(6) Permanent recovery need not be hoped for unless both lines of treatment be pursued, systematically, during an uninterrupted period of twelve months in a "Home" from which every beverage containing the smallest quantity of alcohol is absolutely excluded. The first four months barely suffice for the getting rid of the stomach and other troubles which are the result of the alcoholic poison; at the end of the second period of four months, the patient begins to feel less the want of alcohol; by the end of the third period he has begun perhaps to understand that life may be enjoyed and vigorous health secured without stimulants.

(7) So-called "cures" effected by bark, strychnine, iron, and other drugs have not proved permanent.

(8) The permanence of a cure depends greatly on the after-treatment pursued subsequently to the patient leaving the "Home." The family of the inebriate, or the household of which he or she is to form a part, ought all to become total abstainers, no alcohol being allowed under any circumstances into the house except as a drug prescribed by a medical man, and dispensed in a medicine bottle.

The Psychic Life of Micro-Organisms. By ALFRED BINET. Translated from the French by THOMAS MCCORMACK. Chicago: The Open Court Publishing Co. 1889.

This is a study in Experimental Psychology from the pen of Alfred Binet. We defer to a future number a notice of this interesting little book, recommending our readers in the meantime to obtain a copy of it for themselves in the original French edition or the American translation.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.*

Asylum Reports, 1889 (*for* 1888).

(Concluded from p. 261.)

Bedford, Hertford, and Huntingdon.—A few cases of erysipelas occurred on the female side, and one patient died. This led to a thorough examination of the drainage and to all discoverable defects being removed.

Belfast.—This asylum is much over-crowded. Serious difficulties surround the problem how best to provide the necessary accommodation.

Durham.—This asylum is over-crowded, and about 200 cases are boarded at Whittingham.

It is a most unusual occurrence for a nurse to become insane. It,

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unfortunately, happened here, and it was necessary to dismiss the unfortunate woman.

The statistical tables are not those recommended by the Association.

Edinburgh Royal Asylum.—The following paragraphs from Dr. Clouston's report are of special interest. They put in definite shape the experiences and ideas of many asylum physicians :—

In an asylum such as this, which admits patients from all classes of society, we have an opportunity of seeing any differences in the symptoms of mental diseases as they affect different classes. If, as is now generally held, mental disease is largely the outcome and one of the penalties of civilization, then the various conditions of life and heredity of different individuals and classes in our complex modern society can scarcely fail to influence the kind of mental disease ensuing. As there are no two minds precisely alike, and no two faces the same, so this human differentiation in its highest qualities is accurately reflected in mental disease, no two cases of which are precisely alike. No other disease shows such immense variety. Broadly, the following differences are seen between patients whose own brains have been educated and who come of an educated ancestry, as compared with patients coming from a less educated class.

1. The types of mental symptoms in the educated are far more differentiated and distinct. The lower you go in the social scale, and in civilization, the less distinct and complex are the types. Notoriously, the chief types in the Highland and Western Irish Celt are more simple, and this is still more so when one gets to the negro and the savage races, in whom the little mental disease they are subject to is apt to consist more of a confused delirium than anything else. Physicians from the West of Ireland, and from our Colonies, have told me that they do not recognize the clinical pictures of mental disease I have elsewhere given (Clinical Lectures on Mental Diseases), as being applicable to their patients. To get a fine type of Melancholia, for instance, you must get an educated brain. The power of expressing the feelings in vivid language, which education gives, is, no doubt, one way in which this fact is manifested.

2. In the educated classes we find more cases of melancholia than among the uneducated, more cases of subtile perversions of the reasoning power (monomania), more cases of instrospective morbid questionings and doubts, tending to paralysis of will-power, and more cases of regular periodicity of different kinds of symptoms (*Folie circulaire*, or " alternating Insanity ").

3. Among the class of private patients with us, the graver cases of brain disease are less frequent than among the paupers, there being less epileptic insanity, and much less general paralysis. In the last English Lunacy Blue Book (for 1887), we find that the admissions into English Institutions show more melancholia, less mania, much more congenital insanity, less than half the epileptic insanity, and one-third less general paralysis among private patients than among the paupers. Our differences between the private and pauper class are even greater. We have not had a case of epileptic insanity among our 650 richer patients for the last sixteen years, and only about six among our 500 intermediate patients.

