire springs directly or indirectly from this habit.

GLOUCESTER.—The asylum is quite full, and the Committee of Visitors appear undecided as to the best form in which to supply further accommodation. That most dreadful of all accidents, a fire, occurred in the roof of the building; but as it happened during the day it was speedily got under, and but slight damage resulted.

HEREFORD.—Two cottages for workmen have been built upon the asylum property. This is an arrangement which exists in many asylums, and should in all. For married attendants and artisans nothing could be better calculated to attach them to the service of the asylum than having their homes on the estate.

The Commissioners remark:—

During our inspection we also found 11 men and 13 women in bed; one of the former and three of the latter were kept there on account of excitement and violent propensities. We greatly regret the resort to such a system for such reasons, and for the long periods during which it has been continued in these cases. One of the women has been so treated continuously during the last year. She had, no doubt, previously exhibited much and dangerous violence, but we cannot regard this mode of avoiding the difficulties that attend the proper treatment of cases of this kind as satisfactory, and if she cannot be managed here, except in this manner, we should recommend trying the effect of removing elsewhere, as for instance to Fisherton House.

It must be admitted that a year is a very long time indeed for a person to be confined to bed for refractory conduct. No doubt the case was an unusual one which was subjected to such very exceptional treatment, and it would be interesting to know what forms of treat-

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ment were attempted in the first instance. Simple rest in bed is an undoubtedly valuable method of treatment in various forms of insanity, especially in transient attacks of mania so frequently seen in chronic cases during the menstrual periods. If we are to understand the remarks of the Commissioners as condemning rest in bed in any case, it is very certain that no person of experience will agree with them.

Dr. Chapman records a decided increase in the number resident, and attributes it to the action of the Government subsidy. It is perhaps right to mention that he is one of the few Superintendents who have professed to trace a connection between the Government grant and the increase to asylum population. In 1874 he admitted 14 incurable cases of more than a year's duration; in 1875, eighteen; last year the number rose to 28. He says:—

> It is a matter having so many practical bearings that it is probably well again to state that all close analyses of the increase constantly going on in the registered number of the insane show the increase to be due, not to an increase of fresh cases, *i.e.*, to a greater tendency to send to the asylum cases that used not to be so accommodated, and of whom a majority remained with their friends, and were never statistically heard of. This tendency is due, as a constant element, to the increasing knowledge of what asylums really are, and an increasing objection amongst the people generally to associate with, and retain amongst them, insane persons. The occasional elements are especially relief to the monetary pressure of asylum accommodation due, now to a Union Chargeability Act, now to a Government subsidy. This is of course an evil in so far as that it implies increased expenditure, but the same argument might obviously be brought against the existence of asylums at all, and the real question as to whether sending into the asylum patients who might, and, apart from such special circumstances as the Government subsidy, certainly would have been otherwise accommodated, be desirable or not, is a much wider and more difficult one.

Dr. Chapman encourages the discharge of chronic cases deemed harmless. That some of them have returned in a deteriorated condition is only what might have been expected.

Here is a paragraph which will be gratifying to all the temperance newspapers:—

> On the great question of the use and abuse of alcohol, it is not perhaps right that a person holding such a position as mine should hold his peace as I have hitherto done. I am quite satisfied that alcohol is absolutely unnecessary as an ordinary article of diet. That most people, however, can take a moderate allowance without evil result is certain, but it is equally certain that the moderate allowance is very apt to be exceeded whilst still going by that name, and that the sense of satisfaction and comfort it produces is no indication of its being beneficial, perhaps rather the reverse. As a medicine it has no doubt great power, but the cases in which that power is exerted for good are comparatively few, very much fewer than is usually supposed by the public, at least, if not by the medical profession, and are chiefly to be found among acute diseases. A glance at the financial statement will show that very little alcohol is prescribed in this asylum, and I am rather disposed to believe that a small share in the lowness of our death rate, and our satisfactory proportion of recoveries, may be fairly attributed to the comparative absence of this medicine.

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LANCASHIRE (LANCASTER).—Several cases of typhoid fever, distinctly due to poisoning by gas from a sewer, occurred in the autumn, and a nurse and domestic servant died. As a means of diminishing the number of chronic cases in the asylum, 57 patients were sent to workhouses during the year. Dr. Strange and others have declined to certify that any pauper lunatic was fit for workhouse treatment. The Committee of Visitors having declined to adopt the night supervision of epileptic and suicidal patients, the Commissioners absolve themselves from further responsibility.

LANCASHIRE (PRESTWICH).—During summer a limited epidemic of small-pox occurred; six patients were attacked and one died. The asylum continues so crowded that it was necessary to refuse admission to 48 chronic and incurable cases. We are glad to find Mr. Ley returning to the charge in reference to the objectionable system of filtering the patients through workhouses. He says:—

> One hundred and eighteen patients were received from their own homes, and 249 others passed through the workhouses on their way to the asylum. The duration of residence of these latter cases in the workhouse varied from a few days to many months. The advantages of early treatment and the injurious effects of delay, have been often pointed out in previous Reports, but the large number of cases that year by year are brought to the asylum, after months of unnecessary detention at their own homes or in workhouses, prove how little understood these well-established principles are by the relatives of patients or even by Poor Law officials. It is difficult to impress public opinion with the fact that mental disorders, like morbid changes in other parts of the body, are the results of inherited or acquired constitutional disease, and, like other diseases, are curable with proper treatment in proportion to the promptitude with which we set about the restoration. When so delicate and so susceptible an organ as the brain is the seat of evil, it is as unreasonable to expect that it can be restored to its healthy functions without treatment as to expect that a broken leg can be made whole and serviceable without the treatment and rest proper for such an injury. As the splint is to the broken limb, so is the asylum to the insane. The best experience confirms the opinion that persons afflicted with mental disorders cannot be successfully treated at their own homes as those can who suffer from other diseases. In this respect the rich and poor are on the same level; both are compelled to leave their families and friends, and seek rest, safe custody, and treatment in special institutions, where alone such maladies can be dealt with with any chance of success. In every other serious disease people, even very moderately endowed with sense, agree in one respect, and that is to procure at once the best advice they can, and to follow it implicitly; but in insanity the almost invariable practice is to ignore the symptoms until they can no longer be denied, and then to dally with them or try to hide them until the disease asserts itself in some unmistakable form, and recovery is imperilled and delayed. . . . . In addition to this high percentage of recoveries [53 per cent.], 87 patients have been enabled to leave the asylum relieved, transferred either to the workhouses or placed under the care of their friends. The pressure for accommodation is so great that chronic cases who are quiet and orderly, and who can be accommodated in the lunatic wards of the different workhouses, cannot remain here very long; they are required to make way as speedily as possible for the admission of new cases. From every point of view the maintenance of lunatics in workhouses is an evil to be deplored, but it is a necessity, and under the present system is undoubtedly the lesser of two evils, for as only a certain portion of the insane

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can be cared for in asylums, it is better that incurables should make way for new cases, and thus afford to the latter class the surest means of restoration.

