Shelley was re-married in London, he being now of age. The author of "Political Justice" had modified his own views in regard to the legal form of marriage, and he accompanied Shelley to Doctors' Commons to obtain a license. Two days later, March 24, 1814, Shelley and Harriet were re-married in St. George's Church, Hanover Square.

(To be continued.)

PART III.—PSYCHOLOGICAL RETROSPECT.

Asylum Reports, 1886.

Very little is necessary in the form of introduction to our notice of the Reports. The same features appear year by year; some reports are too long, others far too short. The majority, however, indicate a determination on the part of medical superintendents to keep their buildings and arrangements up to the times, and, so far as can be judged by the criticism of the Lunacy Commissioners, most of them succeed.

It may have been noticed that during the past year or two the Commissioners have made special inquiries about the exercising of the patients beyond the airing courts. This official pressure, if it may be so called, appears to be doing good, though there is still sadly too much room for improvement.

The cost of maintenance of pauper lunatics continues to fall, and there seems to be a fierce competition as to which asylum is to occupy the place of most questionable distinction as being the most economically managed in the country. We hope we may be excused when we say that in our opinion this struggle is a most foolish one. There are so many improvements in asylum management retarded by the disinclination of the public to pay for them that the present is an exceptionally favourable time for their introduction. If with little exception the medical staff of our asylums requires to be increased, the same may be more strongly said regarding the number of nurses and attendants, and in all, the hours on duty urgently call for diminution. None of these really necessary improvements can be carried out without money. "Few attendants" means neglect and restraint.

Barnwood House, Gloucester.—This hospital continues to prosper abundantly, as indeed it richly deserves to do. Some of Dr. Needham's excellent observations will be found under "Occasional Notes of the Quarter."

Birmingham. Winson Green.—Relative to employment, Dr. Whitcombe remarks:—

> A recent visit to the asylums at Berlin and Vienna impressed upon me the advantages possessed by them over the majority of our English asylums in

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their excellent provision for a variety of employments. In the block for idiots at Berlin this was especially noticeable, resulting, I was informed, in the discharge of 80 per cent. of that class as being competent to earn their own living.* Whilst at Vienna a system prevails of giving a small monetary remuneration to patients for their work, the manufactured articles being sold and proving a financial success.

There is truth in Dr. Whitcombe's criticism, but there is very little chance of a real advance in asylum management in England so long as the foolish efforts to reduce the cost of maintenance continue. We repeat that the first step in the improvement of English asylums is to largely increase the staff of attendants.

Birmingham. Rubery Hill.—Judging from the extract from the Lunacy Commissioners' report, this asylum is in a most efficient condition, and we would suggest that in future the whole report, with that for Winson Green, should be published in full.

Bristol.—Extensive additions, at an estimated cost of £65,676, have been begun. These consist of four projecting blocks, and are arranged for the accommodation of 240 patients.

The following paragraph from Dr. Thompson's report may be interesting for more reasons than one:—

Though this document is addressed to a Committee of "laymen," I hope it is read by some of the medical officers of other asylums. It will not therefore be out of place, perhaps, to say something of some of the means used for treating the patients medicinally. I should say at once, then, that chloral, bromide of potassium, and cannabis indica—those dreadful destroyers of nerve function—are not used in this asylum. But during the year a new weapon has been added to our armoury, which promises to be of great service in the treatment of acute, chronic, and recurrent mania. I refer to the hydrobromate of hyoscine. Given in doses of from $\frac{1}{200}$th to $\frac{1}{100}$th of a grain by the mouth or injected beneath the skin, the effect, especially on the latter class of cases, is simply marvellous. Where the tendency of such persons (a very common one) is to destroy their clothing and property generally, the new drug most peremptorily puts a stop to it. But the hyoscine should on no account be given to an epileptic, as that condition known as the *status epilepticus* is at once induced in a dangerous degree. I find that small doses of aconite and antimony, together or alone, are of great service in the treatment of the ordinary morose epileptic. The fits are reduced in number, and the temper and manners and intelligence are improved all round. The calabar-bean is still used in the early stages of general paralysis, and, I think, with beneficial effect; but our trouble is, that we do not get such cases early enough to expect benefit to follow upon any mode of treatment; and until medical men outside asylums are trained to recognize this disease in its earliest stage, our tables of causes of death will present a large proportion of the deaths in asylums as being due to this sad disease. Sometimes jaborandi takes the place of the calabar-bean, and with about the same result—a general improvement of the patient if given early enough.

