harmless lunatics, is omitted in the new Act; and the distinction recognized in many sections of the old Act, between chronic and other lunatics is altogether suppressed. The power of requiring meetings of Visitors to be called is extended to the Superintendent.

Sections 47 to 52 relate to the raising of money for providing asylums. The old minimum limit of £500 for a mortgage bond is omitted.

Sections 53 to 66 relate to the management of asylums and appointment of officers. The most important novelties are: the power of Visitors to reserve vacant beds for special purposes, and to declare asylum to be full; to refuse admission of patients from places where infectious disease is prevalent; the duty imposed on Visitors of an annual audit of accounts; the duty of ward visitation made imperative every two months, instead of every three, and by two Visitors instead of by three; the Medical Officer directed to be made Superintendent, and prohibited from being Treasurer; the power of granting superannuations to officers and servants transferred from Justices in Session to Committee of Visitors; and superannuations to be granted for service exceeding twenty years, as well as for incapacity from disease or age.

Sections from 66 to 94 relate the visitation, confinement, removal, and discharge of lunatics. Medical Officers of unions are now required, under penalty, to make a quarterly visitation and return of chargeable lunatics in their districts, with fee of 2*s.* 6*d.* for each visit. The prohibition against Medical Officers of unions signing certificates of insanity of paupers is withdrawn. Justices may order a fee for a medical examination, though no certificate is given. Relieving Officers, etc., are liable to a penalty for neglecting to execute an order of removal to asylum. The medical certificate is to state facts observed by certifier, and those reported to him, on which the opinion of insanity is founded. Absence of patients from asylum on trial is to be for such period as Visitors may think fit; not limited, as before, to one month. Overseers and Relieving Officers neglecting to remove lunatics on notice of discharge, liable to penalty. Defective orders and certificates may be amended within fourteen days. Patients escaping may be retaken within fourteen days. Medical journal is to state bodily disorders of patients, and to omit stating the condition of asylum. Copies of Commissioners' reports on visiting asylums to be sent to their office.

Notices of death are not to be sent to Clerk of Peace. Notices of discharge, removal, escape, or recapture, are to be sent to Commissioners. Sections from 94 to 122 relate to the expense of maintenance and removal of pauper and other lunatics. Most of these clauses refer to orders of adjudication and appeals. Expenses of burial, removal, or discharge, are to be paid by *Guardians or Overseers.*

The remaining sections are miscellaneous. S. 122 is important to medical men. The Secretary of Commissioners or the Clerk of Visitors may prosecute for offences. The interpretation clause limits the term physician, surgeon, or apothecary, to those authorised to practise by some institution in the United Kingdom and actually in practice.

The number of sections has extended from 87 in the Old Act to 136. This arises not only from the introduction of new clauses, but of many others from the Acts amending the Old Act, and from statutes relating to the adjudication of settlements.

The wording of the Act is more concise than that of the old one. The phrase "and be it enacted," has been omitted in every section. Although some unnecessary verbiage and repetition may still be retained, such phrases as the following, "shall be binding, final, and conclusive upon all parties to all intents and purposes whatsoever," and the like, are less frequently observable, than in the old Statute. Section 104 is included almost verbatim in section 94, in a manner which could scarcely occur, except by oversight.

The Act on the whole has been drawn with great care and skill; the principles upon which it is founded are indeed, with one exception, identical with those of the Statute which it repeals and replaces. It is, however, more complete in its details and more workable than the latter. The one difference of principle which it contains is, the withdrawal, not only of permission to establish asylums for chronic cases, but the careful removal of all phrases recognizing a distiction between chronic and other lunatics.

The Non-Restraint System, a Note by JOHN CONOLLY, M.D., &c.

In the first number of the Asylum Journal (p. 16), the opinion of Professor Albers of Bonn is quoted from *Froriep's Tagesberichte*, and very properly commented upon by the Editor of this new and useful publication.

The officers of the British asylums in which, for many years, the system of non-restraint has now been successfully maintained, have, for the most part, refrained from mere verbal controversy, on a question of which the merits were to be judged of by the effects, as manifested in their respective asylums. There is, however, one specious objection to the non-restraint system so prevalent on the Continent, and so continually repeated by German and French physicians, as to demand especial notice. The objection is precisely that advanced by Professor Albers; namely, that it comprises *the holding of the hands of patients by the attendants, often for hours together.* The simple answer to this is, that it comprises no such thing. In every year I find this objection made by German and French physicians who visit England: but I have never met with one of them who pretended to have seen such a holding of hands in this country. Yet they return to Germany and France, and, one after the other, repeat an objection which has no foundation.

The truth is, that there are not many physicians in England, except those who reside in asylums, who know what the system of non-restraint really is; and *that on the continent there does not appear to be one* physician who has taken the pains to understand it. All who have real experience of it know, that where it is perfectly carried out, the injuries spoken of by Professor Albers become rarer, and the personal struggles of less frequent occurrence. A continued attendance on the practice of a well managed asylum seldom, I think, leaves a doubt on this subject in the mind of a student capable of observation; and it is much to be

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hoped, that the arrangements and government of our large asylums will, before long, be so improved as to afford ampler facilities for observing the real effects of this and of all other parts of the treatment of the insane.