As the result of this process of elimination of chronic cases, it has been found necessary to improve the classification and increase the accommodation for the acute.

LANCASHIRE (WHITTINGHAM).—Dr. Holland objects to tell-tale clocks, believing them to be useless in checking the regularity of night attendants. If he is right, how deluded and misguided must be his confrères. He naturally refers to the serious fire which occurred in one of the blocks in February, 1877. Great presence of mind appears to have been exhibited by the staff, and to this is attributed a narrow escape from a desperate misfortune.

LEICESTER, BOROUGH OF.—It has been determined to build detached hospitals for infectious diseases, but operations have not yet been commenced. A cottage situate near the asylum property has been rented, and is occupied by a few quiet patients employed on the farm. The mortality has been unusually low, and the rate of recoveries exceptionally high. The night supervision of epileptics has been introduced, and is found to work well.

MIDDLESEX (HANWELL).—"The incessant demand for asylum accommodation is best illustrated by the fact that during the past twelve months no less than 1,341 applications have been received from the unions and parishes of the county for beds, and of these only 357 patients have been able to be received.

"Much of this demand for accommodation can be hardly considered of a legitimate character. It is within the knowledge of the committee that patients are occasionally sent by the parishes as paupers who do not come legally within that denomination, but are sent by the parish, who have made an arrangement with the friends of the patients for a portion of the maintenance rate, and in some instances the payment exacted by the parish, supplemented by the Government grant of 4s. per week per head, may exceed the maintenance rate charged by the asylum."

Many important improvements have been carried out during the year, about which the visitors appear very well pleased with themselves, if we may judge from the tone of their report to Quarter Sessions. The tour of inspection to other asylums made some two or three years ago appears to have had a beneficial effect, for we have the Commissioners congratulating "the Committee on the marked success of their efforts during the last few years in improving the asylum and adding to its efficiency for the proper treatment of the patients."

Dr. Richards believes that in 111 cases he obtained more or less reliable information concerning the causation of insanity. He finds that hereditary tendency is the most frequent. In 27 per cent. mental anxiety, in 14 per cent. grief and poverty, in 10 per cent. intemperance, in 8 per cent. domestic troubles, and in 22 per cent. previous attacks were considered responsible for the illness.

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An hospital for infectious diseases has been built for each division; so has a *post-mortem* room, together with a male and female mortuary.

Monmouth, Brecon, and Radnor.—Various works have been lately completed, or are in progress, for the improvement and enlargement of this asylum. Some remarks made by the Commissioners in connection with a suicide, evidently due to the carelessness of an under attendant, suggests the possibility of making the rules so numerous and apparently so complete that attendants may think they have done their whole duty if they observe them. But rules may be multiplied indefinitely and yet fail to meet every possible occurrence. Whether is it better to have a few leading rules, supplemented by careful instructions by the superior officers, and by common sense, or a large volume of directions which may be never read, are probably not clearly understood, are susceptible of various interpretations, and cannot be absolutely complete at the best?

The occurrence of phthisis among the insane has occupied so much attention that we reproduce the following paragraph by Dr. McCullough:—

> On a previous occasion I referred to the frequency with which consumption originated in the asylum, and my fear that it might, to some extent at least, arise from overcrowding. In the seven years ending with 1875, 36 male patients died from this disease, three being the smallest number in any of those years, and the number being as high as eight at the time the wards were most overcrowded. By the opening of the new buildings, in the latter part of 1875, the overcrowding on the male side was relieved. No death from consumption occurred amongst the males during the past year, nor is there at present any male patients labouring under consumption which originated in the asylum. Although it is unsafe to draw inferences from the exemption of a single year, yet the facts agree so well with what is known of the causes of consumption that it can scarcely be considered a mere coincidence.

North Wales (Denbigh).—The quality of the water supplied having been improved, there was an almost total absence of diarrhœa during the year. The asylum is full; to avoid overcrowding, chronic and harmless cases have been sent to workhouses or handed over to the care of their friends. Special supervision of epileptic and suicidal patients exists on the male side, and is reported to work admirably.

Oxford.—Dr. Sankey complains, as do many other superintendents, that the wages offered by the visitors are not sufficient to retain the services of good attendants. This is a subject which might, as has been suggested, be taken up by the association, for it is second to none in importance. Liberal wages, regulated according to the district in which an asylum may be placed, and a kind, judicious treatment, are wonderfully powerful in attaching attendants to their work.

Salop and Montgomery.—In the report of this committee to Quarter Sessions the following paragraph occurs:—

> The Commissioners in Lunacy visited the asylum on May 29th. Their report has been printed, and was read to the Court at the June Sessions. In this report they state—"There is here, as in many other county asylums, a vast

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number of chronic cases, in which cure is hopeless; but they require proper diet and some personal supervision. Dr. Strange, however, assures us that he could not conscientiously send them to workhouses, as they are now regulated in this part of the country. If no relief can be obtained by eliminating a sufficient number of the patients in that way, or by placing them with their friends, carefully selected, and from time to time visited, the only course seems to be some enlargement of this building, much opposed as our Board is to that course, where the number for care and treatment had already exceeded 500."

Now, mark the very next sentence:—"The visitors have during the last year given their best endeavours to carry out the discharge of patients to the workhouses"—that is, the visitors have given their best endeavours to do what their superintendent advises them not to do. Instead, therefore, of the visitors hoping "that in future in this matter there will be more co-operation between the visitors and the Board of Guardians," it would be better perhaps for the visitors to pay more attention to the opinion of their superintendent.

