Suggestions towards an Uniform System of Asylum Statistics (with Tabular Forms).

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(Read at the Annual Meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane, held at the Freemason's Tavern, London, on the 5th day of July, 1860.)

I. *Asylum Medical Statistics.*

The Sixteenth rule of our Association as amended at the Annual Meeting in July 1855, is to the following effect:—

"*That to insure a correct comparison of the results of treatment in the several institutions, it is strongly recommended to those Members who have the superintendence of public asylums to keep registers of the cases admitted, according to the form agreed on, at a meeting of the Association held at Lancaster in* 1842*; and to append to their respective annual reports, tabular statements on, as far as possible, a like uniform plan.*"

This form adopted at the annual meeting, held at Lancaster in June, 1842, and printed in Dr. Thurnam's classical work on the Statistics of Insanity, has unfortunately never come generally into use, I fancy owing to the legal Registers of the Commissioners having taken its place. Still the Association in revising their rules in 1855, by leaving the 16th rule which I have just quoted, and referring to the Lancaster form, at least recognized the expediency of that uniform system of Asylum Statistics, to which I venture to day anew to direct the attention of the Members.

This uniform system of asylum statistics engaged the attention of our most distinguished ex-President in his first Hanwell report, written so long ago as October 1839. He concludes that interesting historical record of the first effort to introduce on a general plan the non-restraint system, with the observation that "he has also been favoured with communications from several members of the profession attached to other institutions for the insane, by whose correspondence and their probable conformity to the registers kept at Hanwell, the general experience of the different lunatic asylums of this kingdom may be found capable of condensation, so as from time to time to be published in a compendious and instructive form."

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Since 1839 when this report was published, most of the existing county asylums have been opened and their annual reports have been freely circulated throughout the profession. Yet no such condensation of their experience as Dr. Conolly hoped for has yet been published, and this I believe simply because no such uniform system of statistics as that affirmed in principle, and traced in outline at the Lancaster meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane in June 1842, has been adopted by their authors, all members of this Association, with one or two exceptions

I may safely affirm that while no actual difference of opinion exists among Superintendents of asylums, as to the facts to be elicited by medical statistics, yet no two reports are drawn up exactly on the same model. Consequently much inconvenience and difficulty is experienced in comparing the different results of treatment as viewed statistically.

As I have already said this is a subject which engaged Dr. Conolly's attention so long ago as 1839, and appended to his second, third, and fourth reports at Hanwell 1840-3, will be found a very carefully compiled series of tables of medical statistics of that asylum. They still, in my opinion, form a valuable basis on which an uniform system of asylum medical statistics might be compiled.

Moreover we possess in the work of our Associate, Dr. Thurnam on the Statistics of Insanity, a work which is an ornament to English psychological medicine, unlimited material from which an uniform system of asylum medical statistics worthy to be issued by this Association might be drawn up and brought into use. A Committee consisting of Dr Thurnam, Dr. Conolly, Dr. Hood, and our President, would, I feel sure, have no difficulty in preparing on the basis of Dr. Thurnam's researches such an uniform system as I now advocate.

I have read through the tabular forms of nearly every county asylum report of last year. They are a great mass of figures, and yet they seem to me to lead to no definite results. Unless indeed they were aggregated in uniform tables for a series of years, (which our present want of uniformity renders impossible) I can see no aim or object in their record.

I have spent many hours in endeavouring to frame a series of tables which might present these scattered figures in one uniform system. I hardly venture to waste your time with a statement of these futile efforts. At least they have convinced me that this work is still to do, and they enable me with the

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force of one who has probed the evil, now to press on the Association the importance of officially promulgating an uniform system of tables for the medical statistical records of our asylums.

Until such a scheme exist, I must with all submission say how strongly I view the tables now published, as a mass of labour and good printing rendered useless from a want of system.

And if I am asked what remedy I suggest as a palliative until our uniform system of Asylum statistics be compiled, I would remind members of this Association, of our official Register of Cases, and suggest that from that Register a tabular form of the year's admissions, discharges and deaths, might be drawn up and printed with the Report. These three tabular forms would supply at all times to the Statistician, an uniform record of all the facts now scattered through the variety of disjointed tables appended to the several published Asylum Reports.

