403 discharges, insanity was attributed to hashisch in 159, of whom 94 were sent out cured, 27 improved, and 38 not improved. General paralysis is rare. The total mortality is about 6 per cent.

Gheel.

Dr. Hesse read a paper upon "Gheel and its Insane Colony" to the Medico-Psychological Association, which met at Hanover in 1884. We have noticed that of late the shares of Gheel have been falling. Dr. Hesse's description is not calculated to raise the credit of that concern. In some places of the Gheel district he saw huts such as in our country are only to be found in the West Highlands or Ireland, with bedding and furniture of a very poor description. The patients, he writes, spend the whole day with their keepers; they work with them, or sit if they are not able to work in the smoky room. Order or cleanliness is scarcely seen in any of those houses. Everywhere there is dirt and the most sordid poverty. The keepers have, in general, only a small patch of ground, and give themselves to agriculture as far as the dreary desert is capable of tillage. Few of the inhabitants have a cow, the most of them only a goat. They depend much upon the board which they get from their patients. Butcher's meat is an article of luxury, which, at most, is seen in small quantities on Sunday. Their ordinary fare is potatoes with vegetables, or fried with dripping. In one of the houses the housewife told Dr. Hesse that nothing had been given to the patients up to mid-day but coffee with rye bread. In the older parts of the Gheel colony he found things somewhat better, especially in the village of Steelen. He praises especially the expertness and quickness of the people in managing lunatics.

Dr. Hesse thinks the supervision of the insane female patients very faulty, and expresses his belief that the regulations given out for the care and diet of the lunatics are often neglected and evaded. He proposes a number of reforms; but it seems impossible to carry out these effectually without totally altering the character of the poor Flemish peasants, who eke out a small subsistence by economies practised on their insane boarders.

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4. *English Retrospect.*

Asylum Reports, 1888 (*for* 1887).

Aberdeen.—Considerable pressure on the accommodation for pauper patients continues, but it has been diminished as far as possible by boarding out suitable cases and transferring the fatuous to workhouses. It is satisfactory to learn that the Directors have had under consideration the best method of providing the necessary buildings, including a general dining-hall, a general bath-room, and a separate chapel.

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The female attendants are now in uniform; the result is said to be satisfactory.

In spite of the over-crowding the deaths from phthisis are very few—only four in a total of 42.

Barnwood House.—Various structural improvements are in progress or under consideration. This hospital continues its good work, and it is very satisfactory to find the Committee so heartily assisting Dr. Needham in his energetic and enlightened management.

An important litigation is in progress between this hospital and the Crown. A claim has been made for income tax under Schedule D, and a large increase under Schedule A, and for inhabited-house duty. It is intended to fight the matter out and to obtain a definite and final decision. The Committee express their regret that most of the other hospitals have not joined in the attempt to resist the claims of the Crown.

A second assistant medical officer has been appointed.

Bethlem Hospital.—Several matters of interest are referred to in Dr. Savage's report, which we should like to quote if space admitted. The development of the system of voluntary boarders has been marked, and proved satisfactory, although often only the readiest means of getting a patient ultimately certified.

This asylum is among the few in which all the statistical tables of the Association are given.

Berkshire, &c.—Mr. Doughty has succeeded the late Dr. Gilland. He seems to show commendable zeal, and the condition of the asylum is very favourably reported on. There is nothing in his report calling for special mention except that the number of deaths from phthisis is small, only four in 63 deaths; and that the out-door exercise of the patients receives sufficient attention.

Birmingham. Winson Green.—The following paragraph is from Dr. Whitcombe's report, and contains his views as the result of 17 years of official asylum life:—

> The asylums of England and Wales vary in extent of accommodation from 300 to over 2,000, and at the present day it appears to be the fashion to build huge palatial residences for numbers approaching the latter. Is this right? I am compelled to believe that our acute and chronic insane require separate and distinct accommodation and treatment, and that at the present time we are not doing all that we might for promoting recovery in the more curable cases, but are becoming lavish and extravagant in providing accommodation for chronic patients. Turning to the Commissioners' Report for 1886 we see, as a result of the present system of dealing with our insane, that in 1877 the recovery rate was 37·30 per cent. on admissions, and in 1886 41·16 per cent., the average for the 10 years being 39·91 per cent. Is this satisfactory? I think not, and I believe that the system of mixing acute and chronic cases is to a large extent the cause of this poor result. I fear that the recent cases placed in large wards may receive too little attention in the crowd, and no one, I think, would consider the phrase "Similia similibus curantur" as applicable to the scientific treatment of insanity. In Australia reception houses are to be found, and one at Darlinghurst has been occupied for 20 years, and is said to be doing excellent work; whilst in Germany are to be seen wards in general hospitals set apart for

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the temporary, or first treatment of insanity. I am strongly of opinion that a great step towards the more successful treatment of insanity would be made by the provision of separate hospitals or reception houses for the observation of all recent cases, many of which recover so rapidly when removed from their ordinary surroundings, that it is a pity they should receive the stamp of asylum cases ; and when the time comes for extending your asylum accommodation I venture to suggest such provision for your consideration.