To criticise the preceding statements would be to go over the whole field of therapeutics as applied to mental cases. If we may express

* Supposing this extraordinary statement to be a misprint, we communicated with Dr. Whitcombe, but find such is not the case. It is obvious that either the "idiots" are not what we call by that name, or an incorrect statement was inadvertently made to Dr. Whitcombe.—[EDS.]

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an opinion, it would be that we scarcely agree with anything Dr. Thompson has said.

Berkshire, &c.—The Visitors pay a warm tribute to the worth and ability of the late medical superintendent, Dr. Gilland.

The alterations in the sanitary arrangements are now complete.

A considerable accumulation of patients has occurred during the year.

Although this report extends to 79 pages, it does not include the result of the annual inspection of the asylum by the Commissioners. The new superintendent, Mr. J. Harrington Douty, would do well to remedy this omission in future.

Broadmoor (1885).—This contains the last report by Dr. Orange, whose retirement we have already noticed with sincere regret. As is well known, he is succeeded by Dr. Nicolson, who will doubtless maintain the reputation of this great asylum.

The medical staff has been strengthened by the addition of another junior officer. There is nothing calling for special notice, except, perhaps, the heating of some of the blocks by hot water. Dr. Orange gives a detailed account of the arrangements connected therewith; they appear to be most satisfactory, and would doubtless repay inspection.

Cambridgeshire, &c.—At last the Commissioners have compelled the Visitors to consider the enlargement of the asylum. The cost is roughly estimated at £16,000.

Whilst the report by the Visitors is distressingly minute in detail, that by the Medical Superintendent is quite as minute in size. The former contains some information, however worthless; the latter, none at all.

The Visitors recommended a retiring allowance to an attendant of 17s. per week; the Quarter Sessions declined to confirm it; whilst these embodiments of wisdom wrangled over it, "the beggar died." £20 to the widow to defray the funeral expenses cannot atone for the previous cruel meanness of Quarter Sessions.

Carmarthen.—The new chapel makes satisfactory progress towards completion. Dr. Hearder states that this work has included the quarrying of more than 2,000 tons of stone, and its removal by boat to a landing place four miles from the quarry; all this has been done by the patients and the ordinary staff, with the assistance of one paid labourer. This is exceedingly creditable to all concerned.

The number of admissions has been lower than for any year since 1877. This would be a matter for sincere thankfulness if it could be regarded as a result of decrease in the frequency of attacks of insanity; but, unfortunately, we have no corroborative evidence to support such a theory. The number of chargeable lunatics does not diminish. In this district the proportion of lunatics in the asylum is still under 50 per cent. of the total number chargeable; while for the whole of England and Wales the proportion under treatment is above 67 per cent. The admissions to asylums throughout the country during the year are in the ratio of 5 to each 10,000 of the population; in this asylum the ratio was last year only 5 to each 22,000 of the population; in other

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words, our admissions for the past year, if equal to the average of the rest of the country, would have been 140 instead of 65. This disparity between the ratio of admissions to this and to other asylums becomes even more strongly marked when we have ascertained the proportion of the chargeable insane to the general population in this and in other districts; for we find that in the whole of England and Wales there are 26 chargeable lunatics to each 10,000 of the population; while in the counties of Carmarthen, Cardigan, and Pembroke, the proportion is 33 to each 10,000.

We doubt whether this diminution in admissions of pauper patients is due, as Dr. Hearder supposes, to the fear entertained by medical men of legal proceedings following on the signing of lunacy certificates.