On the other hand I can hardly conceive anything more useless than the present series of tables—varying with each Report—appended to the different County Asylum Reports. The President with great truth to day, spoke in that address which we have all listened to with so much interest "*of the unskilful and partially eliminated statistics at which we have so much laboured, and with so little result,*" and well might he so characterize them. I never saw so much labour and good type put to so little purpose. I should like to know what object it can be to medical statistical science to be informed that in the county of —— ten of their cases admitted were of a month's duration, four of a year, or that two were between fifteen and twenty years of age, and one over eighty on admission? And yet such is exactly the character of the dribbling information furnished in the tables of our Asylum Reports. There is no general scheme, no uniform system of Asylum Statistics, striving to educe by the numerical method the natural history of the disease.

Yet what we require from a correct system of Asylum Statistics may be readily stated. We seek the numerical history of each hundred cases of insanity traced from the day when the disease first shewed itself, to its resolution in recovery or death. We want to know not merely the age on admission, the then duration of the disorder, but farther, its history and progress, with the influences of age, sex, occupation, social relations on the incubation, progress and result of the disease. We want, in fact, a scientific statistical record of the en-

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trance, life and death of every inmate, which, at the end of each year may then, from the several reports be massed and grouped into figures, uniform, and accurate, and pregnant with information on the history of mental disease. At present just to take one instance, do any of our tabular views enable us to answer the important question in vital statistics, as to the influence of insanity on the duration of life—the additional years which in granting a policy on the life of one of our patients an office should charge?

The question then, which I have ventured to-day to bring before the Association, is one of practical importance. For each asylum to continue to print its varying tabular views, is, indeed, labour lost. For each asylum to publish the statistics of the year, according to one uniform authorized system of asylum statistics, would be rapidly to accumulate a mass of digested statistics of incalculable value. And, hence, if my premises be conceded, there can be no question that this uniform system of asylum statistical tables must originate, and be drawn up by this Association as a body. It would be in vain to expect that each asylum should consent to copy the tables of any given institution. I have carefully gone through the tabular views—dissolving views from their objectless nature, I might term them—of all the published reports of the county asylums. I have spent a great many hours in trying to digest them, but I confess to have found the task beyond my powers. One remembrance I have strongly impressed, of the extreme labour bestowed on the statistical history of the admissions of each; of the comparative neglect and silence with which the cured and dead alike are treated; of the absence of any effort to group into results the figures given, or deduce any facts from their bare enumeration.

If I might venture to point to one report which seemed to me to contain the required information, and to a fitting model for such an uniform system of asylum statistical tables as I should desire to see issued by this Association, I would addduce the tables appended by my friend Dr. Hood, to the annual reports of the Royal Hospital of Bethlehem.

If I am asked, as I finally may be, how would you in the mean time (until your uniform scheme be drawn up and sanctioned by the association) propose to record the statistical results of the coming year? you condemn the existing tables, what substitute have you to propose?

My reply is very simple. Leaving the varying forms on which so much good time is uselessly spent, let us, as I have already

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suggested, return to the observance of the first part of the 16th rule of the Association, and omitting all tabular statements until such time as *a like uniform* plan is drawn up, let us *keep and publish registers of the cases admitted, according to the form agreed on at a meeting of the Association, held at Lancaster, in* 1842.

I have constructed the three annexed tables from this form, in order thence separately to record, the admissions, discharges, and deaths of each year.

Such a record would enable any statistical enquirer much more readily than our disjointed tables do, to take out and group for his own use the facts on which he desired to generalize.

[*See acompanying Forms, a. b. c.*]

The following note is all that is required to render these forms intelligible to every reader :—

1. In order to obtain accurate information as to the various particulars of the accompanying form of Register, not falling under actual observation, it is desirable that the several institutions should be provided with a *set of Queries under similar heads with those of the register*, which in every case should be furnished to, and filled up by, the friends or guardians of the patient, at the time of admission.

2. In filling up the Register, it is particularly recommended that the "duration of disorder on admission" should be ascertained as accurately as possible, and that the cases should be distributed into four classes in reference to such duration. Thus discriminated, the facts observed in different asylums, when exhibited in annual reports or otherwise, will be fairly susceptible of comparison with each other. The following are the classes recommended.