It is stated by Dr. Whitcombe that it has become customary for the coroner to send independent medical men to examine the body before holding an inquest instead of entrusting this duty to the asylum medical officers. Personally he views this change as a salutary one and likely to increase public confidence.

Of the 70 deaths during the year nine were due to phthisis.

Birmingham. Rubery Hill.—Dr. Lyle's report contains some sensible remarks on the employment of patients.

The total deaths were 24 ; of these four only were due to phthisis.

Bristol.—The following paragraph from Dr. Thompson's report is of great medical interest. The general opinion of the profession is that general paralysis of the insane is incurable ; but cases do occur, especially syphilitic ones, which almost make it possible to believe that the usually accepted conclusion is too sweeping. Then it must be remembered that the diagnosis of general paralysis is not always a very easy matter, and probably all asylum physicians will admit that they have failed to recognize it in its earliest stage, and have also declared a patient to be suffering from general paralysis who recovered and remained well for several years. Such painful but most salutary lessons lead most men to be very guarded in diagnosis and to incline to the belief that it is much more likely for the most experienced asylum physician to blunder than for a genuine case of general paralysis to recover. Dr. Thompson says :—

On referring to Table VII. (p. 22), it will be seen that three patients, who at the time of admission were recognized to be general paralytics, recovered during the year. This fact, no doubt, will give rise to some sceptical remarks which will emanate from my friends the critics who review the annual reports of lunatic asylums. Perhaps I may tell them, in anticipation, that I am convinced that the patients were general paralytics when admitted, and that they have recovered. All the cases were received comparatively early as to the duration of the disease, and one, admitted so long ago as 1880, might have been mistaken by a physician of less experience than myself for acute mania without complication. I firmly believe that general paralysis is a curable disease; but, as I said in my last report, it is never or seldom recognized until the case is driven into an asylum by urgent or distressful symptoms. When medical men engaged in general practice are taught to recognize this disease in an early stage, and to treat it, then shall we have grounds to hope that few such cases will find their way into an asylum at all.

The deaths during the year number 37, and include five cases of phthisis and one of general tuberculosis.

Cambridgeshire, &c.—Considerable structural additions are in progress. It is estimated that they will cost £22,000. The Visitors state that this work has been taken in hand "under pressure from the

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Commissioners in Lunacy." This is an admission of which they should be much ashamed, as they should have required no compulsion to do what was an evident duty.

Mr. Rogers's report is strikingly brief. In it he suggests the building of cottages for married attendants and that they could be used in the event of an epidemic. There can be no doubt as to the advantage of such cottages; but he will probably find that they make very inconvenient hospitals.

The deaths numbered 33, and seven of these were due to phthisis.

Cornwall.—Dr. Adams states that not one case was admitted during 1887 due to intemperance in drink. He naturally considers this very satisfactory; but is Dr. Adams quite sure of the fact? The new buildings are occupied and are found convenient. Although there are now some 650 patients in the asylum, there is only one assistant medical officer. At their inspection in April the Commissioners understood that the appointment of a second assistant would not be delayed. Undoubtedly such an officer should be appointed at once.

We would direct attention to Table IV. It is hopelessly wrong, and seems to have been prepared by a person who did not understand what he was about. Better have no Table at all.

The 55 deaths include 11 due to phthisis pulmonalis, and one due to tuberculosis.

Cumberland.—This asylum is evidently conducted with much energy and success; and employment and exercise receive due attention. At the date of the Commissioners' visit as many as 181 men were employed to a greater or less degree on the land.

Dr. Campbell makes various suggestions in view of contemplated lunacy legislation, but they need not be reproduced here, as we are more or less familiar with them. On external influences as modifying the character of mental disease he says:—

> The character of mental disease is undoubtedly much affected by many circumstances, more especially those which operate on the physical condition. During 1887, as well as in the three preceding years, the depressed state of trade generally has markedly influenced the character and form of mental disorder in those admitted here. Never in any previous period of four succeeding years have so many cases of melancholia been received. During prosperous times acute excitement is the prevalent form of mental disorder, and the experience here shows that possibility of cure in such cases is very much greater than in those of the opposite type.
>
> Great passing events usually exercise a determining influence on the character of the delusions exhibited by those who are just on the verge of insanity about or shortly after such events have been the topic of the day; for instance, during the period just before and subsequent to the Queen's Jubilee, six patients, two men and four women, were admitted, who held delusions that they belonged to the Royal Family, or had been recipients of Jubilee Crown honours. I have no doubt similar facts could this year be chronicled in other asylums in the kingdom.

The total deaths numbered 45, and included seven from phthisis pulmonalis and one from tubercular pneumonia.