4. A class of cases is sent in as pauper patients, which is not often sent as private patients at all, viz., mild imbecile and idiotic cases, certain varieties of senile dotage, and mild transitory cases of all kinds.

5. The mental and moral causes of the disease, such as trouble, anxiety, fright, disappointment, love affairs, &c., operate most strongly among the educated; the physical causes, such as intemperance, excesses, and bodily diseases, &c., operate most frequently among the uneducated. I find that while among private patients mental causes produce over one-third of the cases, they do so in less than a fourth of the paupers. There is 11 per cent. of difference. The physical causes, again, operate in 20 per cent. more of the uneducated than the educated. This also agrees with the facts, as stated in the tables of the English Blue Book. (Forty-second Report of the Commissioners in Lunacy, England, for 1887, p. 55.)

6. In the insane of the educated classes the mortality rate is lower by about

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one-third in Scotland, and by one-half in England, as compared with the pauper classes. Here it has been for the last five years 6·9 per cent. among the private patients, and 9·72, on the average numbers resident, among the paupers.

7. A larger proportion of private patients recover than paupers. In the Scotch Royal Asylums five per cent. more recovered in 1887. In England the recovery rate last year was eight per cent. more in Registered Hospitals, which admit only private patients, than in County and Borough Asylums, which receive chiefly paupers. With us for the five years 1883-8, five and half per cent. more recovered among the private patients than the paupers, the numbers being 41 and 35·6 respectively. The cause of this is certainly not that the private patients' medical treatment is better, or that their superior quarters and more generous table have any specially curative effect. Pauper patients get better diet, more extras, and better accommodation, in proportion to what they have been accustomed to, as compared with private patients. In treating a private patient, I often regret that I cannot make the same difference for the better, in diet and accommodation to him that I can to a pauper, for the latter sometimes comes in half-starved, and we feed him up; he comes from poor and uncleanly surroundings, and we put him in clean and cheerful wards. This improvement in circumstances and surroundings have a directly curative effect on his disease. The real cause of the better recovery-rate among private patients is, that there is not so much severe organic disease of the brain, epileptic, and paralyzed cases, among them, nor so many idiotic and senile cases. The forms of disease they suffer from are more curable, in fact, in their nature.

8. As regards the admission and discharge of private and pauper cases respectively, there is this difference: on the whole, the private patients are not sent in so soon, and they are apt to be removed sooner, while more of them, after the acute early stage of the disease is past, are removed home before complete recovery. Since the boarding-out of quiet pauper cases was actively carried out by our two great parishes, there is, however, less difference than formerly in regard to the removal of quiet but unrecovered private and pauper cases respectively.

9. The richer class of private patients are not sent to us so soon as the poorer class. Only 12 per cent. of the former come to us within three months of the commencement of the disease, while 48 per cent. of the latter do so. The richer people have the means of proper treatment at home, and in private, of course, to a much greater extent than the poorer. This fact seems to show that an asylum is a greater boon to the poor than the rich.

The numbers of patients suffering from many of the varieties of mental disease sent to us each year differ greatly from those sent to English asylums. Notably, our congenital and epileptic insanity is not half the English amount, and our general paralysis is much less. But in the total amount of all the varieties combined we stand much the same as England. We seem to have more cases of ordinary mania and melancholia here, that make up the equality in numbers.

Glasgow. Govan and Lanark.—

The hours on duty here are from 6 a.m. to 8.15 p.m. one week, and from 6 a.m. to 7 p.m. the other. One afternoon from 2 to 7 one week, and 2 to 10 the other, is granted weekly. They are off duty every second Sabbath, and they get a fortnight's holiday every year. This may be considered a liberal allowance of leave, but it is not too much. The direction for further improvement is in shortening the hours of daily duty.

Concerning the training of attendants, a subject which he has done so much to advance, Dr. Clark says:—

Thus the special training of attendants became an organized system of our asylum work, and I had every encouragement to persevere with what was then a new departure in our asylum. I am happy to say that it is no longer a feature in this asylum alone; many asylums in this country have given practical effect

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to the principle of specially training attendants and nurses, and the results so far have been very satisfactory.

