Opium and other narcotics markedly check metabolism in the brain-cells; cocaine and strychnine, on the other hand, favour metabolism and cause increase of temperature, without necessarily producing evident physical activity.

Mosso concludes that sleep is not due to mere alteration in the circulation of the blood, as is widely believed, but with psychical processes it is dependent on chemical metabolism in the brain-cells.

Prof. Mosso's experiments and results are most interesting, and we can but look to their extension with hopeful pleasure.

The Life of William Cowper. By THOMAS WRIGHT, Principal of Cowper School, Olney. T. Fisher Unwin, London. 1892.

We are obliged, in consequence of the press of matter, to postpone to the next number our review of this work, which we commend to readers interested in the insanity of the poet. The subject is one which has long engaged our attention, and we intend entering at some length upon the study of Cowper's mental affection.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *Asylum Reports for* 1891-92.

(*Continued from p.* 128.)

Leicester and Rutland.—The rate of mortality was high—14 per cent. on the average number resident. There was an epidemic of diarrhœa, which caused four deaths. Forty cases of influenza occurred, and several deaths were due to the sequelæ. The cause of the outbreak of diarrhœa was not discovered, though Dr. Higgins was assisted in his examination by the Medical Officer of Health and a hospital physician. Such outbreaks are too common in asylums, and unfortunately efforts to discover their origin are frequently unsuccessful.

Leicester (*Borough*).—The drainage has been completely overhauled, and it is believed that all defects have been remedied, so far as it is possible to do so. The weekly services by Nonconformist ministers are continued, and are much appreciated by the patients.

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During the last four years the death-rate has been remarkably low. Last year it was only 4·3 per cent. on the average number resident.

It was resolved by the Visitors to adopt the following scale of wages for attendants and nurses:—

Attendants commence at £32 per annum and rise by £2 per year to £48 per annum; charges continuing to £52. Nurses commence at £18 per annum, and rise by £1 per year to £32 per annum; charges continuing to £35.

Limerick.—A large observation dormitory for male patients has been completed. It is evidently, from the description given by Dr. O'Neill, a handsome room, and much attention has been paid to its heating and ventilation. The work was done by the staff, assisted by patients, and under his direction and supervision.

The report by the Inspector is very satisfactory and complimentary. Only one grave fault is pointed out—the absence of an assistant medical officer. The necessity for appointing one is strongly urged.

Lincolnshire.—During the year several outbreaks of dysenteric diarrhœa occurred, due to the impurity of the water. There were also a few cases of mild typhoid due to the same cause. All water intended to be drunk requires to be boiled and filtered.

It has not yet been decided how to provide the required accommodation, whether to build an annexe to the present asylum, or a new asylum in another part of the county. A second assistant medical officer is much required. The Commissioners recommend his appointment, and it appears as if their wishes are to be carried out.

Lincoln. "*The Lawn.*"—We congratulate Dr. Russell on the presentation of a satisfactory Report of this hospital.

Various structural improvements are in progress, and others are contemplated.

A specially good feature in the hospital is the strength of the staff of attendants and nurses.

County of London.—By the authority of the Council the Asylums Committee have advertised for a site of from one to two hundred acres for an asylum to contain not more than 1,000 patients. The offers received are still under consideration.

With a view to maintaining the supply of provisions, stores, etc., up to the standard samples, frequent analyses have been made by the Council's chemist, and it has been agreed to pay the sum of £100 a year to the Council for these services.

The water from the wells at each of the asylums has also been periodically examined both chemically and microscopically. By these means a faulty main at Hanwell was discovered and replaced by a new one, and the cause of certain impurities in the well water at Colney Hatch was detected and stopped.

London, County of. Banstead Asylum.—It has been decided to

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improve the infirmary accommodation by the addition of spur blocks, one for each sex, at an estimated cost, including furnishing, of £14,000.

The following paragraph occurs in Dr. Clay Shaw's report:—

We hear very little now from the patients on the subject of beer. They have quietly acquiesced in its withdrawal. It is difficult to gauge the effect on the physical condition of the abstinence movement, but my impression is that it has been favourable, partly by causing more solid food to be taken, and partly by a greater degree of induced mental quietude, owing to the withdrawal of what was undoubtedly at times a source of quarrelling and excitement. On the other hand, some patients have been unable to take the ordinary diet without a little stimulant in some form, and here we have been compelled either to give the required stimulant, or to change the ordinary diet into some palatable "extra." It cannot, I think, be said that the innovation has been on the economical side, but its great service, in my opinion, is the strong inducement given to persons admitted from insanity due to alcoholic abuse to abstain in future from what they have been made to see was the cause of their downfall. In the readiness with which patients have borne the withdrawal of all kinds of stimulants I see an argument in favour of the theory that insanity is caused by drink, and that only comparatively rarely is drinking the result of the insanity; not denying, as of course clinical experience does at times show, that the converse may occur. I do not recall one case during the last two years' experience in which the drink-craving has given any trouble.