Dr. Strange records a good illustration of the power of epileptics to survive severe accidents. "A male epileptic sustained a compound comminuted fracture of the humerus; he was violently thrown down by another epileptic. From the nature of the case, the greatest difficulty was experienced in obtaining union of the bone, and several months elapsed ere he was able to dispense with the apparatus made to secure the arm in position. The patient had barely recovered from the above accident when he received a severe fracture of the skull, caused by a blow given by another very violent epileptic; happily no bad symptoms resulted, and he was soon again convalescent."

Somerset.—The visitors justly object to criminal lunatics being placed under their care, and remark—"There is no proper means of keeping them safe; they make the place seem to be a gaol, and they contaminate the other patients."

Contrary to the usual practice of other asylums, the report by the Commissioners is not given, which is, under the circumstances, strange, as we have Dr. Medlicott saying—"The greater, therefore, the publicity given (as regards the internal management of hospitals for the insane), the greater the chances of removing popular suspicions about them." Some remarks are made on medical treatment.

Stafford (Burntwood).—It would appear from the Commissioners' report that extensive alterations and repairs of the building are necessary before it can be considered in proper condition. No arrangement exists for the continuous supervision at night of epileptic and suicidal patients, though there were on the 8th December no fewer than 74 males and 48 females of the former class. As it is reported that "in almost every part of the asylum the necessity for painting, whitewashing, and repairs, and repair of the walls and ceilings, is strikingly apparent, and the kitchens and washhouse require early attention," it is not to be wondered at that it is recom-

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mended that the work should be undertaken on a comprehensive scale, and thus the patients be saved the annoyance of the constant presence of workmen in the wards.

STAFFORD (STAFFORD).—The want of a convenient *post-mortem* room is much felt here. It is reported that in 96 deaths an examination was only made in seven cases. Twenty-seven deaths were attributed to exhaustion and 10 to senile decay.

Dr. Pater's report is short. The type of insanity seen at Stafford is very unfavourable, organic brain diseases of various kinds, general paralysis, and chronic epilepsy. Dr. Pater ascribes the freedom from serious accidents enjoyed during 1876 to the practice of secluding patients, especially dangerous epileptics.

SUFFOLK.—During the 45 years Dr. Kirkman had charge of this asylum he must have observed a remarkable series of changes in the popular and professional mind in reference to many matters relating to lunatics and their treatment. To these we do not refer, but proceed to give the kind remarks made by the Commissioners on their last visit:—"After forty-five years of valuable service as superintendent of this asylum, Dr. Kirkman has recently tendered his resignation, but remains until his successor is appointed. We feel pleasure on the present occasion in recording our opinion of the zeal and devotion which have characterised his management, and of the kindness and benevolent solicitude with which he has always watched over those placed under his care. These qualities have deservedly given him a high place in the estimation of the visitors, whilst they have won for him the affectionate regard both of the patients and all others with whom he has been brought in contact."

And now Dr. Eager reigns in his stead. At last a night attendant has been appointed to each side, and "the good effects are already evident." On account of the low rate of wages, persons suitable as attendants are procured with difficulty. As quarterly payments of the inferior staff exists, some persons decline to enter the service, being unable to wait so long for their money. This is an evil which prevails in many asylums, and is an undoubted grievance. All male attendants should be paid monthly, as a large proportion are married or belong to some benefit society. It is quite evident that extensive structural alterations are urgently required, and Dr. Eager is anxious that the visitors should see their necessity. In the meantime, the laundry improvements have been knocked on the head. Indeed, the present building appears to be allowed to go to decay whilst the visitors make up their minds how they are to provide adequate accommodation for the increasing number of lunatics. Surely it is possible to make suitable additions to an asylum which had only an average number of 430 patients last year. Dr. Eager seems to indicate a way out of all difficulties when he says—"I venture to question whether it is advisable to treat this house as a temporary one, as additions might be made on the present ground

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which would satisfy the demands for many years to come, and with a small and gradual outlay the buildings now standing might be put into thorough repair and efficiency." We are, however, puzzled as to the meaning of the following:—"The desirability of attempting to keep the chronically insane patients in the workhouse should be urged upon the Guardians and those in authority, as by the judicious transfer to the workhouse of such cases as are cleanly, healthy, quiet, and harmless, vacancies have occurred as fast as new patients have arrived, and absolute pressure for room has been warded off; but no doubt in time the want of medicine, management, regular exercise, and sufficient dietary will necessitate the removal of the majority who are still alive." We cannot imagine Dr. Eager as recommending it; but is it right to send helpless creatures where they will be deprived of what is essential to their life, on the score of economy?

Sussex.—As an example of what may be done in the way of relieving asylums of chronic cases, the experience of Haywards Heath is most satisfactory. During the last six years Dr. Williams has handed over *to the care of their friends* no fewer than 200 patients, and only about 10 per cent. have returned. A hospital for the treatment of infectious diseases is in course of erection. Continuous night supervision of epileptic and suicidal patients has been in use for some time, and is said to be most satisfactory. It has been necessary to improve the wages of attendants and nurses; they now appear to be fairly liberal. Schools for the patients are continued; "the numbers attending are increased, now amounting to about sixty of each sex, and the effect of the system is found to be very beneficial. Many patients, who upon admission could neither read nor write, have, when discharged, been able to do both."

Lancashire (Rainhill).—The Commissioners "are glad to learn from the medical journal that during the last two years there has been a gradual reduction in the amount of seclusion employed; and that there has been a marked diminution in this mode of treatment during the last six months." Here, as elsewhere, earth closets have not proved satisfactory. The habits of the patients put these useful articles to a severe test. Used as night stools they appear to answer excellently, but that is all that can be said in their favour.

The accommodation at Rainhill is not sufficient for the district, and the question now presses urgently, how is it to be provided? Matters have been made worse by the transfer to the asylum of bedridden and incurable patients from Workhouses. Dr. Rogers' remarks on this subject are important, and we, therefore, reproduce them:—

> But, pending some other solution of the difficulty, there is no just reason why the limited capabilities of this asylum should not be employed to the greatest advantage, and it is to the disregard of this principle that I now wish to draw attention.
>
> Of ninety-one patients admitted from one particular union, 11 were idiots and imbeciles, and 20 were cases of dementia, for the most part the result of long-standing disease of the brain, or of the decay of old age. Of these four-

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teen appeared to have been taken from their beds to be brought to the asylum, and remained in bed during the time that they lived; twelve out of the number having died, the two remaining being helpless idiots.