The work of training consists of lectures, instructions in the wards, practical demonstrations in bandaging, dressing wounds, making poultices and fomentations, what to do in emergencies, and all the manipulations of nursing. The attendants and nurses have each a certain number of patients allotted to them for observations, and regarding these they make written reports. The lectures are given fortnightly, beginning in October and ending in April. Four examinations—two oral, one practical, and one written—are held, and certificates and prizes are given in April. By such means the faculty of observation is educated and developed, the patients are individually focussed, better cared for, and better understood.

Kent. Barming Heath.—Concerning fish as an article of diet in asylums, Dr. Davies says:—

The patients' dietary has been improved by the abolition of the fish dinners formerly given once a week, and the substitution for it of roast meat. Whatever may be said in praise of fish as an article of food, there can be no doubt that there is a strong prejudice against it amongst the working classes. I am not prepared to say that this prejudice has no solid foundation. Fish, as generally given in asylums, *i.e.*, alone, without any meat to follow, is not sustaining enough, and the difficulties of cooking it properly when in large quantities are well nigh insuperable. The fish dinner was originally given upon my recommendation, but a long experience of its many disadvantages has made me change my opinion as to its value, and induced me to advise its discontinuance.

Kent. Chartham Downs.—A former attendant communicated with the Commissioners relative to the conduct of four of the attendants. The Commissioners, having investigated the charges, directed their solicitor to prosecute the four men. Two were fined £3 each and costs; one was discharged on account of his inexperience; and one absconded before trial.

Limerick.—Dr. Courtenay records a case,

Where a woman had swallowed a chestnut, with, as she stated, an intention to put an end to her life. She complained at the time of difficulty in swallowing, and seemed to suffer pain. This after a few days passed away; she was able to eat all sorts of food, got fat and well, and lived for a year, when she fell into rapid decline, and died after a few weeks' illness, declaring to the end that the chestnut was still in her throat. After death the nut was found firmly impacted behind her œsophagus.

The death rate from phthisis is abnormally high.

Montrose.—Dr. Howden's experience has been so great, and his sagacity is so generally acknowledged, that his views on all matters relating to the treatment of mental disease must command respect. We, therefore, reproduce the following paragraphs from his report:—

Treatment has been directed mainly to the restoration of the generally-impaired physical health rather than to combating neurotic symptoms. It is better, I believe, as a rule, to treat excitement by good hygienic conditions—good food, unpolluted air, suitable clothing, abundant exercise, and even hard work, combined with mental occupation and distraction, than to attempt to repress or conserve energy, whether by mechanical or therapeutical restraint. A hard day's labour, whether on the farm, in the washing-house, or scampering on the braes, is a better hypnotic than any narcotic drug with which I am acquainted. While expressing this opinion, I am far from ignoring the value of

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narcotics, and of the necessity of employing mechanical restraint in certain cases. The variety of manifestations in insanity is so infinite that we cannot afford to lay aside any of our armature, and the physician should bind himself to no creed, but keep an open mind unfettered, and himself perfectly free to adopt any means which the circumstances seem to indicate as the best for promoting recovery, prolonging life, or relieving human suffering. While maintaining perfect freedom of action, however, unaffected alike by fashion or public prejudice, we must not forget the errors into which our forefathers fell through ignorance and superstition, though they were probably actuated by motives as humane as we are, nor lose sight of the great principle of non-restraint (falsely so-called) established by Pinel, Tuke, Hill, Conolly, and others, which has revolutionized the treatment of the insane, so that the modern asylum has the character and aims of a hospital and a sanatorium rather than of a prison or a poorhouse.