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Denbigh.—At last the Visitors have resolved to do something in the way of providing adequate accommodation for the pauper lunatics of the district. In their report they acknowledge that there are 123 female patients in excess of the statutory accommodation—an amount of over-crowding which may certainly be described as disgraceful, and which should not have been allowed by the Commissioners.

The Visitors are much annoyed at the criticisms by the Commissioners at their last visit, but we may say that all experienced in actual asylum administration will agree with most of them.

In addition to his usual report, Mr. Cox has a special one on the condition of North Wales with regard to insanity.

The deaths during the year numbered 50, and include nine due to phthisis and one to epilepsy with phthisis.

Derby.—So far as we are aware, it is a very rare occurrence for Guardians to complain of the cost of maintenance of pauper lunatics in county asylums; but Dr. Lindsay has lately had to defend his management in this respect, and we think he has done so successfully. We would urgently advise him not to look upon a low weekly charge as the chief object of asylum management, and not to allow pressure in the direction of economy to deter him from a liberal and enlightened course of action. Any who are interested in this subject will find statistics, &c., bearing on it; if nothing new is shown by them, they still have their value.

Devon.—A dormitory for the continuous supervision of epileptic and suicidal patients has been built, and is in use. It accommodates 67 patients, and is in charge of two attendants. Numerous minor structural improvements were effected, and much done to make an old building equal to a new one.

The report by the Commissioners is not inserted.

Out of 76 deaths only seven were considered due to phthisis pulmonalis, but only 18 were verified by post-mortem examination.

Dorset.—Mr. Symes has been succeeded by Dr. P. W. MacDonald in the management of this asylum.

The following paragraphs from Dr. MacDonald's flowery report are of importance, as they refer to a pressing question in asylum management—the occurrence of phthisis in the insane. He says:—

A glance at Table V. reveals the fact that lung disease has, primarily or secondarily, been a factor in over 50 per cent. of the total number of deaths.

This large number of deaths in which pulmonary disease has played a part, might be taken as pointing to some sanitary defect, over-crowding, or other germ-producing cause, but that this was not so I think I shall be able to show.

The majority of the cases were primarily predisposed to lung disease, and had for many years shown symptoms of grave pulmonary lesions, so that their demise was neither a surprise nor unexpected. All were aged, and those who had no hereditary predisposition were so reduced by senile changes that a very slight cause was all that was needed to extinguish the flickering flame.

The highest mortality was during the months of March and April, when there was no fewer than 13 deaths. In this number are the majority of the cases where lung disease was the first and main cause of death.

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The excessively low temperature and long continuance of east winds during these months were simultaneously igniters of disease and extinguishers of life.

That these two elements were the principal causes I have no doubt, and the fact that there has been an immunity from all diseases of an infectious or contagious nature is a further proof that the state or condition of the asylum was not at fault.

We would earnestly recommend Dr. MacDonald not to be too easily satisfied on this subject, but to inquire into all matters likely to induce lung disease in a feeble population—bad ventilation, insufficient day and dormitory accommodation, insufficient out-door exercise, and so on. As the weekly charge is only 7s., the amount and character of the food should be thoroughly examined. We sincerely hope to find that the weekly charge next year will be considerably increased. In a small asylum like Dorset it is impossible to help suspecting that there is an injurious economy in the management.

Exeter.—This is a new asylum, and, so far as we can judge, it has been started under very favourable auspices.

Dr. Rutherford's report is largely occupied by an account of the building, site, water supply, &c.

The lighting is effected entirely by electricity. The patients are photographed on admission.

None of the deaths were due to phthisis.

Glamorgan.—By the opening of the annexe the number resident has risen from 681 to 837. The new buildings seem on the whole to be satisfactory, but the heating of the wards is not what it should be.

The following paragraph from Dr. Pringle's report will interest the mind that dotes on statistics :—

Now that all the pauper lunatics belonging to Glamorganshire are accommodated within its borders, I have thought it might be of more interest to compare their numbers and relations to the sane population with those of England and Wales generally, and I think the figures are striking and satisfactory. The Registrar-General has been good enough to give me an estimate of the population of this county up to the middle of 1887, which he places at 598,345, and on this I have based my calculation. The total pauper lunatics chargeable to Glamorgan on 1st January, 1887, were 1,118, and allowing 14 for the increase of the half-year (28 being the yearly average increase of the past 16 years), the proportion of the pauper insane to the sane population is 1·89 per thousand, or 1 to 529. Taking all England and Wales, the proportion is 2·56, or 1 to 390. This county has therefore an insane pauper population of 1,132 instead of 1,533, which it would have if calculated on the data for the whole kingdom, or, in other words, it has 35·4 per cent. fewer lunatics. With the other Welsh counties, Glamorgan compares even more favourably, their ratio being 2·63 per thousand, or 1 to 381. The position in which this county stands as regards lunacy is, I believe, owing to the very mixed character of its population, from the influx of the healthiest and most energetic men of the neighbouring counties, attracted by the high wages of a mineral district, and forming marriages with the daughters of the land. It is well-known that the most insane counties are the stagnant agricultural ones, where there is little enterprise, and like the country of the Lotus Eaters, "All things always seem the same," and intermarriages constantly occur.