Class I. Cases of the first attack, of not more than three months' duration.

Class II. Cases of the first attack, of more than three, but of not more than twelve months' duration.

Class III. Cases not of the first attack, and of not more than twelve months' duration.

Class IV. Cases whether of the first attack or not, of more than twelve months' duration.

3. As regards the "form of mental disorder," it will be desirable, as much as may be, to refer every case to one of the following primary forms :

1. MANIA.
2. MELANCHOLIA.
3. MONOMANIA.
4. MORAL INSANITY.
5. DEMENTIA, under the two heads of Imbecility and Fatuity.
6. CONGENITAL IDIOTCY.

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Criminal Lunatics should be further distinguished as such.

4. It is also recommended, that in filling up the column of the "result," one of the following terms should always be employed: 1. '*Recovered*,' or '*Cured*;" 2. '*Relieved*,' or '*Improved*;' 3. '*Unimproved*;' and 4. '*Died*;' and that any other particulars in reference to discharge, as, *e.g.*, by 'escape,' or by the 'desire of friends,' should in no case supersede this essential information.

5. It need scarcely be observed, that upon every re-admission of a patient, the case should be again entered in the register; though it will be desirable, that every such re-admitted case should be distinguished, as in the accompanying form, by an asterisk or in some other way, so that the re-admissions may be readily identified.

In addition to these official registers of our Association, and as a step to an uniform series of statistical tables, I think I may, without question, suggest the further addition to our year's record of the two following tables compiled by Dr. Thurnam, the one shewing the admissions, re-admissions, discharges and deaths, with the mean population for the year, and the second table containing the same facts for the entire period during which the asylum has been open.

Asylum Medical Statistics, Table II.

Shewing the Admissions, Re-Admissions, Discharges, and Deaths, during the year 186 .

	M.	F.	T.	Male.	Fem.	Tot.
In the Asylum Jan 1st, 186 .						
Admitted for the first time during the year						
Re-admitted during the year . .						
Total admitted						
Total under care during the year . .						
Discharged or Removed:						
Recovered . . .						
Relieved						
Not improved . . .						
Died						
Total Discharged and Died during the year.						
Remaining in the Asylum, Dec. 31, 186 , (inclusive of absent on trial, male and female) .						
Average Numbers Resident during the year .						

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Asylum Medical Statistics, Table III.

Shewing the Admissions, Re-Admissions, Discharges, and Deaths, for the years and Weeks, from the Opening of the Asylum, 18 , *to Dec.* 31*st*, 18 .

	Male.	Fem.	Tot.
Persons admitted during the years and weeks			
Re-admissions „ „ „			
Total of Cases Admitted . . .			
Discharged or Removed: M. F. T.			
Recovered . . .			
Relieved . . .			
Not improved . . .			
Died			
Total Discharged and Died during the period			
Remaining, December 31, 186			
Average Numbers Resident during the period.			

A third step may be taken in an uniform direction, by what is, indeed, a table of local interest, and one the facts shewn by which are often enquired after, viz: a table shewing the year's results, *distinguishing the Unions to which the cases belong.*

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ASYLUM MEDICAL STATISTICS. Table IV.,

Shewing the Number of Patients admitted and discharged during the Year, distinguishing the Unions to which they belong.

UNIONS,	Remaining in the Asylum, Dec. 31st., 186 .			Admitted during the year 186 .			Total under Treatment.			Discharged.						Died.			Total Discharged and Died.			Remaining in the Asylum, Dec. 31st. 186 .		
										Recovered or Improved.			Un-improved											
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
TOTAL.....																								

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II. *Asylum Financial Statistics.*

No part of the published reports of asylums varies more in the amount of information given or in the form in which it is conveyed, than do the financial statements. In some instances we have a balance sheet only presented; in others we are favoured with the price of every mop and screw-nail purchased during the year, and between these extremes, there is in the several annual reports, every variety of detail and form of accounts to be found. Indeed some of these accounts look as if they were purposely obscure, and as if they meant to furnish an array of figures without results, and would seek to baffle, rather than court our scrutiny.