In view of the discussion which took place last year in medical circles and in the public press on the use of mechanical restraint in the treatment of the insane, it may not be amiss to place on record a summary of my own practice during a period of thirty years, as a contribution to this subject. In doing so, I shall consider seclusion as well as mechanical restraint—first. because they are often employed vicariously or conjointly; and second, because I consider that seclusion in a dark room during the day is often a much more objectionable form of restraint than the use of mechanical means for restraining merely the muscles and the hands. Well, during the past thirty years 4,060 cases have been under treatment. Of these, 29 men and 26 women have been subjected to restraint by the strait jacket. The reason for employing mechanical restraint with these 55 persons was in *five* cases to prevent injury to the patient or others during attacks of exceptionally violent mania; in *nine* cases to prevent self-mutilation and suicide; while in the remaining 41 it was used to prevent the removal by the patient of dressings during surgical treatment.

It is stated that the English Commissioners consider and require the registration of the use of padded and locked-on gloves as *restraint*, while the Scotch Commissioners do not. This is such a small matter that it is hardly worth referring to. These gloves are generally used to prevent the patients pulling out their hair or picking the skin of the face or head with their nails, just as this variety of so-called restraint is employed to prevent babies sucking their thumbs. It is true that in our Scotch Register of Restraint and Seclusion there is no column for entering the use of locked gloves. In the old Daily Register, however, there was, and I find entries of the employment of locked gloves in the cases of three men and one woman, for a total period for the four of 150 hours during 20 years.

As to seclusion, I find that the number of persons that have been locked into a single bedroom during the day in 30 years was 106, 38 of whom were men and 68 women. The reasons for the seclusion were in 65 maniacal excitement, 14 epileptic seizures, and in 27 no reason is recorded. Dividing the thirty years into decades, the following is the record:—

1st Decennial Period—	
From 1859 to 1869 there were under treatment ...	1740
Of whom were restrained	6
Ditto secluded	91
2nd Decennial Period—	
From 1869 to 1879, under treatment	1526
Of whom were restrained	17
Ditto secluded	7
3rd Decennial Period—	
From 1879 to 1889, under treatment	1683
Of whom were restrained	32
Ditto secluded	8

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It will be noted that during the first decade seclusion was resorted to much more frequently than during the next two. The reason of this was twofold. For some years the old Montrose Asylum was in use as well as the one at Sunnyside. In the old asylum there were practically no grounds for out-door exercise, so that a violent patient who might have worked off his superfluous energy in the open air, had to be secluded for the common good. During the second decade seven persons were secluded, and during the third eight.

Mechanical restraint was employed with six persons during the first decade, with 17 during the second decade, and with 32 during the third decade. The frequency of the use of mechanical restraint was determined, as may be surmised, by the number of cases under surgical treatment.

In connection with the use or disuse of restraint and seclusion, it is well that we should also record the serious accidents which have happened to patients, officers, or attendants during the same period, with a view to ascertain how far these might have been prevented by precautionary measures.

Concerning the proposed new lunatic hospital in London, Dr. Howden remarks :—

Proposals have been made lately in the London County Council to establish hospitals for the treatment of cases of insanity, where the highest medical knowledge and skill will be brought to bear on the study and treatment of insanity. If this project be carried out, it will no doubt be an advantage to the Medical Schools by affording extended means for the study of mental diseases, but that it will be a benefit to the patients is, I think, more than doubtful, as I do not consider that any asylum can efficiently fulfil its curative functions unless it has plenty of land around it to afford scope for the occupation and exercise of the patients.

Mullingar.—The nurses now wear

a unique and most becoming uniform. Since its adoption the general appearance of the female divisions has been improved, as it adds so many individual items of decoration, much needed in our cheerless wards. Although apparently a trivial matter of administration, a well-appointed uniform on a nurse of pleasing manner and appearance exercises a most important influence in the moral treatment of the insane woman by awakening in some degree those natural inclinations and sympathies inherent in the sex, and by furnishing an example of tidiness which often leads to recovery.

Middlesex. Banstead.—Beer is no longer included in the diet of idle patients. The allowance of cooked meat to both male and female patients has been slightly reduced.

Dr. Shaw reports that among the men 32 per cent. died from general paralysis, and 12 per cent. of the women from the same cause, or 22·1 per cent. of all the deaths arose from this fatal disease. But the mortality from phthisis was still greater, and formed 32·4 per cent. of all the deaths.