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Of the 66 deaths, 11 were due to phthisis pulmonalis and one to tuberculosis.

Glasgow Royal Asylum.—Sound common sense is always the leading feature of Dr. Yellowlees's reports. They are refreshing reading when compared with many others, for they avoid all the usual faults. They are short, yet always contain useful information, are never disfigured by miserable details, *e.g.*, accounts of Jubilee tea parties, nigger entertainments, &c., and are grammatical.

The following are extracts from Dr. Yellowlees's report :—

The admissions of the former class (private patients) are influenced by many circumstances, and very largely, especially as regards the lowest rates of board, by the ability of their friends to pay for them. There are 120 patients who pay £40 a year or under, and among these financial considerations too often occasion both undue delay in resorting to asylum care, and premature removal from it. The prolonged commercial depression tells so heavily on the class from which these patients are drawn that in many cases the insane relative must either be kept at home or at once placed on the parish. This, doubtless, explains in great measure why the private admissions have been fewer for the last seven years.

It is greatly to be regretted that the rigidity of the Poor Law administration cannot afford earlier help in cases where insanity is the reason which compels recourse to parish aid. Pauperism thus induced is quite unlike ordinary pauperism ; and it is pitiful and painful to see a whole family, formerly in comfort, dragged down to utter penury, and parting with all their savings for the support of an insane member, because parish aid cannot be given till their own resources are exhausted. It seems a bitter return for their carefulness and sobriety that their very virtues should thus deprive them of the help which a drunken and penniless neighbour would receive at once.

There is nothing new to report as to care and treatment. Much attention is given to the disorders of general health, on which brain derangement so often depends, as well as to the immediate brain conditions. Out-door exercise and occupations in all its forms, are diligently used as invaluable aids to treatment, and amusements are provided in sufficient variety and frequency. The moral treatment receives full attention—the timid are encouraged, the despondent cheered, the torpid roused, the wayward admonished, the foolish repressed, and the feeling is maintained as far as possible with all that they are under the care of friends whose only object is their welfare. The utmost liberty consistent with the benefits of the patients is gladly allowed, but proper restrictions are not relaxed for the sake of unwise indulgence. The lines of restriction are as wide as welfare permits, but such lines are needful, and afford invaluable support when judgment and self-control are weakened. As the asylum is intended for the care of insane folk, there is no pretence of keeping open doors, and no affectation of unreal liberty. Escapes, or struggles for escape, are regarded as undesirable, and the walls of the airing grounds have not been pulled down. The wise and skilful use of seclusion and of sedatives is found to be beneficial, and is therefore deemed incumbent. The welfare of the individual patient is regarded as the paramount indication for treatment, and it is not sacrificed by blind or bigoted adherence to any so-called "system." These principles of treatment are here reiterated, for other views have been bringing reproach on Scotch asylums, and have acquired a notoriety explained only by their novelty. The asylum treatment of the insane is not an empty name, and the true asylum physician can never degenerate into something like a benevolent hotel-keeper.

Well done ! Yellowlees ; sensible to the last.

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The total deaths numbered 26, and seven of these were due to phthisis pulmonalis.

Gloucester.—The asylum estate has been enlarged by the purchase of 84 acres for the price of £3,392. The second asylum is partially occupied, and various improvements have been effected in the older building.

During the year 88 deaths occurred, and in 13 of these phthisis was either a primary or a secondary cause.

Govan.—As bearing on the health of patients in asylums, the following extract from Dr. Watson's report is useful :—

> Nearly 39 per cent. of the deaths was due to lung diseases, a large proportion, affecting our death-rate very unfavourably. Though this high death-rate is undoubtedly in part due to over-crowding, it must be borne in mind that owing to the extensive boarding-out, to which I have already referred, and other causes, the population consists more largely than usual of physically broken down and infirm patients.
>
> The outbreak of erysipelas which took place at the end of 1886 and the beginning of 1887 resulted fatally in one case, to which reference was made in last year's report. There being suspicions regarding the condition of the house drainage, the House Committee directed their attention to it, and ordered a thorough examination, with the result that much of the plumber work was renewed, the connections were made tight, a number of outside drains were relaid, and ventilating traps were introduced at suitable places. The good effect of these alterations is evident in the greatly increased freshness of the lavatories and closets; and so far there has been no return of erysipelas.

Hants.—The improvements in the drainage have been completed. It is, therefore, not surprising that the "Committee are happy to report that throughout 1887 there has been no case of typhoid fever, and this is the first year by many that such has been the case, and they believe that the sanitary condition of the asylum is now in a far better state than at any previous period."

Of the 101 deaths during the year, 14 were due to phthisis.

Ipswich.—Only four of the 21 deaths during the year were due to phthisis.