I need only in illustration of this, recall the remark made to-day from the chair, by Dr. Bucknill, where he said, "I beg leave here also to suggest that the new statute should empower the Commissioners in Lunacy to establish *an uniform system of asylum accounts*, and to require that they should be annually published. As they are at present kept, asylum accounts as often mislead as they instruct; yet a system which would enable us to institute a just comparison of our expenditure would be of great service. The maintenance charged in the different county asylums varied last year nearly 50 per cent., namely, from 7s in the lowest to 10s, 12s, and 13s in the highest. Even in old asylums the variations are great. An uniform system of accounts which would enable us at once to recognize the causes of this difference, whether of defect or of excess from the average, would be of infinitely more practical service than the unskilful and partially eliminated statistics at which we have so much laboured, and with so little result."

The President, you will remember, gentlemen, stated the case against our present asylum financial statistics, more strongly even than I have done.

The first information required from any system of financial statistics is a tabular statement of the income and expenditure arranged under their separate natural divisions. Thus in the case of an asylum we should classify Income as derived from *a. maintenance*, under its divisions of parishes in the county, borough patients, and private patients; *b. fabric account*, as derived from the county rate, and again, Expenditure under the heads of provisions, house expenses, clothing, salaries, and wages, &c., &c.

Surely on such stern facts as money figures, an uniform system of statistics might readily be observed, whatever difference of opinion might on theoretical grounds arise on the medical statistics of asylums.

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The annexed form, which is in use in the Middlesex Asylums, and which I adopted thence in the Sussex Asylum, accurately supplies every information relating to the income and expenditure of an asylum, and may, I think, now be very fairly submitted to you as an excellent model of a classified uniform statement of *asylum income and expenditure.*

Such a statement of income and expenditure is an honest, clear statement, which he who runs may read, and withal so full and ample in detail, as to furnish at one glance, the means of comparison with the financial results of any similar institution.

Without such a statement, all comparison based on mere cost of maintenance, as presenting only the element of price, and omitting the more weighty matters of the beef, clothing, comforts, well-paid attendants furnished, is utterly fallacious. With straw beds, workhouse fare, and cheap, unskilled attendants, limited in number, I could easily reduce the maintenance charge at the Sussex Asylum from its present figure, ten shillings and sixpence, down to five or six shillings, but unless I exhibit a balance sheet of my expenditure, it would be a fruitless effort to compare the asylum so metamorphosed, with its present self, or with the Essex, or other model asylum, and vain to try to shew how, and by the withholding of which remedial agents, the reduction had been accomplished.

[In the discussion on this paper, at the Annual Meeting in July, Dr. Campbell made some excellent remarks on this very point, and which I take the liberty of here re-printing.

"I have (said Dr. Campbell) gone into the question of maintenance very fully myself, and I believe very much turns upon the diet tables, and the salaries and wages; a great deal depends upon whether you have a committee who will pay officers and servants well, or whether you have a committee who will not. My own committee are well aware that if you wish to get good servants you must pay them well. At a recent Quarter Sessions Meeting, a gentleman got up and said, "I have got Mr. Hill's report. How is it you charge so much for the patients in Essex, when Mr. Hill charges so much less down in York?" I said, "I think comparisons are odious. I am sure if you go to a cheap tailor's, you will not get a good coat." However, the gentleman insisted again, and produced these tables of Mr. Hill. I looked into the different tables, and examined the way in which the maintenance accounts were kept. Now all accounts vary very much. I can take up, in some instances, a county asylum.

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ASYLUM FINANCIAL STATISTICS. TABLE I.

Shewing the Income and Expenditure, from the 1st January to 31st December, 186 .

To Cash received from County Treasurer . .		By Artizans' Wages .	
Ditto due . .		Building and other Materials, viz.—	
		Bricks, Slates, &c. .	
Total . .		Timber, &c. . .	
		Iron, Lead, Zinc, &c. .	
		Glass . . .	
		Paint, &c. . .	
		Insurance . .	
		Sundries . .	
Total Income from Fabric Account . .		Total . .	
TOTAL INCOME (*Maintenance and Fabric*) . .		TOTAL EXPENDITURE (*Maintenance and Fabric*) .	

Average Weekly Expenditure for each Patient from Maintenance Rate. *P.* 204.