Under existing law no power of selection rests with the Medical Superintendent of an asylum, excepting when the statutory reservation of beds is made by the Committee, the decision as to the fitness of patients for removal to an asylum resting solely with the medical officer of the parish, checked, to a certain extent, by the magistrate who signs the order. Hence it follows that, provided the order and certificate are in due form, the medical officer of an asylum has no power to refuse to admit a patient, excepting in the case of infectious disease, even supposing he should be quite sane, or should be suffering from some bodily disease, quite distinct from insanity; and the only way in which he can act is by reporting the case to the Commissioners in Lunacy, or to the Committee of Visitors at their next meeting, who can order the patient's discharge; but in the case of bedridden patients, who have but a short time to live, and who have already made the journey to the asylum, it would appear opposed to feelings of humanity to turn them out merely because they were not fit cases to be sent. In the case of this particular Union to which I refer, the reason given for transferring all these invalids to the asylum was, that there was no room in the Workhouse. Granting this, however, it may yet be assumed that the capitation grant from Government holds out an inducement to guardians to transfer cases to asylums, without regard to their fitness.

I cannot, however, conceive that it was contemplated by the Government to relieve the medical wards of Workhouses of all cases in which the mind decays from old age, or bodily disease, by transferring them to lunatic asylums. If it were so, an immense increase would have to be made in the number and size of our asylums, for it is a matter of every day observation that mental failure is a very frequent accompaniment of decay of the bodily powers, whether from chronic disease, or from old age.

I do not, however, mean to assert that cases of senile mania, or dementia, are not sometimes properly sent to asylums, nor other chronic brain diseases, in which mental aberration is a prominent symptom; but I contend that every case should be judged on its own merits, and I would suggest that in any future addition or alteration of the lunacy laws the grant from the Treasury should only be allowed on a certificate being given by the Visiting Justices of an asylum that the patients, on whose account the grant is payable, are fit and proper cases to be sent to an asylum.

Had such a provision been in force during the past year, one-fourth of the patients sent from the Union referred to would not, in my estimation, have been certified for payment of this allowance.

NORTHUMBERLAND.—The admissions during the year were fewer than in 1875. Referring to this Dr. McDowall remarks:—

This fact is the more peculiar and gratifying, as it was generally feared that the allowance of 4s. per week, made to the Unions by the Government, for every patient in an asylum, would lead to a large increase in the number sent there, and in some counties this has really occurred. So far as my knowledge extends the decrease to which I have referred cannot be attributed to the detention of lunatics in the wards of workhouses in acute and curable cases. This is an evil which prevails largely in some districts of England, against which, all having any knowledge of it, strongly protest. In their report for 1876 it is specially referred to by the Commissioners in Lunacy, and as the Blue Book may not be accessible to many interested in this subject, I have appended their remarks to this report.

It is not necessary at present to direct further notice to this subject beyond noticing the small attention which has been excited by

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this portion of the Commissioners' report. It is quite evident that something is far wrong in the present system by which patients are treated in Workhouses. Had the tragedies which they narrate occurred in asylums, we should certainly have heard more about them.

In relation to the discharge of unrecovered patients, the following paragraph may be reproduced :—

> Eleven unrecovered patients were handed over to the custody of their friends. Some went home to die; but most were harmless lunatics in good health, who should be able, if properly treated, to support themselves wholly or partly, and who, in their own homes, should enjoy those domestic comforts which cannot be provided in a large institution. In two or three instances, you have deemed it prudent to refuse applications for the discharge of unrecovered patients, although the relatives undertook to protect the patients and the public against any evil consequences. It must be confessed that it is difficult to know how to act in these circumstances. If a suicidal or homicidal patient is discharged, at the request of his relatives, and some accident follows, perhaps through the relatives neglecting the duties they undertook to perform, the asylum authorities might feel inclined to question the wisdom of having allowed the patient to go. But so long as such cases are kindly treated at home, and are not a nuisance to their neighbours, the law does not compel their removal; and it is a notorious fact that deplorable accidents are of too frequent occurrence through their not being placed under care in an asylum at all. But, once they have been placed under care, they cannot be removed with the same facilities in all cases, for the law determines their future treatment, and to a great extent takes it out of the hands of the relatives, and vests it in the Medical Officer and Visiting Justices of the asylum. Such being the case, it is easily seen that collisions must occur between the relatives, who consider themselves the custodians of the patient by nature, and the asylum authorities, who are so by law. That this is an evil cannot be doubted, and its continuance is chiefly due to the diversity of opinion as to the proper manner in which it should be met. Some desire that, notwithstanding the condition, all patients should be removable on demand, as in ordinary hospitals. Others, knowing the occasional unreasonableness of relatives, and the numerous evils which follow premature discharge, would have the matter settled by a medical certificate, as is the practice here. The more familiar one is with the question, the clearer become the advantages and disadvantages of each system. It therefore appears desirable, in the meantime, to judge each case on its merits, and to interpret liberally that portion of the Act which gives a discretionary power to the Visiting Magistrates.

It is unnecessary to give Dr. McDowall's remarks on the so-called "open-door" system. He seems to approve its principle, but to be afraid to adopt it.

Norfolk.—The present building being full, it is proposed to erect a separate block for 250 chronic lunatics, imbeciles, and idiots. The leading idea in carrying out this extension is cheapness. Should it be determined to run up a building at a minimum cost, a few years will show the short-sightedness of this, for the annual outlay for repairs will prove disagreeably heavy.

Berks.—Although this asylum has been open only a little above six years, it has been found necessary to prepare plans for additions, to accommodate fully 200 patients.

Dr. Gilland's report is very long, and on some matters most

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minute. The case of puerperal fever might have been omitted; also the pathological appearances found in a case of pulmonary apoplexy. Nearly a page is devoted to an account of the rather sudden death of an attendant, from pulmonary hæmorrhage, in his own home. He appears to have been a decent man; but who is benefited by the publication of the following in an official report?—"It is, however, a matter of universal regret that no memorial stone has been erected to mark the last resting-place of this unfortunate man, so suddenly cut off in the prime of life, who, for nearly two years, was a valuable, well-conducted, amiable, and highly-respected attendant in this asylum."