Killarney.—Dr. Woods says that, taking the population as the same as at the last census return, the following would be the proportion of lunatics in each county :—

Clare	1 in 267
Limerick	1 in 247
Waterford	1 in 285
Cork	1 in 382
Tipperary	1 in 306
Kerry	1 in 448

It is believed that in addition to these numbers there are many idiots and imbeciles at home or wandering at large.

As far as possible all the clothing used in this asylum is Irish material.

Forty-seven deaths occurred during the year. Of these 15 are returned as due to "thoracic affections." The table showing the causes of death is a very imperfect one, and should be more detailed.

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Hereford.—The pressure upon the accommodation for pauper cases is so great that it has been necessary to discharge all the private cases, and send a considerable number of harmless paupers to workhouses. In discussing this state of affairs, the Visitors say :—

> If guardians would grant more liberal out-door relief in the case of harmless lunatics residing with their friends or relatives, might not many chronic harmless cases be kept at home, and not be sent, as now, to the asylum? Some measure of supervision beyond that in use at present would probably be required.
>
> The Government subvention of four shillings to all pauper lunatic cases in asylums, which is not allowed to lunatics in workhouses or with friends, is no doubt an inducement to send all cases into asylums.
>
> If the Government would allow a similar subvention in all cases where the lunatic is under proper supervision, and is certified as properly cared for, the relief to asylums would be considerable.

The Commissioners notice that during their visit, in February, the temperature in some of the wards was as low as 48°, and in none higher than 52°. Such temperatures must be injurious to health, and occasion much suffering. Yet only two deaths were due to phthisis.

The statistical tables are of course excellent, being prepared under the eye of one who really understands figures. It is lamentable to notice how frequently the well-devised tables of the Association are filled up in a slovenly manner, and how the most important table of all, Table II. A, is altogether shirked, because it involves a little extra trouble.

Holloway's Sanatorium.—This hospital continues to flourish financially, and is in a position to extend assistance to many cases.

Numerous structural changes have been effected or are in progress with the object of making this building suitable for the purpose for which it was erected.

It is quite evident from his report that Dr. Phillips has not his troubles to seek.

Hull.—The former water-supply has completely failed, and the asylum is now supplied with town water.

The death-rate continues exceedingly high, no less than 16·66 per cent. on the average number resident. This is largely due to the prevalence of general paralysis and other fatal organic nervous diseases. In only four cases did phthisis cause death.

Isle of Man.—There is not much to comment upon in this report. The condition of the asylum appears to be good. The Committee observe that "Dr. Richardson continues to manage the asylum in a most efficient and satisfactory manner." The percentage of recoveries, calculated on the admissions, stands at 35·2. The mortality is low, only five per cent. of the mean number resident.

Lancashire. Lancaster.—No fewer than 12 deaths were due to dysentery, and two to chronic diarrhœa. Dr. Cassidy has used every means in his power to get rid of these complaints, and hopes to do so ultimately. He is not yet prepared to offer any opinion as to the causation of these very troublesome diseases.

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The following paragraphs from his report may be read with interest :—

The encouragement of self-restraint, and of sane and healthy thoughts and habits, are part of the daily routine, and I hold that a fostering of the moral and religious sentiments is in no small degree a part of the physician's duty. To take a purely physiological view of this subject, the development of the religious feelings and emotions is, as is generally admitted, the last stage so far —the crowning glory—in the progress of humanity, and the evolution of the higher man; and as insanity, though not itself, I believe, a reversion of type, tends to induce reversion, it is fitting to counteract this tendency by encouraging sentiments and feelings which might otherwise become extinct. Probably as much good is done here by our Sunday evening meetings, for sacred singing, etc., as by any other one means for civilizing and humanizing the patients.

With regard to medical or therapeutical treatment, every year brings us such stores of new drugs, new preparations and improved methods, that there is some danger of our suffering from embarrassment of riches. Although personally I am inclined to think that we might fight the battle equally well with older weapons, it is our duty to try every means which promises a likelihood of useful service. Therefore we have experimented with electricity, with massage, and with new drugs, such as the hydrobromate of hyoscine, which, in our experience, has no advantages over the older extract of hyoscyamine; with hypnone, which has been found useful in some maniacal cases, and in the excitement of general paralysis, though in much larger doses than are usually prescribed; with urethan, which seems to have little to recommend it; with paraldehyde, an advantageous sedative and hypnotic in the insomnia and restlessness of senile insanity; with bromidia, antipyrin, and other antipyretics, respecting all of which I might write at considerable length, were this the proper place. After all, the staple medicines now are, and always must be, plenty of good food, fresh air, and exercise, with tonics, hæmatinics, etc., as subsidiary agents.

The deaths numbered 204, and of these 64 were due to pulmonary phthisis.