In the mean time, there are two facts which deserve the attention of all who feel interested in the question of non-restraint. First, that no physician, resident in any British asylum, ever gave a fair trial to this system without adopting it; and that wherever adopted, it has never been subsequently abandoned. The second fact is, that asylums are now opening every year in different English counties, for the reception of patients varying in number from 200 to 1000, and that in no one of them is one instrument of mechanical restraint ever provided.

Observations on the New Asylums Act, by WILLIAM LEY, ESQ., M.R.C.S., *Medical Superintendent of the Oxfordshire and Berkshire County Lunatic Asylum.*

The storm of opinion which in 1845 was directed against licensed pauper asylums, has done its work, and has passed away. Ten years have elapsed since the evidence was collected on which the Report of the Metropolitan Commissioners in Lunacy was founded. In the year 1841, Mr. Farr, who has lost nothing of his fame for statistical accuracy, reported to the Statistical Society of London, on the mortality of lunatics. In that Report it is printed in italics, that "*The annual mortality of both male and female paupers in the licensed houses was nearly twice as great as the mortality of paupers at Hanwell, and twice as great as the mortality of other lunatics in the licensed houses.*

The Lunacy Act of that day would speedily expire. The humane system of treatment then recently advanced to great prominence at Hanwell, was receiving enthusiastic admiration. The legislature in its turn accepted the public feeling, and passed the Act which made it compulsory on the counties and boroughs to provide adequate asylum accommodation for their pauper lunatics. Though not restricting the use of workhouses for the care of chronic lunatics, it made it compulsory on the Committees of Visitors, to provide accommodation in public asylums for recent cases, even by the removal of the chronic and the uncurable.

It may, perhaps, be thought that the busy period of building and change has not admitted of sufficient time to elapse to test the working of that Act. Each year adds something to experience, and it has twice been found advisable to amend the Act of 1845. The new Statute gives additional power to Committees of Visitors, and introduces great emendations of form and language; omits the permission to use workhouses for asylums for chronic lunatics, and withdraws the distinction previously made between chronic lunatics and those considered curable or dangerous; it limits the power of any Committee of Visitors to contract with a licensed house for the charge of pauper lunatics to five years, and allows the Visitors of an asylum to declare it full when its beds are all occupied; and sanctions the reception of a pauper lunatic into a licensed house on the order of admission to the county asylum, provided that it is stated on the order why the patient has been refused admission at the county asylum, and is endorsed by a member of the Committee of Visitors. In these changes it is probable that a necessity may be traced, arising from the insufficiency of the metropolitan and other county asylums to receive their pauper lunatics. They also indicate a recognition, which society had previously accepted, of the sufficiency of the licensed houses as now conducted, for the reception, care, and treatment of lunatics, whether pauper or private. The interchange of medical superintendents between public and private asylums for the insane, makes this recognition as agreeable as it is just.

The Report of Mr. Farr which has been quoted states, that the average annual mortality of paupers at Hanwell was 12 per cent., that at the licensed houses 21 per cent.

The reports of Hanwell shew, that from January 1, 1846, to December 31, 1852, the average annual mortality has been reduced to 6 per cent. The discharges on recovery in 1852, were 4 per cent. The licensed houses publish no reports, so that a new comparison cannot easily be instituted.

It is, however, convenient to notice the state of the asylum for the county of Surrey, which, being capable of admitting a large proportion of patients from the county, may be supposed in the character of its inmates to approximate to the licensed houses. The population of the county of Surrey is 683,082.

In 1848, the total number of patients treated in the year was 459. The mortality was 7 per cent. The discharges on recovery 4·3 per cent.

In 1851, the total number treated was 1141. Mortality, 10·5 per cent. Recoveries, 10 per cent.

In 1852, the total number treated was 1213, or one of every 560 of the population. Mortality, 8 per cent. Recoveries, 14·5 per cent.

The admissions of the year, 360; of patients being less than twelve months insane, 214; of whom 26 died in the year; 76 were discharged recovered within the year.

While the late Act was in force it was competent to the county of Surrey to claim credit over Middlesex, that it bestowed the benefit of asylum treatment on the greatest proportion of its insane population. It is now competent for the authorities of Middlesex to reply: our licensed houses are a part of our asylum system, and by their aid we not only receive under care and treatment, far more than our large county asylums will accommodate, but we afford a greater amount and variety of medical assistance than any other county is likely to obtain.

It is unnecessary to dilate on the far greater chance of recovery in the recently attacked, over the patients who have been even twelve months insane; or on the tendency of the permanently insane to accumulate in the county asylums, to the exclusion of those for whom there is more hope of recovery. The remedy of the new Asylum Act is build! build!! build!!! While those buildings are yet in execution the services of the licensed hospitals and their medical staff will be most important

How long will the need for additional buildings continue? The county of Surrey, treating in the year one-five hundred and sixtieth part of the population,

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