WILTS.—No fewer than five patients were admitted during the year in whom no insanity could be discovered. The largeness of the number is most unusual.

What with repairs and improvements of the old building, and the necessity of erecting large additional accommodation for the ever increasing number of patients, the Visitors appear rather driven to despair. When will it end? they seem to ask. The whole of the arrangements for the extinction of fire have been put on a new basis, which has received the approval of Captain Shaw, of the London Fire Brigade.

From Dr. Burman's report it is evident that the overcrowding of the wards has exerted a disastrous effect upon the health of the patients. A serious outbreak of erysipelas carried off seven; pulmonary consumption proved fatal in eight; and, although diarrhœa prevailed, it proved fatal in but one case. A patient, whose foot had been amputated, died on the 11th day from blood poisoning, caused by his bad hygienic surroundings.

Various improvements have been carried out, but the Commissioners indicate others in the diet, the number of attendants, &c.

SURREY (WANDSWORTH).—Various structural improvements have been effected during the year; the night watching has been made more complete, and the weekly charge for patients has been slightly raised. The Committee reported to Quarter Sessions: "In March last we received a circular from the Commissioners in Lunacy, requesting certain complicated statistical returns for the year. As these would have entailed an undue amount of labour, out of all proportion to any value which could attach to them, the information sought being already supplied under the Lunacy Acts, we declined to accede to the request of the Commissioners; but, upon a personal application being subsequently made by one of them to Dr. Biggs, we allowed him to furnish the returns, and we understand that he has done so for this year, but that the Commissioners do not propose to ask for them again." If this paragraph refers to the statistics asked for by the Commissioners from all asylum superintendents last year, we believe that Wandsworth was the only asylum in England which declined to prepare them.

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A serious explosion of gas occurred by which several patients were injured, one seriously. As it has been determined to build a third asylum for the county, it is very properly suggested that some provision should be made for idiots, especially children. Such cases, grouped with adults in the usual way, learn nothing but bad habits.

Northampton General Lunatic Asylum.—All paupers have now been removed; there is now accommodation for 300 private patients, and it is almost completely taken up. Owing to defective drainage, typhoid fever continued to appear, and caused two deaths.

Mr. Bayley is justly sensitive as to the reputation of the institution of which he has charge, for he remarks—"I have been told that some observations have been made upon the use of restraint in this asylum. I wish, therefore, to state that during the time I have held my appointment, now more than eleven years, no patients have ever been restrained except those (very few in number) who have refused to allow necessary surgical appliances to be used. In such cases I think restraint is both necessary and justifiable, but as a means of controlling violent, destructive, or dangerous patients, I look upon it as very objectionable and quite unnecessary."

Omagh District.—The asylum was visited by a severe epidemic of erysipelas, resulting in several deaths, and due, according to Dr. West, to the defective disposal of the sewage, so that during dry weather the stench was unbearable in the front of the building. It should also be noted that the asylum is overcrowded. A fatal case of diphtheria occurred. The table giving the causes of death is of very little value from want of details. To give an instance—eight deaths are recorded as due to "fever and other diseases."

Perhaps we may here allude to one or two things that have struck us in the Irish reports. The Inspectors appear to visit the asylum very frequently in the course of a year, and, it seems, have become so familiar with the structural and other defects that they pay remarkably little attention to them. What would an English or Scotch Commissioner say or do if phlegmonous erysipelas were epidemic in an overcrowded asylum? Here is what the Irish Inspector says:—"The general sanitary state of the house is satisfactory, with the exception of a few cases of erysipelas, which I have recommended to be sent to the hospital, so as to separate them from the main building." Another example will suffice for the present. Inspector No. 1, reports "very favourably" of the general condition of the Omagh Asylum in March. In less than two months it is visited by Inspector No. 2. He also reports that the sanitary and general condition of the asylum is "very satisfactory, with the exception of a few remaining cases of erysipelas, which for some time had been rather frequent"—a very offhand way of dismissing so serious a subject. It is said that the bedding is good and ample, and, in the same sentence, "many, however, of the bedsteads (iron) are worn ricketty, and being easily broken, might be converted into dangerous implements by refractory or violent patients."

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It does sound strange to find official approbation bestowed on an asylum, and in the same page to have it stated that "in some of the divisions there is a want of homely, comfortable furniture, while the walls are blank and cheerless."

MARYBOROUGH DISTRICT.—Farm and other outdoor work appears to be in much favour in Irish asylums, and most rightly so; but what must be the character of the patients when it is necessary to have the whole asylum property surrounded by a high stone wall? Dr. Nugent says—

> The land recently purchased, as I am informed, is turning out (as I ever said would be the case) most remunerative, although a portion only is cultivated. It has, up to the present, been much improved by drainage. The steward states he could and would employ a greater number of patients on it, so as to render it more productive, but from an apprehension of attempts at escape; while for the same reason Dr. Hatchell is unwilling to avail himself of it as a place for exercise. Having no doubt that ultimately, for security sake, the land in question will have to be properly enclosed, I think the sooner it is done the better. The gloomy restricting wall in the immediate rere [*sic*] of the buildings, when thrown down would afford a considerable amount of available material for a proper protecting fence.

If this advice is right, then nearly every English and Scotch superintendent must be wrong. Some very few old asylums may have a wall round their estate, but most have nothing, not even a wire fence, and some have no airing court walls. What is the result? A diminution in the number of escapes. In airing courts, and such supposed places of security, attendants will be careless, and whilst they light their pipes the patients climb over the wall. In one Scotch asylum the escapes from the airing courts averaged one per month. The walls were pulled down; the patients exercised in an open field, and there was only one escape in eighteen months. In another the superintendent had a good ladder put up against the wall of the airing court to keep his attendants up to the mark.