Lancashire. Prestwich.—In connection with the death of a patient, strangled during the night by another patient who was assisting one of the night attendants, the Commissioners strongly condemn such a form of occupation. They say :—

Whilst desiring to encourage to the fullest extent the useful employment of the insane, and recognizing its value as a remedial agent, we cannot refrain from expressing a strong opinion that this particular employment ought not to be resorted to. We think that patients should not be placed in any position of authority over other patients. They are irresponsible, and obviously, from the nature of the case, unfit to be trusted to interfere; while in the special matter under consideration, there must be a considerable temptation to the night attendants to delegate to their patient-assistants duties which they should themselves perform. That this may, and does, occur, notwithstanding supervision by head night attendants, is shown by the case to which reference has been made.

From Mr. Ley's very careful report we extract the following paragraph :—

Among the incurable admissions are comprised many examples of the two extremes of mental failings: the insanity resulting from the simple decay of old age, and the mental unsoundness dating from childbirth [birth?]. Several of the latter class came from their homes, where they had been kept under the care of their relatives; others had been treated in special hospitals for the special training of this class of patients; and others had been resident for

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varying periods in the wards of the union workhouses. At one time these cases would not have been sent to an asylum, but the experience of late years shows that parents part with their imbecile children, and children relieve themselves of the burden and responsibility of looking after their insane parents with greater alacrity now than formerly. There is also a growing tendency on the part of workhouse officials to rid themselves of the trouble of managing imbecile children, and looking after old people in their second childhood. These latter cases are certainly troublesome to manage, but, unfortunately, the asylum can do them little good; they are merely sent to be nursed and taken care of for a while, and then die. With regard to the imbecile children, as the workhouse authorities will not take charge of them, they must, of course, remain here until such time as due provision is made for their proper treatment elsewhere, but it is clear that they are out of place in a lunatic asylum, and it has often been my experience to observe unpleasant results from the presence of imbecile children among the adult insane. There is a great want in this county of some institution where idiots and imbeciles of the poorer class can be maintained and receive the necessary training and treatment their condition demands.

Two hundred and ten deaths occurred during the year, and in 29 of them phthisis pulmonalis was the primary or secondary cause of death.

Lancaster. Rainhill.—The annexe is now partly occupied. It affords accommodation for 1,000 patients, and is described by the Commissioners as "a most excellent asylum."

The following case affords another illustration of the evils following the detention of insane criminals in ordinary asylums. Dr. Rogers says:—

This man, who had been received into this asylum from Woking Prison on the expiration of a sentence of penal servitude for unlawfully wounding, had abstracted a knife from the pocket of a workman employed in road-making on the estate, and had concealed it until he had what he thought a favourable opportunity for using it. Fortunately his murderous intentions were unsuccessful, as neither attendant was injured, although their clothes were cut. For this he was brought before a magistrate and committed for trial at the assizes, and he was subsequently ordered to be confined during Her Majesty's pleasure.

Under the operation of recent legislation, such cases as this—persons having become insane whilst undergoing sentences of penal servitude—are, at the end of their sentence, no longer technically "criminal lunatics," and are, therefore, transferred as ordinary pauper patients to county asylums; but they are a far more dangerous class than those to whom the term is now legally applicable, and if I might devise a name for them I would call them "lunatic criminals," implying that they were "criminals" first and "lunatics" afterwards. It is by this class that murderous assaults in asylums are generally committed.

Dr. Rogers states that during the thirty years that he has been superintendent he has, for various reasons, preferred to engage men and women as attendants who have had no previous asylum experience. We have no doubt that his results have been favourable, and we recommend a similar line of conduct to all asylum superintendents.

Of the 65 deaths during the year 14 were due to phthisis and one to tuberculosis.

Lancashire. Whittingham.—Dr. Wallis refers to several important matters in his report, but space compels us to limit our extracts to the following:—

As I reported in my last annual statement, I had in contemplation some scheme of systematic instruction for the attendants and nurses. In furtherance

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of this I have broken ground, and am taking several classes through a course of lectures comprising some notion of a very elementary character of the body both anatomically and physiologically. Further than this, I am striving to give my pupils some idea of the nervous system, the faculties of the mind in health and disorder, with some clinical illustrations of the latter. Next they are instructed, after the manner of ambulance classes, how to aid in surgical and medical emergencies, bandaging, etc. Finally they receive some instruction in the peculiar nursing and attention required by the various classes of insane patients. It is, perhaps, too early in the day to say much as to the result of this teaching, but I am satisfied that some will profit to the highest possible extent, others in a less degree according to their aptitude and zeal, and that the results to the patients in the increase of intelligent observation of their wants and peculiarities, higher views as to the scope of their work on the part of the attendants, a greater amount of good feeling towards their charges, and increased power over them for good, will amply repay me for any personal trouble I may have expended on them.