It is also noted that the recent Whitechapel tragedies had a very determining character upon the nature of the delusions both in the men and women admitted from the East End of London. As a rule the delusions were of a temporary nature, and soon subsided.

Monmouth, etc.—As it is more than probable that the new County Councils may exhibit unwillingness to spend money on new buildings, it may be useful to note that the Committee of this asylum, in their report, are at pains to show that since 1883 no less than £19,634

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have been saved to the county and poor rates by providing all necessary accommodation. They add:—

> In connection with the management of an asylum there is no extravagance greater than to board patients out in other asylums from an unwillingness to face the cost of building.

Newcastle.—It is a matter of great regret to Dr. Wickham's numerous friends that ill-health has compelled him to resign his appointment. Although he had only been superintendent 18 years, and in charge of a comparatively small asylum, the cares of office have broken him down at a painfully early age. We earnestly hope that relief from asylum responsibility will speedily restore his health, and that he may live many years to enjoy his pension of £400 per annum.

Northampton.—Mr. Greene is much to be commended for the special arrangements he has made for the care and education of idiot children. The new buildings for them are now open, fully equipped for their education and training. There are class-rooms, drill appliances, gymnasium, and all the usual kinds of amusements. Mr. Greene reports that already the advantages of special treatment are apparent. Many of the children have improved to a greater extent than would have been thought possible, considering the short time the teaching and drill have been in use.

Northumberland.—This asylum appears to have been much improved by the recent additions, but further structural alterations appear to be required. An American bowling alley has been provided for the use of the patients.

Dr. McDowall refers to a special feature connected with the employment of patients:—

> Not only are they employed at what may be best for them mentally and bodily, but efforts are made to teach them trades, and thus to increase their usefulness. These apprentices are chiefly placed in the tailors' and shoemakers' shops. Of the men employed there at present, nine have been taught what they know of the work since they came here, and, though they cannot be described as first-class workmen, they are of considerable service.

Classes of instruction were continued in the early part of the year, and were brought to a close by a course of ambulance work. Five attendants passed the necessary examination, and obtained the certificate of St. John Ambulance Association. It is intended to continue this kind of instruction.

No machinery is in use in the laundry, but no difficulty seems to be experienced in getting the work done, and much labour has been saved by the adoption of the paraffin process of washing.

Norwich.—Besides the monthly meetings of Committee, some of the Visitors go through the wards weekly. Fifty-six such visits were made during the year. It is correctly remarked:—

> These, when judiciously made, are not only beneficial to the officers, but they bring your Committee into closer touch and sympathy with the inmates, and do

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much towards dissipating the sense of isolation and loneliness that ever has a most depressing effect on our patients.

This asylum, containing on an average 249 patients, is still without an assistant medical officer. When Dr. Harris takes "change and rest from his duties" a gentleman acts as his *locum tenens*. This cannot be regarded as satisfactory, and Dr. Harris must be very much overworked.

It is proposed to provide residences on the estate for the married officers.

This asylum seems to be managed with great energy and care. One of the good features is the presence in each dormitory of an electric push, to which the patients have access. This arrangement has never been abused, and has been the means of saving one life.

Nottingham. Borough.—Concerning the use of gloves as a means of restraint, Mr. Powell says :—

The gloves were used in the case of a man who, night after night, destroyed every article of his clothing and bedding, and I was unable to procure anything which he could not tear up, so I was driven to put on locked gloves to prevent it. He continued to wear them for some time, but no sooner were they left off than he resumed his old habit, and, instead of restraining him again, I placed him to sleep in the observation dormitory, and instructed the attendant to prevent him from tearing his clothes. The result has been to a considerable extent satisfactory. The experience of this case has strengthened the view which I held before, that when it is possible to keep patients from their mischievous habits by means of personal attention it should be done by night as well as by day, because there is no doubt that to restrain mechanically has a degrading influence upon the patients, and also has a bad effect upon the attendants; it makes them less energetic and careful if they know that means other than their attention are readily applied to prevent patients doing mischief.

Nottingham. County.—An amusement hall seems to be much required. At present the social gatherings are held in the laundry, an arrangement, as the Commissioners remark, unique in this country.