	QUARTERS ENDING				For the Year 186 .
	31st March	30th June	30th Sept.	31st Dec.	
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Provisions . . .					
House and other Expenses . .					
Clothing . . .					
Salaries and Wages . .					
Medicine and Incidentals . .					
Total . .					
Weekly Rate for the Quarters and Year .					
Ditto ditto Parishes in other Counties					
Ditto ditto Private Patients .					

report, and show that three or four hundred pounds which ought to have been charged to the maintenance account, they have managed to shift on to the county accounts. How they do it I do not know; but certainly it is done. Some of the superintendents keep their patients very cheap, and many little items are put down under the heads of "alterations," "repairs," and other things of that kind, in a way that I really cannot understand. They may be very trifling items, but when put together I have known them amount to as much as six-pence or nine-pence a week for each patient. If the tables were kept in a uniform manner, and every article went down to the maintenance account, you would see very little difference of expenditure, and whatever difference there might be, would depend upon whether the committee gave a liberal diet and paid their officers and servants well, or whether they did not. There is very little difference in any other respect."]

A very few remarks will I think shew the clearness and value of this financial statement, as compared with the tangled mass of figures—occupying several pages, which form the financial statistics of some asylums—figures I repeat, whose jumbled form I can only explain on the hypothesis of their being an intentional effort to withhold the information apparently so minutely rendered.

And first, as relates to *Income*. The income of county asylums is derived from two sources, the one, payments on account of maintenance, the other, sums drawn from the county rate for the repairs and alterations of the fabric.

In the form suggested (Asylum Financial Statistics, Table 1) *the Income* derived from the maintenance account is stated in quarterly and yearly totals, as derived from

Unions in the county;
Out county patients;
County patients paid for by the county treasurer;
And private patients;

distinguishing in separate lines the sums paid, and the outstanding debts.

A similar quarterly and yearly statement of the sums paid by the County, for the repairs and alterations on the fabric.

These two heads of income form the total sum to be accounted for in the opposite side of the table—*the Expenditure.*

They contain all the necessary information, and are well calculated to present on one uniform system, the varied items of asylum income and expenditure.

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The *Expenditure* of a county asylum can readily be classed under the following heads.

Provisions.	Salaries and wages.
House, and other expenses.	Medicine, wine, spirits, & porter
Clothing.	Incidentals.

Every item of asylum expenditure, may readily be classed under one or other of these heads. In the table some thirty divisions are given, sufficiently minute for the most searching comparison.

The sums expended on the fabric account on the other hand resolve themselves into

Artizans wages.	Insurance.
Building and other materials.	Sundries.

Every sum in the expenditure account, as in the income, is stated both in quarterly and yearly totals.

Appended to this table is a summary of the weekly cost of each patient on the maintenance rate for the quarter and for the year, given under the several heads of provisions, clothing, house and other expenses, salaries and wages, medicines and incidentals. A statement of the rate charged is added.

To this table is added Table II, containing the account current, and the balance sheet, in the usual mercantile form, completing the yearly financial statement of a county asylum.

ASYLUM FINANCIAL STATISTICS. Table II.,
Shewing the Account Current and Balance Sheet for the Year ending December 31*st*, 186 .

a. THE ACCOUNT CURRENT.

Dec. 31, 186 .	£ s. d.	£ s. d.	Dec. 31, 186 .	£ s. d.
To Balance of Cash this day			By Cash paid on account of Maintenance, &c., of Patients, viz.:—	
To Cash received from Parishes and Friends for the Maintenance, &c., of Patients . .			For Provisions . .	
To ditto from County Treasurer, ditto of County ditto . . .			„ House and other expenses . .	
			„ Clothing . . .	
To ditto from ditto, on account of the ordinary repairs and alterations of the asylum . .			„ Medicine wine &c.	
			„ Salaries of Officers .	
			„ Wages of Attendants & Servants	
			Incidental Expenses	
			By Cash paid on account of Repairs and Alterations of the Asylum, to this day . . .	
			By Balance	

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b. BALANCE SHEET.