Twenty years ago the percentage of recoveries to admissions was 36·19 per cent. in the County and Borough Asylums; last year it was 40·91 per cent. This proportion of recoveries is hardly satisfactory, and might, in my opinion, be largely increased. For that purpose we must have hospital wards entirely separate and detached from the chronic wards, for the reception of all recent and curable cases, which should never be allowed to be mixed up with the chronic and incurable. In these wards we should have such a staff of medical officers as to give no man a greater charge than from one hundred to one hundred and fifty patients, so that he could give a sensible portion of time each day to each individual case, noting every passing change in it, and never losing the full personal knowledge and grasp of it, which is essential, in my mind, to its successful treatment. Pathological research should also be systematically undertaken. In all this he should be assisted by a large staff of intelligent and highly-trained attendants, capable of observing accurately and assisting in the constant efforts made to bring about the recovery of each particular patient. To allow of this, a training school for nurses and attendants should exist in every well-appointed hospital for the insane. Occupation should be found for every person, suited to his or her condition, change and amusement should also be available on a larger scale than obtains at present, and convalescent wards also kept exclusively for that class would be indispensable. All this amounts to a semi-revolution in the present system, under which we must be content with the present recovery rate of about 40 per cent., whereas we might reasonably hope, under better auspices, for something like 60 per cent. Our asylum medical officers have at present an average of four hundred or more cases to look after, and our attendants are too few in number, and have to be on duty from 12 to 16 hours a day. Is it to be wondered at, under these circumstances, that our staff is constantly changing, and that we had 114 persons to engage last year? Our American brethren, who have visited our asylums in considerable numbers during the past few years, have recognized the weak points in our asylum administration, and reforms in the direction which I have pointed out are in progress in that country. I shall follow these proceedings with the greatest interest, and hope I may live to see similar measures carried out in our English asylums. In the meantime, I am thankful to report that we have had comparatively few instances of misconduct amongst the officials during the past year.

All this sounds splendid on paper, but we do not hesitate to say it is an illusion. Grant Dr. Wallis all he asks for, and he will never cure 60 per cent. of his patients. He may rest satisfied that he is at the present time curing just as many curable patients as would recover under the circumstances he covets. There is no reason what-

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ever why the conditions present in a good county asylum should prevent patients recovering, if they are curable. Has it never struck Dr. Wallis that the percentage of recoveries is about the same in all asylums in which the same class of patients are admitted? A certain number of cases will get well in any asylum in England; and a certain number are doomed from the time of admission not to get well. It is surprising that so much optimistic nonsense should be talked and written by the superintendents of some asylums. Every conceivable advantage has been secured for recent cases in the clinics abroad, with the result that not one more curable patient is cured than Dr. Wallis can and does cure in the Whittingham Asylum. Again, we cannot but smile at the charming *naïveté* with which Dr. Wallis describes the favoured asylum physician who will be enabled "to give a sensible portion of time each day to each individual case, noting every passing change in it, and never losing the full personal knowledge and grasp of it." It is, unfortunately, impossible to secure such attention by any arrangement of this kind, and in all probability this happily circumstanced physician would do less individual work than Dr. Wallis does at the present moment in his large asylum, where he doubtless leaves the chronic cases to his assistants and attends himself to those of an acute and curable character.

During the year 125 deaths occurred; of these 43 were due to phthisis pulmonalis, and two to tuberculosis.

Leicester and Rutland.—It is reported that the accommodation for female patients is insufficient, and that its provision is under consideration. Twenty-five females are boarded at Northampton.

Twelve of the 46 deaths were due to phthisis pulmonalis.

Leicester.—It is pleasing to note, on account of its extreme rarity, that the asylum received a legacy of £50. On a former occasion it received one of £100.

Dr. Finch reports a remarkable falling off in the number of admissions during the last quarter of the year. It was quite without precedent during the 19 years the asylum has been opened, and no adequate cause can be found to account for it. In October only one patient was admitted, in November three, and in December two, making a total of six for three months; whereas the usual *monthly* average is nine or ten.

Of the 51 deaths during the year, only four were due to phthisis.

Lincoln.—All asylum physicians must join cordially in the good wishes expressed by the Commissioners for Dr. Palmer in his retirement—health, long life, and happiness.

The circumstances connected with his pension are best stated by the following extract from the report by the Visitors :—

It was with great regret that the Committee of Visitors in April last received from Dr. Palmer, the Medical Superintendent of the Asylum, an intimation that failing health compelled him to place in their hands his resignation of the appointment which he has now held for nearly 40 years.

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Having regard to the exceptional and invaluable services which Dr. Palmer has rendered for so long a period to the Institution and the County and Boroughs which maintain it, and to the fact that at the age of 72 he was asking for a superannuation allowance for which the law gave him a right to apply 25 years ago, the Committee of Visitors thought it their duty to recommend a grant to him of an annuity of £600. The severe depression, however, which weighs so heavily upon the ratepayers of this and other counties, made some of the Courts of Quarter Sessions and other contributories unwilling to confirm so large a grant, and disappointed the hopes of the Committee of Visitors that their recognition of Dr. Palmer's claims would be supported to the full by all the bodies whose sanction was necessary to make the grant a valid one.