Cornwall.—It would appear that the new accommodation is being rapidly filled up by chronic cases from workhouses. The epileptic and more actively suicidal patients are now under continuous supervision at night.

Crichton Royal Institution.—The number of pauper patients has been kept down by the discharge of all who were fit to reside out of the asylum, and most of those discharged unrecovered were boarded out in private dwellings. This policy has been steadily pursued for the last few years, with the result that the number of pauper patients belonging to the district has fallen from 302 to 239.

Concerning general paralysis Dr. Rutherford says —

For some years I have observed what seems to be a change in the duration of this disease. Ten or fifteen years ago from two to three years was considered the limit of life in men after its symptoms were decidedly pronounced. At present there are several men, undoubted general paralytics, who have been ill upwards of four years, and are yet in good physical condition. The less rapid course of the disease may be due to improved methods of treatment and nursing, or perhaps to its having been brought on by slighter causes than in those we were accustomed to see long ago; if so, this would account for the increase in the numbers of such cases. Another feature in the nature of the admissions now, as compared with ten years ago, is the small number of cases of acute mania, and the large number of those of mental depression or melancholia.

It is satisfactory to learn that gentlemen in increasing numbers engage in garden work, which is limited to four hours per day.

Extensive structural alterations are still in progress.

No report by the trustees is given; neither is the entry made by the Commissioner at his semi-annual visit. These we cannot but think should be published. They refer to a public institution and are of general interest.

Cumberland and Westmoreland.—The official report on the condition of this asylum is most favourable.

Concerning the visiting of the patients by their friends, Dr. Campbell says :—

It is a distinct hardship when asylums are built in such remote districts that the patients are deprived of visits from their relatives. I am more and more convinced, as my experience extends, of the value of visits from relatives in many cases of insanity. To be left without the sight of a relative or friend, without a cheering word from home, in an asylum among strangers, is enough

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to make a desponding patient more desponding; a patient tending to dementia more ready to lose interest in all mundane matters. I strongly advise frequent visits to such cases, as I believe they will benefit by them; and I also advise such friends as can afford it to send occasionally the special local paper which interested their relative; for even though our supply is a good one, patients prize getting a paper for themselves.

If all the patients' friends were discreet, no doubt they would be welcomed by the officers of an asylum much more heartily than has been the case hitherto. It cannot be denied that they occasionally work irretrievable mischief.

Denbigh.—It is to be regretted that the Visitors delay providing accommodation which is evidently required. They prefer to send patients to other asylums

Rather than recommend a large outlay in additional buildings in these depressed times, and with a possible change in the government and arrangement of asylums in prospect under a County Government Bill.

The Commissioners point out that the staff of attendants is numerically weak. Other defects, chiefly structural, and others due to overcrowding, are pointed out. As the rate of maintenance is at the dangerously low figure of 7s. per week, it would not be amiss to increase the cost by carrying out the suggestions made by the Commissioners.

Mr. Cox seems to be doing what he can to increase the useful employment of the patients, and has placed an attendant in charge of the newly instituted upholsterer's shop.

Derby.—Dr. Lindsay brings under the notice of his visitors some paragraphs from the Report of 1882, relating to the Capitation Grant and how it might be spent more wisely than at present. He has got hold of an excellent subject, and should not drop it.

Three of the admissions were found not insane, and were returned to the workhouses from which they had been sent.

The mortality is again high, and the deaths from phthisis are excessive. In 8 of the 15 deaths from that disease it probably existed on admission.

A photographic apparatus has been purchased, and is used by the assistant medical officer, who takes the photographs of the patients for insertion in the Case Book, so as to facilitate the better illustration of the cases. This ought to be done in all asylums.

Devon.—A sum of £4,000 has been granted to provide sleeping accommodation for 35 female patients, and for the erection of a dining-hall to seat 400.

An observation dormitory for epileptic and suicidal patients has at last been provided.