ENNIS DISTRICT.—It says little for the liberality of the Visitors of this asylum, that Dr. Nugent should be able to report as follows:—

> The various day-rooms, corridors, and dormitories, the bedding in which last appears to be good and plentiful, are fresh and well ventilated, with a wholesome temperature, but the walls, as a rule, are cold and cheerless, very unlike what obtains in most similar institutions in this country, where more attention is paid to a little cheap domestic ornamentation, of itself indicative of comfort. At the female side some improvements have been effected during the past year, which may be well extended to the male divisions. The grounds immediately around the buildings are in a neglected state, as well as some of the airing courts, which are rough and stony. I deem it my duty to notice deficiencies [*sic*], and the more so as the very liberal rate in aid accorded by Government to public establishments for the insane, and of which last year the Ennis Asylum participated to the extent of fully £2,400, was intended to meet those expenses which are greater in lunatic institutions than other public charities. I have requested Dr. Daxon, who has always practically shown his anxiety to improve the house, and with a due regard to economy, to bring certain subjects before the Board at a seasonable opportunity.

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As the result of this protest, Dr. Nugent was able, at his next visit, six months afterwards, to report some improvement in the day rooms, "but still, like the corridors, they are nude, cheerless, and totally devoid of ornamentation, a deficiency, it may be said, peculiar to the institution, and which could be so well obviated at a very trivial expense." Surely something might have been done in the direction indicated during the nine years the asylum has been occupied.

MONAGHAN DISTRICT.—It says much for the management of this asylum that Dr. Robertson is able to report that during 1876 no attendant was discharged or fined for misconduct. One of the Inspectors reports a new plan of compelling patients to be tidy, as far as refers to their boots :—

> The patients on both sides of the house appear to be taken great care of, being clean and tidy in their persons, having their shoes blacked every day, and kept tied by means of knotted twine, which prevents the patients taking them off during the day; at night the warders cut the laces—being common twine used, the expense is nothing—(four shillings a year).

Extensive structural repairs are under consideration.

ENNISCORTHY.—Dr. Edmundson argues against the modern doctrine that alcohol is useless and even injurious in the treatment of disease. He is convinced that it is in many cases indispensable Among those discharged was one woman found "not insane." Her history is as follows :—

> She was admitted on a justice's warrant on 28th Nov., represented as being two days ill and suicidal. On enquiry I found she had always been a very temperate girl; that three days previous to admission a number of persons were employed by her master thrashing; that porter went freely round, of which she partook beyond the bounds of moderation. At 8.30 p.m. her master sent her for a fiddle across the country; she was obliged to cross a river, into which she fell both going and returning, and being drunk, she with difficulty saved herself. Next day her stomach was deranged, and her head sympathetically affected, accompanied with a cloudy state of the intellect. By the time she arrived here all trace of her dissipation had disappeared, and not being insane, I procured her discharge at the next Board, after a lock-up of twenty-four days among the insane.

KILLARNEY DISTRICT.—Typhus appeared during the year, causing the death of one patient and the gardener. Dr. Woods reports that only three escapes occurred, and evidently unwittingly strongly supports the system by which airing courts and boundary walls are abolished, for he says—"I am somewhat surprised that more escapes did not take place, as owing to the loss of our airing courts, the patients have been obliged to take exercise on the walk round the farm, quite close to the boundary wall, which is by no means high." It is also important to remark that, so far as can be gathered from Dr. Woods' report, the patients who did escape did not get away through the extended liberty accorded by the force of circumstances. The asylum has been open since 1853, and is not yet properly furnished. Dr. Nugent reports that, though certain improvements are being

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carried out, he "cannot avoid referring to the noticeable want of common domestic furniture in many of the day rooms, and to their naked, cheerless, appearance." When it is stated that the asylum derives about two-fifths of its total outlay from Government to meet extra expenditure, one feels puzzled to know how the money has been spent.

City of London.—A detached building, capable of containing 20 patients and their requisite attendants, is about to be built for the accommodation of cases of contagious diseases. The Committee of Visitors prosecuted a nurse for illtreating a female patient, by cutting her finger-nails below the quick. The vixen was fined £5, with the alternative of one month's imprisonment. Here, as in other asylums, great difficulty is experienced in the disposal of the sewage.

West Riding.—Dr. Major's remarks on the causation of insanity are so judicious that we reproduce them *in extenso*. It cannot be said that his views are absolutely original, but they are specially worthy of attention at the present time.

With regard to the cause or causes inducing insanity in the patients admitted, the part played by alcoholic excess should be specially noted, as being that which above all others is preventible. Adopting a somewhat novel, but, in my opinion, the most accurate classification, it may be stated that, in the year 1876 91 cases were admitted which resulted from alcoholic excesses, either alone or in combination with other adverse conditions. In 58 of these cases, alcoholism appeared to stand alone as the causative agency. In 8 cases there was, in addition, hereditary tendency to insanity; in 15 cases adverse *physical* conditions were combined with alcoholic excess as the causative agencies; and in 10 cases adverse *moral* conditions. These numbers, collectively, give a percentage of 17·84 of the admissions as the proportion of cases attributable to alcoholic excess in combination with other influences, from which in many cases it is found impossible to disassociate it. Taken separately, the proportion for the male admissions was 31·2 per cent., that for the females being as low as 4·98 per cent. It is needless to add that these results must not be taken as indicating more than those derived from a consideration of the cases admitted in the year 1876. Doubtless, even in the same district, the proportion of cases chargeable to alcoholic excess will be found, within certain limits, to be constantly varying, but a careful annual record cannot fail to convey valuable and reliable information.

With respect to other causes operating in producing insanity, no classification has been attempted in the present Report. If it be true, as I think it is almost universally admitted to be, that in the large majority of instances we have not to do with *a single* cause in any given case, but with several causes, all of which ought to receive consideration, it must follow that the method of tabulation which usually obtains, and in which *one cause* is assigned for each case, is misleading, and ought to be abandoned. And having made this statement, it may not be out of place to give an indication of a method of tabulation, the adoption of which in asylum reports might, it appears to me, with advantage be considered. My suggestion is shortly this—that in every case the conditions, however numerous, which, on full enquiry, would appear to have taken part in its production, should be recorded, and the results finally tabulated by adding together and classifying all the causative influences assigned in all the cases under consideration. Thus, to take three hypothetical cases, the *first* might be caused by intemperance and cranial injury; the *second* attributable to hereditary tendency, childbirth, and grief; the *third* to grief, starvation, and intem-

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perance. Now, on adding and classifying the causative agencies as stated in the above examples, it is found that the result is as follows:—

Intemperance *(took part in the causation of)*	...	...	...	2	cases.
Cranial injury	„	„	...	...	...	1	„
Childbirth	„	„	...	...	...	1	„
Hereditary tendency	„	„	...	...	...	1	„
Starvation	„	„	...	...	...	1	„
Grief	„	„	...	...	...	2	„

Such a table might seem at first less satisfactory than those ordinarily drawn up. In it no attempt is made to give the exact number of cases attributable to any individual cause—that I believe to be impossible—but from it would be gathered the number of cases, out of the total admissions, which a given cause *contributed to produce*, the most frequent cause being still represented by the highest figure, and the cause least often occurring by the lowest. In this way then, it appears to me, no causative influence would be left out of consideration, but to each would, in the result, be assigned its amount of influence, so to speak, which would depend on the frequency of its occurrence in relation with other causes; and this, if I mistake not, is what it is important to arrive at.