The subject having been reconsidered, the Committee of Visitors made another grant of £500, instead of £600, a year, and the smaller grant having received the requisite confirmation, now takes effect. The Committee of Visitors cannot allow Dr. Palmer to sever his connection with the asylum, which he has served for so long a period and with such conspicuous zeal and ability, without expressing their conviction that any degree of merit to which the Institution has attained is due in great measure to his admirable management, and they sincerely hope that relief from his onerous and responsible duties may restore him to health, and bring him the rest and enjoyment which he has so well earned.

Ninety-four deaths occurred during the year; of these 21 were due to phthisis, and one to tubercular pneumonia.

London.—Plans have been prepared for extending the asylum by building wings at the east and west extremities of the southern façade, affording, thereby, additional accommodation for 128 patients, viz., 64 males and 64 females, with the requisite rooms for the attendants, bath and store rooms, and four fire-proof staircases, two to each wing. Plans were also submitted for general bathrooms and head-attendants' rooms for the male and female divisions.

The Commissioners very wisely refused to sanction these enlargements until the asylum estate was enlarged. Steps have been taken in this direction. At present it consists of only 33 acres. The addition of 100 acres would not be too much.

As is well-known, the medical superintendent, Dr. Jepson, has retired, not unpensioned, and is succeeded by Dr. E. W. White. It is quite evident that Dr. White has his hands full, and that all his energies and abilities will be required to enable him to overcome his numerous difficulties.

During the winter a course of lectures, by Dr. Greenlees, was given to the male and female attendants, on the nursing and care of the insane.

Only four out of 22 deaths were due to phthisis pulmonalis.

Middlesex, Banstead.—The following paragraph is from Dr. Shaw's report:—

We have been rather more successful than usual in arriving at the causes of the insanity in the patients admitted, but the account is still very unsatisfactory because of the large number put down as "unknown." This defect arises not from want of inquiry on our part so much as from the difficulty in arriving at a first conclusion in any given case as to what is really the cause. In many instances the cause is manifest enough, but over and over again cases arise where the life-history of a patient is fairly known, and still even here it may be impossible

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for an experienced medical man to say what the cause of the symptoms was. How much less can we expect to get satisfactory information under the usual circumstances in which patients are sent here? Table X. must therefore be regarded as of little practical value. Even in the tables given by the Lunacy Commissioners, with all their facilities for acquiring information, the proportion of "unknown causes" is large; and, curiously enough, it does not seem possible to arrive at more accurate results in the cases of private patients (where better and more accurate information might have been expected) than in the pauper class.

Of the 240 deaths during the year, 61 were due to phthisis pulmonalis.

(*To be continued.*)

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

The Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Hospital on Wednesday, the 16th May. The chair was occupied by Dr. Needham, the President, and among those present were Drs. A. Aplin, Fletcher Beach, J. W. Stirling Christie, P. E. Campbell, H. Chapman, W. M. Cassidy, E. M. Cooke, J. H. Douty, E. East, W. Eager, J. E. M. Finch, F. C. Gayton, R. Greene, J. D. Hawksley, W. H. Higgins, R. M. Henson, W. M. Harmer, T. Lyle, S. E. Lisle, E. Mead, A. T. Myers, P. W. MacDonald, H. Maudsley, John Merson, H. Newington, J. H. Paul, H. T. Pringle, H. Rayner, Rogers, Robinson, Stephen, Sutherland, Savage, R. Percy Smith, E. Swain, Hack Tuke, C. M. Tuke, D. G. Thomson, G. Thompson, F. W. Thurnam, J. K. Will, E. W. White, J. A. Wallis, T. O. Wood, M. A. Wilshire, &c.

Dr. SAVAGE said in consequence of communications received from members of the Irish Branch Association it was thought that by passing the following resolution and sending it to the Lord Lieutenant they might, at all events, strengthen the hands of their fellow-members in Ireland, viz., "That at a meeting of the Medico-Psychological Association of Great Britain and Ireland it was proposed and duly seconded that the following resolution be forwarded to the Lord Lieutenant:—That as the post of medical superintendent of asylums requires special training, it is highly desirable that vacancies should be filled up as they occur by men who have had that special training afforded by residence as medical officers in asylums. That the Association would beg to submit this resolution to the notice of his Excellency."

Dr. HACK TUKE seconded the resolution. He said the question had been raised owing to the fact that there was a vacancy, and the officers of the Irish Branch had petitioned his Excellency, in any appointment that might be made, to take into consideration the fitness and experience of anyone who was appointed instead of placing an outsider in the post. It was hoped that the Association would support the Irish Branch in this matter.

The resolution was agreed to.

Dr. RAYNER announced that the following gentlemen had been nominated for election as members:—J. W. Lichfield, L.R.C.P.Lond., Assistant Medical Officer of the County Asylum, Fareham; W. Maxwell Little, M.B.Edin., Assistant Medical Officer of the County Asylum, Thorpe, Norwich; Arthur Lofthouse, M.R.C.S., &c., Assistant Medical Officer of the County Asylum, Nottingham; and John Butler, M.B., Assistant Surgeon H.M. Convict Prison, Portsmouth.

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