A marked falling-off in the number of admissions in the last two years, causes Dr. Saunders to remark that the fact is noteworthy, but not easily accounted for. Although in the present uncertain and transitional state of the Lunacy Laws, both magistrates and medical men are reluctant in some cases to make the necessary orders and certificates for

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admission to the asylum, the movement of population in agricultural districts must be a more important factor, as the tendency is for a certain proportion of the rural population to remove to urban districts or to emigrate.

The absence of the Commissioners' report is to be regretted.

Dublin. Richmond District Lunatic Asylum.—The report of the medical superintendent of this asylum is, to our thinking, one of the most important events in the Irish lunacy world. When any asylum has been governed for many years by one man, however good, the chances are that when a change comes, many necessary improvements are needed. Men stand still much more than medical science does. What was good enough 30 years ago will not now be tolerated. In looking over the report we are struck with the amount of much-needed sanitary reform which Dr. Norman has to carry out, and unless he is ably supported by his committee, it will be a hard matter to get all things in order before the visit of the Medical Association to Dublin this year. The state of water, of the drains, and of the general health, as represented by dysentery and diarrhœa, is alarming, and if cholera happened to visit Ireland, it would be hard to say where the disaster might end. We believe Dr. Conolly Norman knows fully his responsibility, and will not shrink from his duty, which is to persist in pointing out the grave dangers to which his patients are exposed till they are removed. It is intolerable for a conscientious superintendent to think that patients suffering from mental disorder may come in for cure, but may be injured or killed by the evils of the establishment where they seek health.

Dundee.—We regret to find that this Royal Asylum continues to struggle against severe financial embarrassment, though the directors express a hope of speedy relief in this direction.

The following paragraph from Dr. Rorie's report holds out the hope that yet another asylum may be utilized for the teaching of psychological medicine:—

> The character of the institution is, however, affected in another way. The pauper patients allowed to remain in the asylum chiefly belong to the epileptic and paralytic class, and those whose physical condition requires special attention. When this is kept in view, and the large increase in the numbers admitted, it will be seen that the Institution is becoming year by year more and more a hospital for the curative treatment of the insane, and for the treatment of persons suffering from paralysis, epilepsy, and other allied nervous diseases, and year by year less a place for the detention of the insane for the safety of the public; and this purely medical aspect of the question is one that ought to be kept prominently in view, the more especially as the establishment of medical classes in connection with the University College seems to be meeting with greater and increasing approval on the part of the community generally. Indeed, the question how far the Institution even at present might not be, to a certain extent, a means of medical education, is worthy of consideration. Thus, by establishing one or more clinical clerkships, and throwing them open to advanced medical students from any of the Universities or Medical Schools as might be desirous of acquiring a practical acquaintance with the treatment of the insane, a satisfactory commencement would be

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made in this direction at scarcely any cost to the Institution, or, at least, a cost which would be more than compensated for by the additional assistance that would be in this manner rendered in the individual treatment of the patients and in pathological investigation and research. The opportunities available in this direction have long appeared to me to be too little taken advantage of, and it is with satisfaction that I can now report the accomplishment of what has been a long cherished desire on my part—the establishment of a thorough and systematic pathological examination in all cases where permission can be obtained. In connection with this department, the foundation of a pathological museum has now been laid, which already is interesting, and in after years will, no doubt, prove of greater value.

Fife and Kinross.—This asylum has now been occupied twenty years. Dr. Turnbull has prepared some statistics for this period, and we make the following extract from his remarks :—