Nottingham Lunatic Hospital.—Dr. Tate reports :—

I have much pleasure in stating that another year has passed without either ***restraint*** or ***seclusion*** having been found necessary. During my thirty years of superintendence I have endeavoured to avoid the use of either, and, with the exception of one instance of the latter, I have so far succeeded in doing so. I have been strongly tempted on several occasions to employ both, but by delaying the evil hour have been enabled to do without either. An occasion might, however, at any moment arise when I should consider mechanical restraint of some sort not only necessary, but the wisest and most humane method of treatment.

Oxford.—Post-mortem examinations were made in all cases of death except one.

Portsmouth.—A walk has been formed round the estate. Dr. Bland reports that it is much appreciated by the patients, and that on an average, weather permitting, 121 men and 146 women walk there daily.

Roxburgh, Berwick, and Selkirk.—Dr. Johnstone reports :—

The prevalence of diarrhœa, however, during the past winter pointed plainly to some flaw in the sanitary arrangements, and a careful investigation brought

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to light several serious defects in the drains. These defects have been rectified, and the whole drainage system is being thoroughly overhauled. "Buchan" traps are being introduced wherever necessary; the ventilation of the drains is being improved; in some places branch drains have been entirely relaid, and each drain is carefully tested before being again brought into use, and its position accurately recorded in a plan. This work is being carried out by the asylum staff.

This is one of the few asylums where the number of patients resident diminishes yearly. This is due to the persistent efforts of the medical superintendent to board all suitable cases in private dwellings.

Surrey. Cane Hill.—The proposal to enlarge this asylum has been abandoned for the present. The magistrates naturally wish to throw the expense upon the new authorities.

St. Andrew's Hospital.—This great hospital appears to continue its good work with unabated success and energy. There is nothing calling for special remark, except, perhaps, that the electric light has been introduced, though not throughout the establishment.

St. Luke's Hospital.—Various structural alterations and other improvements were effected during the year.

The medical report records a

case of special interest, the wife of an officer in the army, who recovered after a residence of 14 years. She left the hospital eight months since, and we have every reason to believe she continues well. There is some encouragement to persevere with treatment beyond the ordinary term of twelve months, in the fact that seven of the recoveries took place in the second year of residence.

Salop and Montgomery.—The improvement of the drainage is almost complete, and it is expected that when these and other sanitary alterations are finished, typhoid and diarrhœa will be banished from the place.

Somerset and Bath.—Several structural alterations have been effected during the year.

Concerning attendants, Dr. Wade says :—

It is satisfactory to be able to say that the improvement in length of service among the attendants referred to in former reports continues. There are now no attendants in charge of wards on either side of the house who count less than five years in the service of the asylum. I am becoming more firmly convinced every day that the really best way to secure good attendants and to retain them, is, while duly paying every attention to their comfort and making their situations worth keeping, to refuse all applications for attendants' places from persons who have served in other asylums. The "rovers" seldom stay anywhere long, and they unsettle many who would not otherwise change. Good attendants seldom change. Those who leave "for a change" are not often worth retaining, and are no acquisition to any other asylum. There are occasional exceptions in which ample and sufficient reasons exist for a good attendant leaving a particular asylum, and such may and sometimes do become valuable servants in other institutions; but the rule as a general one holds good, and the exceptions are few and far between. At the same time, it is absolutely necessary to inquire carefully into the antecedents of all applicants for situations, as the most worthless will often conceal the fact that they have previously served (probably with disgrace) in an asylum. It is safest to engage no attendants from a dis-

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tance without inquiring of the superintendent of the nearest asylum as to whether he knows anything of them. I have frequently avoided engaging the "black sheep" of other asylums by this precaution.

Staffordshire. Burntwood.—A bath-tap is now in use here which appears to be an improvement on those generally found in asylums. It is called "The Safety Lock-lever Asylum Bath Valve." With it cold water must necessarily be first admitted to the bath, and the inlet and outlet are of good size, enabling the bath to be rapidly filled and emptied.

The number of patients in residence has markedly increased during the year.