London, County of. Cane Hill Asylum.—The large additions are now occupied, and the asylum contains nearly 2,000 patients. Plans and estimates have been prepared for an extra nurses' block, attendants' cottages, cow-houses, new farmyards and piggeries, assistant medical officers' office and additional quarters, additions to workshops, etc.

The transfer of 190 patients from Lancaster was effected at one time, in a special train of eleven saloon carriages. Dr. Moody believes this to be the largest removal at one time yet attempted.

It appears that he questions any happy results from the recent extension of holidays to the younger nurses.

London, County of. Claybury Asylum.—This is not yet ready for occupation.

A contract has been entered into for converting the old Mansion into an asylum for fifty paying patients.

London, County of. Colney Hatch Asylum.—The following occurs in the Commissioners' report:—

A glance at these figures, a survey of this vast building, and a review of the patients in its large wards would, we think, convince most thoughtful persons that the task of supervision, *thorough supervision*, must be beyond the powers of any individual, and yet dual superintendence was even worse. The mischief which that dual superintendence, *inter alia*, created (and which is, we fear, irreparable) in defeating the Commissioners' objections to bringing together so many patients, unhappily survives. The difficulties now existing and inherited, should be a lesson to keep down the number of patients in any asylum within reasonable limits. We have no hesitation in saying that we already see happy results from the appointment of a single superintendent to the charge of the whole asylum. . . . We press for the employment of clinical clerks in the wards, and especially for the appointment of a pathologist of experience, whose resi-

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dence in the asylum is not necessary, and who, indeed, would be more useful if not withdrawn from his fellow scientists.

Dr. Seward reports:—

Towards the end of December there commenced a much more serious outbreak of influenza, the disease being of a very malignant type, and in a very large number of cases it was complicated by pleuro-pneumonia and pericarditis; inflammation of the middle ear was also very frequent, and in some cases there was meningitis. In the course of the epidemic, which lasted about three months, 71 male and 334 female patients were attacked, the deaths numbering five and 41 respectively, and the average age of those who died being 64. It will be noticed that the disease was much more prevalent and much more fatal among the women than the men. Of the staff, in addition to many cases among the officers, 25 attendants and 42 nurses were attacked; two cases among the former unfortunately ended fatally. That our staff was severely tried will be readily understood from the fact that in the last two weeks of January there were 53 deaths from all causes, and 75 during that month. The highest praise is due to all, and particularly to the nurses in the female infirmaries for their unremitting attendance upon the sick.

An advanced course of lectures on nursing has been given to those nurses who have already passed the first aid examination of St. John Ambulance Association.

London, County of. Hanwell Asylum.—The Visitors report that the most noticeable events of the year were the resignation, owing to failing health, of Mr. J. Peeke Richards, the medical superintendent of the female division of the asylum, and the appointment of Dr. Alexander as sole medical superintendent. They record their appreciation of the services rendered by Mr. Richards during his long tenure of office, and acknowledge their indebtedness to his knowledge and experience, which were so freely placed at their disposal.

The members of the medical staff instruct the attendants by means of lectures. It is hoped that arrangements may be shortly made to provide a pathological laboratory and museum, as well as a billiard room for the medical officers.

Five cases of typhoid fever occurred; two ended fatally. The well water, after chemical and microscopical analysis, was pronounced free from injurious matter, and of satisfactory quality, but suspicion was thrown upon the water mains. A new one has therefore been put in.

Concerning general paralysis Dr. Alexander remarks:—

We have year by year, with monotonous regularity, to deplore the prominence of general paralysis as a form of mental disorder in the male admissions. It may be of interest to note the numbers of both male and female general paralytics admitted during each year of the first sub-committee's tenure of office:—

In 1889 there were	31	men	(16 p.c.) and	8	women	(3 p.c.)
In 1890 „	76	„	(25 p.c.) and	17	„	(5 p.c.)
In 1891 „	63	„	(26 p.c.) and	13	„	(5 p.c.)

One sees from this a great increase in both male and female general paralytics, also the disparity in the incidence of the disease in the two sexes, a disparity rather greater than usually obtains.

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The continuous supervision of suicidal patients at night is now in operation.

Dr. Alexander states that concurrently with the outbreak of typhoid fever there was an epidemic skin disease of a most peculiar character, and following closely on the outbreak was an epidemic of diarrhœa and sickness, as if from the operation of some irritant poison. The actual causes of these disturbances of health could not, however, be determined. Both of those epidemics affected a considerable number of patients of both sexes, but no deaths ensued therefrom.