It may be interesting to note the amount of pauper lunacy at the beginning and the end of the period. On the first of January, 1866, a few months before the opening of the asylum, the number of registered pauper lunatics belonging to Fife was 251, and to Kinross 16. At 1st January, 1886, the corresponding figures were 452 and 23. Taking the general population of the district as represented at these two dates by the numbers given in the census for 1861 and 1881 respectively, the population of Fife in 1866 was in round numbers 155,000, and of Kinross 8,000; while in 1886 the population is 172,000 and 6,000. In Fife the general population has increased during the 20 years by nearly 11 per cent.; but the number of pauper lunatics has increased 80 per cent. In Kinross the general population has decreased by 25 per cent.; the number of pauper lunatics has increased 43 per cent. Taking the proportion of pauper lunatics per 100,000 of the general population, we find that in Fife the number was 162 in 1866 and 263 in 1886, and that in Kinross the number was 200 in 1866 and 379 in 1886. The amount of pauper lunacy has thus increased in a much greater ratio than the general population. As has already been pointed out more than once, this does not necessarily indicate that insanity occurs more frequently now-a-days than it did 20 years ago. The influences which lead to an increase in the proportion of pauper lunacy, independently of any increase in the real amount of insanity, have been referred to in previous reports, and need not now be mentioned again.

Turning to the disposal of the patients, it appears that at 1st January, 1866, of the total 267 pauper lunatics of Fife and Kinross, 208, or 76 per cent., were in public establishments (that is, asylums or licensed wards of workhouses), and 64, or 24 per cent., were under private care. At 1st January, 1886, of a total number of 475 pauper lunatics in the two counties, 365 (77 per cent.) were in public establishments, and 110 (23 per cent.) under private care. There is thus only a slight variation in the mode of disposal of the patients at the two dates. For the whole of Scotland, the proportion at present of pauper lunatics placed in public establishments is 78 per cent., and under private care 22 per cent.

All suicidal patients are now under continuous supervision at night. This very necessary part of asylum work might with great advantage be introduced in other Scotch asylums.

Glamorgan.—The auxiliary asylum is nearly ready for occupation. At their visit, the Commissioners indicated several serious structural defects in this building.

Dr. Pringle again directs attention to the large proportion of melancholiacs in the cases admitted.

Gloucester.—Mr. Craddock's report is a record of much work accomplished. We can find room for the following paragraph only.

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It is interesting from a legal point of view, and relates to a topic never before discussed, so far as we know.

The existence of overlapping Unions, *i.e.*, Unions extending into more than one county, was, during the year, the cause of considerable correspondence between your Superintendent, the Commissioners in Lunacy, and the Clerk of the Peace, and of discussion by your Committee. A patient was sent here from the Shipston-on-Stone workhouse, which is situated in Worcestershire. Previous to his admission into the workhouse, he had been resident in that portion of the Shipston-on-Stone Union which is situated in Gloucestershire. The question raised was whether a Justice of the Peace for Gloucestershire had jurisdiction to send a patient here whose settlement was in Gloucestershire, but who at the time the order was made was actually resident in Worcestershire. A case for opinion was submitted by your direction to the Clerk of the Peace, and this gentleman held that the order for the patient's admission was good, and that, under the Act 30 and 31 Vic., c. 106, s. 27, "A Gloucestershire magistrate acting judicially within the area of the Union would be acting within his jurisdiction by force of the Statute." This definite opinion has, it is hoped, set a much-disputed question at rest, and will form a useful precedent for guidance should such a case occur again.

Govan.—A limited outbreak of erysipelas occurred, ending fatally in one case. Mr. Watson, the medical officer, reports that "steps were taken to discover, if possible, and remedy any sanitary defects which might account for the disease. This, it is to be hoped, will prove successful; but inasmuch as the causes of erysipelas are not certainly known, it would be rash to predict its permanent disappearance." There is one chief cause of erysipelas which should not be overlooked, especially as it exists in this asylum. We refer to overcrowding. One of the Visiting Commissioners reports: "The difficulties attending the management of the asylum are much increased by the fact that the population is considerably in excess of that which it was designed to accommodate, leading to a disproportion between the day-room and the dormitory accommodation, and an insufficiency of hospital accommodation." Here is a sanitary defect, obvious and easily removed.

At last an epileptic has been suffocated in a Scotch asylum. And so an additional night-attendant has been engaged. It has frequently struck us as remarkable that the manner in which the night-attendants perform their duties in Scotch asylums is scarcely ever the subject of official observation. Except as relating to the number of wet beds, about which night-attendants may tell any number of lies, their work escapes criticism. So far as we know, it is quite exceptional to check them by tell-tale clocks. If so, this is not as it should be.