As the asylum at Wakefield continues full, and the demand for the accommodation of acute cases undiminished, it has been proposed to send out suitable cases to live with their relatives. On this subject Dr. Major remarks—

> The practice of returning to the care of their relatives patients who have become quiet and harmless, whose cases do not call for special treatment, and more especially when they have passed the procreative period of life, has, I think, much to recommend it, and may not unfrequently be carried out with satisfactory results. Whether the practice could with advantage be extended by making a money allowance to those able and willing to become, with such assistance, the guardians of their insane relatives, is a question on which there is room for much difference of opinion, for the reason that weighty arguments may be adduced both in favour of and against such a system. Without entering on a discussion which would be unsuitable in the present report, I may say that, in my opinion something might with advantage be done in this direction, while, at the same time, I am disposed to think that the so-called "family care" of the insane, so extensively carried out in Scotland, and in which patients are boarded, not only with relatives but with non-relatives, who become in name and position their guardians, would be unsuited to our thickly populated districts. It must be borne in mind also that the number of patients in asylums suitable for home care could hardly be very large, and that when any system of payment is adopted, even in the case of relatives, thorough inspection would have to follow, or the door would be open to grave abuses.

HANTS.—The changes occurring in the staff of attendants and nurses is perhaps the most embarrassing of the experiences of a superintendent. Dr. Manley, therefore, is entitled to considerable commisseration when it is known that, in 1876, twelve attendants left after an average service of only four months, 15 nurses after an average service of only six months; the two assistant medical officers resigned; so did the storekeeper and housekeeper, and the office of clerk became vacant.

DEVON.—The population of this asylum continues to increase, so that at no very distant date it will be necessary to extend the present buildings, build another asylum, or combine with adjoining counties

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for the erection of an asylum for imbeciles and harmless lunatics. A very complete hospital has been built. A detached chapel is now in use, and is capable of accommodating 420 persons. It has cost £2,600. The water supply has been made somewhat more satisfactory, and hydrants have been placed round the building as a provision against fire.

CHESHIRE.—(UPTON). In order that the attendants, when off duty in the evenings, may remain in the building, and not spend their time in public houses, Dr. Davidson has provided for them a reading and recreation room, containing a billiard table, &c. Such a step is in the right direction, and worthy of imitation.

CHESHIRE (PARKSIDE).—The more effectual protection of the buildings from fire has been under consideration by the Visitors.

Concerning intemperance, Dr. Deas says :—

It is a fact worth mentioning, though it may only be a coincidence, that in the years when the male admissions rose so high, the proportion of cases where intemperance was believed to be the cause was very much greater than in the other years; and this was most markedly so in 1876, when the number of male admissions was also most greatly in excess. That intemperance is one of the great factors, at any rate, which accounts for the increasing incidence of insanity among the male population of our district, as compared with the female, is, I think, undoubted; and these fluctuations in particular years may not improbably be due to varying states of trade, &c. Opinion, I think, is rather divided as to whether "bad times" or "good times" cause most drinking; but I am inclined to think that in "bad times" drinking is, at all events, attended with more injurious results from being associated with other depressing influences, such as deficient food, mental anxiety, &c.

Among those discharged in 1876 were no fewer than five patients who exhibited no symptom of insanity during their residence in the asylum.

Two of these had been drinking; but any symptoms which may have been due to the effects of drink had passed off before they came here. One of these, a woman, was brought in the middle of a most inclement night, having been driven several miles in a cab. She was most scantily clothed, and was half dead with cold, from the effects of which she did not recover for two or three days. Perhaps this powerful sedative dispelled any excitement caused by drink. Another case was a decent respectable old woman, who apparently had been bothered a little by some family dispute, but in whom we could find nothing amiss during the two or three weeks she was here. She was an old woman, it is true; but more sensible and collected than most of her age and class. Another case was a woman, a mill hand, who had lived by herself, and not been getting enough to eat. She was naturally nervous, and not being strong, had been upset by a fright she received. Was said to have been quite out of her mind; but showed no indication of anything wrong after admission. The last case was a woman of a low moral type, who had been in a workhouse for some time. She was said to have broken out and become unmanageable. She said herself that she had wanted to leave; and on being refused, she would not work any more; and then they sent her here. However it was, she behaved quite well the short time she was here, and showed no symptoms of insanity.

Two cases of general paralysis were discharged, one as "recovered," the other as "relieved." It is somewhat amusing to find Dr. Deas

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informing his Committee in one paragraph of these "two rather remarkable instances of what may fairly be termed recovery from that fatal and incurable disease" [that is a fairly successful attempt at a bull]; and in the next "that they are, in all probability, only greater developments of the slighter remissions in the course of the symptoms, which is a common characteristic of the disease; and, on this account, the permanence of the improvement cannot be too confidently counted upon." "It is no doubt such cases as these, which have from time to time been the basis of the so-called cures effected in the hands of sanguine and enthusiastic administrators, by particular drugs. The last 'notable' discovery of the kind was the Ordeal Bean of Calabar, which was confidently put forward as a specific in this disease, on the strength of two cures effected by it. It seems almost a pity that our two cases had not been treated with Calabar Bean too."

DUNDEE.—Arrangements are in progress for building an asylum in a more suitable locality. Dr. Rorie makes a short reference to the treatment of various forms of insanity by placing the patients in rooms of various colours, as first proposed by Dr. Ponza; but he is unable to state his opinion as to the value of the process. The majority of the speciality will be astonished to hear that during seventeen years he has found it necessary to have recourse to forcible feeding in only one case.