London. St. Luke's Hospital.—Several improvements were effected during the year. A new padded-room, of the most approved modern construction, has been fitted up. Modern bedsteads have replaced old and objectionable ones.

The Committee have still under active consideration the establishment of a Convalescent Home. During the year numerous instances arose to demonstrate the great need for this valuable auxiliary to the hospital. It has been decided to carry the balance of revenue over expenditure for the year to an account for the establishment of a Convalescent Home, instead of following the usual precedent of carrying the same to the capital account for investment in support of the charity.

An assistant medical officer has been appointed. This addition to the staff has been found most beneficial.

London. City of—The report of the Visitors is largely occupied by the enumeration of the many structural improvements effected during the year.

It has been decided to receive private patients at a uniform charge of a guinea per week, the patients to wear their own clothes.

The following scale of annual leave of attendants and nurses has been adopted :—

Male Attendants ...	Charge	12	days.
Ditto	Second	10	„
Ditto	Ordinary... ...	8	„
Nurses	Charge	14	„
Ditto	Second	12	„
Ditto	Ordinary... ...	10	„

Dr. White continues to instruct the attendants and nurses preparatory for the examination for the certificate of the Medico-Psychological Association. Twelve passed the examination—all that presented themselves. Dr. White says that he cannot speak too highly of the theoretical and practical training in asylums. He attributes the non-occurrence of a bedsore for several years to the fact that the attendants and nurses have been told that it is a preventable disease, and have been shown how to prevent it.

Middlesex. Wandsworth.—Gratuities from the Queen Adelaide Benevolent Fund were given to 36 patients on leaving the asylum

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cured. They amounted to £40 7s. 6d. Twenty-nine patients received an allowance of 10s. 6d. per week during discharge on probation.

The Committee have adopted a scale of "holiday money" for the whole of the attendants and nurses, in lieu of rations, as follows:—

	s.	d.	
For one to six years' service	10	0	per week.
For six to ten years' service	15	0	„
Above ten years' service...	20	0	„

Plans have been prepared for the erection of a building for the accommodation of idiots. Dr. Gardiner expects good results from the separation of these persons from the ordinary lunatic patients. He says:—

> The permanent good results that have been achieved by existing establishments in the education of idiots, although considerable, are not encouraging enough for me to recommend that a *very costly and elaborate* system be attempted with the object of obtaining a high standard of education, and with the hope that the idiots may be made sufficiently self-reliant as to be able on their own resources to earn their living, but I do consider that buildings and an adequate staff, such as you propose, ought to be provided to give them an elementary education, to teach them to attend to their daily wants and to employ themselves usefully, so that they may have pleasure in feeling they have some share in the common objects of life.

Montrose.—The number of patients resident continues to increase. It has been necessary to notify to the parishes in Orkney that no more pauper patients can be received.

The new hospital has been fully occupied for about twelve months, with results entirely satisfactory in all respects. The chief male sick ward is under the care of a trained female nurse, and there is also a trained nurse in the wards for the women. The new matron is also a trained nurse. Two serious epidemics of influenza occurred. Erysipelas affected one man and 16 women. The cases were generally of a mild type, and none ended fatally, though several women had relapses or fresh attacks.

Newcastle.—After much consideration the Committee have resolved to enlarge the asylum, as the already existing accommodation is too limited. They have solicited plans from architects practising in Newcastle for a new building for 350 additional patients.

Norfolk.—The sanitary condition of this asylum is being gradually improved, but it is not yet beyond reproach. During the year several cases of dysenteric diarrhœa, erysipelas, and typhoid occurred.

Concerning treatment Dr. Thomson says:—

> Nothing very novel in the way of treatment has been introduced during the past year. Asylum physicians, like their *confrères* in general practice, are aware that cure of an attack of insanity or any other disease is not to be looked for in the prescription of a particular drug; excitement, it is true, can be allayed

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by hyoscine, or sleep induced by chloral, etc., but those drugs merely modify a symptom, and do not prevent the malady running its course any more than an expectorant mixture will cure pneumonia or ice cure meningitis; rather is it aimed at nowadays to place the patient in the best possible circumstances to wrestle with the illness, hence the improved nursing in asylums, the liberal supply of extra diet, including good stimulants. In this connection your expenditure on spring mattresses for the hospital wards and some other wards was most advisable, and has added greatly to the comfort of the patients. I was induced to try a vegetarian diet for epileptics for a period of three months, and, without going into details or referring to the elaborate notes that this experiment involved, I may say that, speaking generally, the frequency or severity of the fits was not diminished by abstinence from butcher's meat.