Glasgow District.—In reproducing the following paragraph from Dr. Clark's report, we must say that we do not quite agree with his views. It will surely be admitted that a wet and dirty case is not a suitable inmate of an overcrowded house. The patient cannot be attended to by a woman who has a husband and perhaps five or six children to work for. Neither is it desirable, nay, most unreasonable, that a whole household should be inconvenienced, and, as we have seen, made miserable, by a dirty, evil-smelling, foul-talking old man. Cer-

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tainly such a case might be cared for in a workhouse, but if he does at last gravitate to an asylum, why should he be so unwelcome?

The admissions were of (an) unusually hapless character, the proportion of incurable and dying cases being above the average. Many patients came to us who in the hospital wards of English workhouses would find their appropriate place, shattered in body, and mentally helpless, because of their physical helplessness; but, if these cases are cases of lunacy, every old man or woman who has a stroke of paralysis is a lunatic, for no rigid line of distinction can be drawn between the one and the other. They are not raving lunatics; they are neither homicidal, suicidal, dangerous, nor destructive; they are no more offensive to decency than any other paralytic who, by his helplessness, requires the cleansing offices of a nurse from time to time. They may wander in their talk, but it is a quite inoffensive delirium, and they may be childish or have lost memory, but these are nothing strange in an hospital ward. It does not take long to exhaust the affection of their relatives; because from paralysis they are "wet and dirty," the hospital will not have them, and they are not good enough for the poorhouse; but "wet and dirty," though it never appears in the medical certificate, is the reason for their removal to an asylum. Nervous diseases are very much on the increase, and if they are to be confounded with lunacy in the ratio of their increase, the structural character of asylums must undergo extensive alteration, and their limits be considerably increased.

If the welfare of a patient be the chief consideration, we have no hesitation in saying that any senile or paralytic dement will be much better cared for and nursed under Dr. Clark's care than in any Scotch workhouse, or boarded out.

Glasgow Royal Asylum.—A youth labouring under acute mania developed signs of scarlet fever three days after admission. The disease did not spread, but the need of a detached hospital was demonstrated, and is under consideration.

Hants.—Nearly all the drains have been taken up and relaid; and the whole sanitary condition of the buildings, old and new, is receiving attention. This work is being carried out under the superintendence of Mr. Rogers Field, at a cost of about £3,000. The water supply is not beyond suspicion. The reports by chemical experts as to its character are certainly most surprisingly at variance.

Two blocks of cottages for attendants, in all 12 houses, have been provided.

Dr. Worthington's report is largely devoted to the consideration of the water supply, and the other questions connected with the origin of typhoid.

Although it may be necessary in an official report to mention such unimportant events as the birth of children, we cannot see why the mothers' names should be given in full. Surely this has been done in error, as it is self-evident that such announcements must be distressing to the patients and their relatives.

A useful report by the County Surveyor on the sanitary condition of the buildings, the disposal of the sewage, &c., is given.

Hereford.—Here also sanitary improvements have been in hand. A new main sewer has been laid, which has been disconnected from all

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the branch drains, and from the ventilating pipes around the asylum buildings. The branch drains have in several parts been relaid and ventilated.

We reproduce the following paragraphs from Dr. Chapman's report :—

> The appeal made to the Unions at the beginning of the year to moderate the influx of "workhouse cases" seems to me to have been a complete failure; the admissions are certainly seven less than the average of the previous ten years, but the cases I miss from among them are not these "workhouse cases," but the more manageable of the recent and curable cases that ought certainly to have been sent to the asylum. Whether their absence is a curious coincidence, or whether such cases have been retained at home or in Unions, as an answer to our appeal, I do not know, but if they have been, then our appeal has not only been a failure, but a very unfortunate one.