In a former report Dr. Spence had occasion to remark that the number of patients suffering from general paralysis was not at that time so great as it had been, but of late there has been among the admissions a marked increase of victims to this sad disorder; in other respects he considers that the type of the mental derangement in recent cases has not varied materially from that observed during the past seven or eight years.

Suffolk.—This asylum has again been visited by a severe epidemic of dysenteric diarrhœa and typhoid, apparently caused by contamination of the water by sewage. Dr. Eagar gives an interesting account of this epidemic, and we can only express our sympathy with him in the trying circumstances in which he has been more than once placed. We know of no other asylum where for such a number of years these diseases have so prevailed. The difficulties were further increased by the breaking of the pumping shaft. As the pumping apparatus was not in duplicate, the asylum was almost without water for two days, and on short allowance for three weeks. Consequently the sewers became blocked and sewage escaped into the soft water tank.

It is not necessary for us to copy Dr. Eagar's account of the sanitary difficulties, but we can recommend its perusal to anyone who requires to be thoroughly impressed by the miseries and dangers accompanying bad drainage.

In order to reduce the number in the wards, 17 cases were transferred to the workhouse. The experiment has been successful, only one case having been returned to the asylum. This fact shows that asylum superintendents ought to be always alive to the judicious use of the workhouse for selected cases.

Waterford.—The much-needed additions to this asylum have at last been begun.

West Riding. Wakefield.—There is abundant evidence to show that the nursing of the sick in asylums is receiving increased attention. On this subject Dr. Bevan Lewis, in his excellent report of his well-managed asylum, says:—

It may be of interest to note as very conclusive evidence of efficient and careful nursing, that amongst the feeble and paralytic class *bed-sores* are now of rare occurrence in our midst, and that although from the nature of certain cases unavoidable, at the present time I find from my returns that amongst 1,360

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patients not a single bed-sore exists. This success is to be attributed to the free use of the water pillow; to careful and continuous observation; and, above all, to the conscientious discharge of their duty by a thoroughly efficient *night staff*.

It is also reported, as proving the beneficial results of good sanitary arrangements :—

The sanitary fittings within the building in connection with the recent drainage system introduced have proved highly efficient; the whole system throughout has worked satisfactorily. The health of the community has improved in a corresponding degree, we no longer have to complain, as in former days, of grave outbreaks of diarrhœa, dysentery, erysipelas, extensive chronic ulcerations of the intestinal canal, of erythema and fibricula, which were clearly attributable to sewage gas, defective ventilation, and impure drinking water.

York Retreat.—The villa at Scarborough has been occupied during the whole year. Some patients resided there the whole time, others were there for longer or shorter periods.

Dr. Baker is confirmed in the opinion that the efficiency and power of the Retreat have been largely increased by the appointment of another resident medical officer.

The opportunity for increased study of each individual patient's illness, and the added power of supervision of the carrying out of suitable treatment must be a manifest gain, whilst superadded to this we secure opportunities of surrounding the patients with increased social attentions and companionship, and also a larger power of supervision over the various *employés* of the institution, in carrying out efficiently, gently, and kindly, the different duties of their daily lives.

Most careful attention has been given to the preparation of plans for the erection of a one story villa for the treatment of acute female cases of insanity. It is proposed to erect this cottage in the southern garden, connecting it with the women's fifth gallery by a corridor thirty-five feet long. The building will contain four sitting-rooms and five bedrooms, with a padded-room and a room for the nurses, also a bath-room with suitable sanitary arrangements. The frontage to the south will be about sixty feet, and the building from north to south about ninety feet. Fresh air is to be supplied by means of an engine and fan, with an interchange of air three times in an hour. A tower provided with a coil of pipes will give the necessary extracting powers.

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2. *Colonial Retrospect.*

New South Wales.

Report of the Inspector General of the Insane for 1888.

Dr. Manning is able to give a good account, upon the whole, of the insane and their treatment in the Colony, the lunacy affairs of which he supervises with so much ability and success.

In New South Wales, as in Great Britain, the burden of insanity presses heavily, and without signs of material diminution. It is, however, satisfactory to learn from this report that, although the insane population is increasing at a rapid rate, the increase is not disproportionate to that of the population.

The number of insane persons on the register on December 31st,

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