Dec. 11, 186 .	£ s. d.	Dec. 31, 186 .	£ s. d
To Balance of Cash this day (see Account Current) . .		By amount due to sundry Tradesmen, on account of Maintenance, &c., of Patients this day	
To amount due for Maintenance &c., of Patients, viz.:—	£ s. d.	By ditto to ditto, on account of Repairs, &c., of the Asylum .	
From Parishes in the County		Surplus	
Ditto other Counties			
Do. County Treasurer			
Do. Private Patients			
To amount due from County for Repairs, Alterations, &c., of the Asylum			

The only additional information required is a table of the *quarterly contract prices.* This information is essential towards forming any comparison of the actual cost of maintenance in an asylum. These prices vary much according to locality. The out-lying asylums procure their provisions at a much lower price than we in the home counties. Particularly in some asylums does this observation apply to that important item of asylum household expenditure, fuel.

It is only by an uniform and accurate knowledge, such as these tables furnish, of the income and expenditure of an asylum, that any just comparison of the maintenance rate can be formed.

I believe such an accurate comparison (*which has never yet been drawn,*) would shew but little difference in the expenditure on the maintenance account; that little depending chiefly on the numbers treated. Salaries and wages for example, divided between 300 or 600 patients, respectively shew a different result per head. Again the same observation applies to fuel.

Any vague comparison of mere price, omitting the consideration of the various component elements, is sheer quackery, unworthy of the members of a learned profession.

An uniform system of asylum financial statistics such as I have here drawn, is alike our remedy and protection from such vulgar fraud.

Connected with these financial statistics of the year, is the *Farm and Garden account.*

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The Hanwell farm and garden account, which we have adopted in the Sussex Asylum, is a clear and accurate statement, occupies only one page, and gives at sight the information required. Figures running over several pages yield, it should be remembered, except to the professional accountant, no information. No better form could be adopted in an uniform system of asylum statistics.

Asylum Financial Statistics, Table III.

Shewing the Farm and Garden Accounts from the 1*st January to the* 31*st December,* 186 .

a. Abstracts of Receipts and Payments on Farm Account.

RECEIPTS.	£ s. d.	£ s. d.	EXPENDITURE.	£ s. d.
To Sale of:			By Purchase of:	
Calves .			Pigs . .	
Wool, Skins, &c.			Cows . .	
Cows			Hay and Straw .	
Sundries .			Corn and Provender .	
			Sharps and Bran .	
Balance from Maintenance (See Table 1) . .			Potatoes & other Seeds	
			Farriery and Harness.	
			Sundries . .	
			Wages as per Book ,	

b. BALANCE SHEWING THE PROFIT ON FARM.

TOTAL OF EXPENDITURE.	£ s. d.	PRODUCE AND VALUE.	£ s. d.
To		By	
Balance of Cash brought down		lbs. Pork, per lb. .	
Rates and Taxes		„ Mutton per lb. .	
Grains at per Bushel (*Brewhouse*)		„ Butter at per lb.	
Estimated Rent of Acres of Land, at per Acre . .		doz. Eggs, at per doz.	
		Gals. Milk at per gal.	
		Bushels Potatoes, at .	
		„ Cabbage, at .	
		„ Turnips, at .	
		„ Carrots, at .	
		„ Peas and Beans.	
		„ Onions, at .	
		Lettuce.	
		Poultry.	
		Fruit	
		Tons of Wurzel . . .	
		Trusses of Hay . . .	
Profit on Farm		Poles of Vetches . . .	
£		£	

In a true financial statement, such as I have here advocated, the expenditure in this account on the farm, as labour, seed,

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purchase of stock, &c., are charged in the general table of expenditure. It is so much money actually spent. It represents milk, mutton, pork, vegetables, which, without the farm, would have to be purchased and charged with the other provisions. On the other hand, the farm balance sheet (*b* of Table 3) is intended to shew the saving to the house if any, on the farm, or in other figures the difference between the farm payments charged under the general expenditure, and the cost of the produce had it been bought in the market. A farm of 100 acres, with patient labour, ought to shew a fair profit of some £300 a year. The most wonderful farm returns are those of Colney Hatch.

III. *Asylum Domestic Statistics.*

Lastly, I would add a few words on the expediency of our adopting an uniform system of Asylum Domestic Statistics. They form as reliable a test of the efficiency and usefulness of an asylum as do either the medical or financial statistics, and aid as much towards the object of our 16th law—"the forming a correct comparison of the results of treatment."

The domestic statistics of an asylum comprise the following subjects:

a. The Establishment.