MONTROSE.—Dr. Howden directs attention to the different types of insanity which prevail in Scotch and English asylums, and is inclined to attribute the much larger proportion of organic brain disease found in the latter to the greater prevalence of drunkenness among the population. He is "disposed to think that though instances of intoxication may be seen more frequently among Scotch than English working men, there is a more constant use of stimulants with the latter, and that the constant daily soaking, within bounds of apparent sobriety, is far more injurious to the brain than an occasional outburst of intoxication."

Concerning bodily nutrition during attacks of insanity, he says—

> A reference to Table 16, showing the weight on admission and on discharge, of those who have recovered, proves how closely mental improvement is associated with improvement in the physical condition. In only two cases had there been a loss of weight, while in the remainder there was an average gain of 12lbs. The gain in some cases was remarkable. Thus, one man gained 32lbs. in eight months, another 28 in four months, another 23 in five months, while a fourth, who laboured under acute mania on admission, gained no less than 38lbs. in four and a half months. Of the women, again, seven had gained between 28lbs. and 30lbs., whilst one gained 33lbs. in 13 months, and another 34lbs. in 10 months. Some years ago (report for 1873), I pointed out what seemed to be the usual change in weight in the course of an attack of acute mania. At first there is a rapid loss of weight. In this stage the patient is in constant excitement day and night, and rarely sleeps; the lungs, and in many cases the skin, give off more than the usual amount of waste, which is not repaired by the somewhat irregular and insufficient amount of food taken.

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It is worth noting that at this stage, even when the appetite is good, and the quantity of food taken as great, or even greater, than normal, the patient still loses weight, owing in part, probably, to malassimilation, but mainly to undue waste. It might be supposed that in these circumstances the production of artificial sleep by narcotics would tend to shorten the wasting period of mania. As a rule, however, this does not seem to be the case; what is gained in one way is lost in another, and the injury to the digestive and nervous system by narcotics appears rather to retard recovery. If the disease is allowed to run its natural course the increase of weight is found to be simultaneous with the gradual return of natural sleep, and once the patient has turned the corner, it is remarkable how rapid the increase is. The same observations apply, though in a less marked degree, to melancholia.

Then follows an illustrative case.

ROXBURGH, &c.—Ground has been purchased for the erection of cottages for married attendants with whom will be boarded a number of female patients. It is thus hoped that the services of good attendants may be retained, and that no immediate necessity will arise for the extension of the main building.

EDINBURGH ROYAL ASYLUM.—The important and extensive structural alterations begun some considerable time ago approach completion, and promise to be most satisfactory.

In his report Dr. Clouston touches on various subjects relating to the increase of asylum population throughout the country, and discusses those circumstances which should be taken into consideration when it is a question whether a patient should be sent to an asylum or not.

AYR.—This asylum is now completely full, and it is feared that it may be soon necessary to add to the accommodation. Here, as in other Scotch asylums, the "open door" system is in use in a more or less complete fashion. We are surprised that Dr. Skae does not use the tables of the Medico-Psychological Association in preference to the disjointed and antiquated ones in his report.

INVERNESS.—The asylum is now crowded, and it is proposed to erect two detached buildings, each capable of receiving fifty patients behind and in close proximity to the existing house. The dietary having been improved some time ago, there has been a notable diminution in the mortality, but cases of typhoid still occur, and the amount of phthisis is relatively large. The clothing has been much improved in condition and fit, but it is still light, a complete suit of male clothing weighing only 8lbs. 10oz. It is stated that "the chief difficulty under which the administration of the asylum is conducted is that connected with the staff, and as all the inducements hitherto tried to secure and retain the services of efficient attendants have failed, it is suggested that more success might attend arrangements for securing retiring allowances to persons who have passed a certain number of years in the service of the institution. Instead of raising present wages, a scheme of future advantage might be developed which would not prove more costly, and which affords grounds for hesitation before renouncing the benefits which the time already served

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has conferred." The proposal is reasonable, for one cannot see why Scotch asylum officials should be in a worse position than English and Irish.

CRICHTON ROYAL INSTITUTION.—"The recreations and amusement lists for the year (1875) afford the usual numbers and variety. The number of parties specially arranged for the patients amount to two hundred and forty-nine. . . . Ordinary in-door and out-door amusements generally, but not specially arranged, as bowling, croquet, &c., are not included in the above numbers." We like to see a man push his ideas to their utmost limits in practice, though some might ask, "Is all this amusement rational, wholesome treatment for the mind diseased?" There is probably great truth in what has been said by a well-known authority, that the ultimate result of constant amusement is to enfeeble and deprave the mind of both officers and patients. A patient is placed in an asylum not only to recover from a present malady, but to be subjected to mental discipline and hygiene, so that he may be the better able to face those difficulties which he will encounter on his return to the outside world. Such an incessant whirl of gaieties, a London season in the North, must be dreadful to quiet, sedate, contemplative people, if any such now live at Dumfries. But, of course, it must be remembered that most of the patients are of the private class, and cannot be got to work. Dr. Gilchrist says—"It has been our ambition to provide some special recreation for each day or evening in the year, a high standard which has not yet been reached." In Sabbath-observing Scotland some ingenuity will be necessary to invent a suitable amusement for Sundays.

PART IV.—NOTES AND NEWS.

CURE OF INSANITY BY STRANGULATION.

Dr. DE WOLF relates the following case in the Report of the Nova Scotia Hospital for the Insane for 1875:—

"Another unexpected and far more sudden recovery occurred here many years ago, which has never been reported. The case is by no means devoid of interest, the more especially as the restoration has proved permanent.

"———, No. 296, æt. 25, single, was admitted 7th May, 1864. She had been for a short time engaged in school-teaching, and was six weeks insane. She manifested determined suicidal propensities, and had refused food for several days prior to admission.

"The immediate cause of her insanity was a failure on her part to master the science of algebra, which, without sufficient thought, she had promised to teach one of her scholars. Night after night she pondered over the works on algebra within her reach, but all to no purpose. Loss of sleep, intense disappointment, and chagrin at being unable to fulfil her promise, soon preyed upon her mind to such an extent as to compel her to abandon her school, and shortly after resulted in an outbreak of melancholia.

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