Referring to the unfavourable nature of the cases under treatment, he says :—

> The number of persons confined to bed constantly increases; those who are only able to get up for a portion of the day increases in a greater ratio. Those in bed all day exceed 30 on most days. A census taken one morning lately showed 64 patients (out of 400) in bed at breakfast time, and 24 who had to be fed. The patients of wet and dirty habits are no less than 119, and those partially so 45, leaving only 237 out of 401 of clean and decent habits. Twenty years ago a score would have been a fair proportion of patients of dirty habits in this number.

Dr. Chapman gives a valuable table, showing the character of his cases since 1872. As usual, his report is of much interest.

Holloway Sanatorium.—This first report is not very encouraging to amateurs in asylum construction. We sympathise with Dr. Philipps in his work; it will be no easy task to arrange this magnificent but defective building for the special purpose for which it was built. This report makes it quite evident that so far as time has permitted, he has made great progress in all the branches of administrative and structural work. It is disappointing to see an advertisement in which the institution is described as for "patients of the *upper* classes only." If such is the case, and we are bound to believe the statement, we do not hesitate to say that Holloway's is a great Charity wasted, for Mr. Holloway's original intention or plan was to provide for private patients just above the pauper class—*none* over 21s. a week. *Now* the class he intended to benefit is expressly excluded. Endless structural alterations are or have been required, and a great charity is nullified. "But yet the pity of it, Iago!" What unspeakable good *might* have been done with that money on the lines of the first intention! We are almost tempted to say that the taste of the pill though silvered is scarcely disguised, and that there are not a few "dead flies which cause the ointment of the" worthy donor "to send forth a stinking savour." We do not refer to the imperfect drainage only.

We specially commend the arrangement mentioned in the following paragraph from Dr. Philipps's report :—

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Encouraged by the great success which has been obtained by Mr. Bayley, the Medical Superintendent of St. Andrew's Hospital, Northampton, in getting the gentlemen patients to engage in manual labour, to the improvement of their physical and mental condition, an attempt has been made to introduce a similar system here. About 18 gentlemen have worked in the grounds, and about 12 have assisted in the lighter house-work. The advantage all round has been great; grumbling and quarrels among the gentlemen have been infrequent, while the general health has improved. On the ladies' side, such good results have not been obtained; but still, a great deal of needlework has been done, and some housework; and few of those who are mentally capable have been altogether idle.

Hull.—This new asylum appears to be rapidly getting into full working order. The cases admitted here appear to be most unfavourable. Dr. Merson reports that of 95 admissions, 22 were general paralytics, 16 were epileptics, imbeciles, or subjects of some form of brain disease, and many others were cases of long standing mental disease. Only 32 of the whole number were considered at all likely to recover. And yet we go on talking about the great things we could do, if we had separate asylums for *recent* cases!

The mortality continues high.

One cause of this excessive mortality is the great prevalence of general paralysis among the patients admitted here, and it may not be without interest to compare this asylum with others in respect to the occurrence of this disease. The Commissioners in Lunacy, in their yearly reports, have for some years past given tables showing the proportion of cases suffering from general paralysis to the entire number of admissions in all county and borough asylums. From these tables I find that for the last three years published, the proportion of cases of general paralysis to the entire admissions in county and borough asylums was 8·3 per cent. During the corresponding three years the proportion in this asylum was 16·7, or more than double, while during the year just closed it has been 23 per cent.

Isle of Man.—Dr. Richardson mentions in his report that a family, consisting of husband, wife, and daughter, was sent to the asylum on one day. As they were suffering from the milder forms of insanity an attempt was made to have the old married couple boarded out, so that they might be able to spend the remainder of their days together, free from that monastic discipline which seems to have become a necessary part of the arrangements of every asylum.

Ipswich.—One of the serious disadvantages of the boarding-out system is noticed by Dr. Chevallier in the following paragraph:—

For the first time, I believe, in the history of this asylum, a birth took place within its walls, the mother being a patient whose friends had removed her into private lodgings, and had not sufficiently watched over and protected her during her absence of several months.

(*To be continued.*)

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