Every Asylum Report should contain a tabular view of the establishment, of the number of officers and servants with an accurate statement of the salaries, wages, and allowances. In comparing the relative wages table, it must be remembered how very much wages differ in the home and outlying counties respectively.

b. The Dietary.

The diet table should, I think, be printed with every statistical report of an asylum. In every household the diet is an important item of daily enquiry—in a large establishment the diet table certainly rises into the dignity of statistics.

An accurate diet table should shew at one view the daily and weekly quantities allowed to each patient. The meat should be stated as uncooked and free from bone. I now and then see vague definitions of Irish stew, which I generally construe into water, onions, and a few potatoes. Every diet table should afford information as to the quantity of raw

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material allowed for making soup, broth, tea, coffee, cocoa, pies, and stews, for each 100 patients. In the diet table of an asylum which was recently quoted to me as a cheap model for the Sussex to imitate, I found vague Irish stew for one day's dinner, for another pea soup made from the liquor of last day's boiling, no meat in any shape, for a third, and one half the quantity of cocoa and coffee which we allow per head. Of course, the more we pass from hospital to union-house management, the lower will be the rate of charge, but the lower also I must hold will be the results of treatment and the usefulness of the asylum.

Moreover, unless the quantities of raw material are accurately stated and checked by the cook or housekeeper, there is such a practice as that of a steward keeping back a portion of the tea, coffee and meat, supposed to be allowed, in order to add his mite to the year's savings. This is another result of that contemptible straining after union-house maintenance rate.

c. Yearly Consumption of Provisions.

A tabular statement of the yearly consumption of provisions by the officers and servants, and by the patients, is consequently an important addition to asylum domestic statistics.

d. Employment of the Patients, and its Estimated Value.

A table of the average number of patients employed, with their occupation, the estimated rate per day, and average value of the patients' labour, is an interesting domestic record of the year's work.

To this may be added the farther detail of the work done in the several work-shops, the number of coats, trousers, caps, shoes, mats, &c., made, with the market value of the work. If, from this statement, the wages of the master tailor or shoemaker, as the case may be, is deducted, the nett value of the patients' labour in each workshop will be shewn.

Many asylums go most minutely into the statistics of their work, giving us even the number of stockings darned! This seems to me cooking up figures after the pattern of the London begging hospitals, with their wonderful numbers of out-patients relieved—old women with their aches and pains, and young ones with sinkings at the heart, all going to swell the sum total of the annual relief afforded. I need hardly say that I am not now advocating the vulgar puff direct of these fancy figures.

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I have thus imperfectly brought before your notice these few suggestions towards an uniform system of asylum statistics. My object has not been to press my ideas on the attention of men much more conversant than myself with the compilation of asylum reports. I rather hoped that this imperfect notice of so important an object of our Association, would more definitively than any vague discussion of the question, lead this meeting to accord to the suggestion with which I desire to conclude this paper, viz.—*that the Association appoint a Statistical Committee to draw up a form of Asylum Statistics, which, if approved by you at the next Annual Meeting, would lead to the adoption in the published Reports of our County Asylums of* AN UNIFORM SYSTEM OF STATISTICS.

[At the close of the discussion on this paper at the annual meeting, in July, the following observation was made by Dr. Bucknill:—

"THE PRESIDENT: In connection with this subject, Mr. Brushfield has placed in my hand a valuable table of statistics of asylums during 1859, which will form a very fitting and valuable appendix to Dr. Robertson's paper. I have no doubt we shall find it very valuable when we come to study it in detail. With regard to general paralysis, for instance, we find the mortality in some counties very large, and in others very small; and perhaps, if we were to pursue the clue which this gives us, we might gain some information as to the cause of this most mysterious disease. I do not know that we are at present well-informed on the causation of that disease, which occasions, in our institutions, by far the largest number of deaths."

The following is the table thus referred to.

It will be observed that Mr. Brushfield calculates his percentage of recoveries and deaths alike on the total number under treatment. I would refer my readers to the first chapter of Dr. Thurman's "Statistics of Insanity," for the reasons which lead me to reject this method of calculation, as inferior for the purpose of statistical comparisons, with that now usually adopted, viz.—of calculating the recoveries on the admissions, and the mortality on the mean annual population. Mr. Brushfield, however, thinks otherwise.]

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