Under this head I may refer to the fact that with the increasing and vexatious clerking duties thrown upon medical superintendents by the recent Lunacy Acts and Lunacy Commissioners' regulations, the treatment of patients, which I understand to be their primary functions, cannot help being in a greater measure delegated to their less experienced colleagues, the assistant medical officers; a more ill-advised and uncalled-for piece of legislation, not to speak of the almost unintelligible English in which the section is worded, than the annual, biennial, triennial, and quinquennial recertification of chronic cases it would be difficult to find; for example, A. B. has the delusion that his inside is made of brass. I know that he has this delusion, and that he will never lose it. I see him nearly every day, sometimes half-a-dozen times a day; a member of the Committee sees him once a week; his case has already been fully described in various statutory books. I have no interest in his detention, on the contrary, I want to have a high recovery rate and discharge as many patients as possible, and yet once a year he has to be brought to my office, half-an-hour has to be wasted over useless formalities, and a report sent up to Whitehall, and so on, with the seven or eight hundred cases.

While a party of working patients were unloading bricks from a wherry at the river staithe, a patient jumped into the river with suicidal intent. Attendant William Thompson, who was in charge of the party, at once jumped into 11 feet of water, and succeeded, with some assistance, in saving the patient's life. For this gallant action the Committee awarded him a gratuity of £5, and recommended him to the Royal Humane Society, who award him their parchment certificate.

Northampton. St. Andrew's Hospital.—A house adjoining the hospital grounds has been purchased, and will be used for the accommodation of male patients.

The Commissioners report that as many as 81 male patients are induced to employ themselves, and of these 61 help on the farm or in the garden. It is Mr. Bayley's intention to extend this form of exercise to many more gentlemen, as he is strongly convinced of the great value of outdoor employment as a method of treatment.

Concerning restraint Mr. Bayley says:—

One female patient was restrained on two occasions for a total period of two hours. The means of restraint used were the hands fastened behind the back with a padded strap, and the object for employing restraint was the prevention of constant bad and indecent habits, which prevented improvement in the mental and physical condition of the patient herself, and were a constant source of annoyance and disgust to all about her.

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The patient, a young girl, has since recovered and returned to her home. I have always been, and still am, strongly opposed to mechanical restraint in the treatment of mental excitement, and I would never permit it until every other means of treatment had been fairly tried, but the result in this case proves that there are times when such restraint, properly used, under strictly medical supervision may be most useful.

I should state that the patient was brought from private care after having attempted to commit suicide, and that she had been in the hospital about 2½ years before restraint was tried, every other plan of treatment having utterly failed.

Northumberland.—The Committee have had under consideration the gradual improvement of the entire asylum as regards ventilation, warming, and sanitary requirements.

Concerning alcoholic cases Dr. McDowall says:—

By reference to Table X. it will be seen that no fewer than 31 patients were admitted in whom the cause of the attack was attributed to drunkenness, and there is every reason to believe that the same cause operated in several other cases. As a rule a very considerable proportion of these alcoholic cases recover, return to their homes, and, it is to be feared, too frequently to their former habits. It has been my practice for several years earnestly to warn them of the danger of their ways, and many have made solemn promises of amendment; but what proportion adhered to their good intentions it is impossible to ascertain. That some were unable to struggle against inclination and prevent temptation is proved by their return to the asylum. To diminish this evil as much as possible I have of late endeavoured to bring such cases under a kind and benevolent supervision on discharge, and have written to the clergyman of the Communion to which the patient happened to belong, stating the facts, and recommending him to his care and attention. It is gratifying to find that the clergy of all denominations have readily co-operated in this work, and have at once taken an active interest in any patient brought under their notice, and there is every reason to hope that the efforts made to benefit these people will be successful in more directions than one.

The following paragraph refers to another subject:—

A number of months ago I forwarded to each member of the committee a copy of a report of a Committee of the Medico-Psychological Association, and perhaps you will permit me to refer briefly to it. As you are aware, the question of the care and treatment of the insane has of late engaged much attention, and on some points there is some diversity of opinion, as might be expected. Still, in the great majority there is practically an agreement, and in these it appeared to the Association, which is composed of medical men specially interested in the care of the insane, that the public should know the principles which should be attended to in providing and governing asylums, in regulating their size, in appointing their officers, etc. The report appears to me of much public importance, and deserving of wide circulation and careful study. In order that it may obtain these I propose to append it to this report, and thus to bring it under the notice of the county generally. An asylum involves a large expenditure, and for buildings and structural improvements there is a continuous demand. In the administration there is, and must be, a constant struggle to keep up with modern requirements; and in the medical treatment the same efforts are demanded, so that if possible the proportion of recoveries may be increased. During your official visits, and at other times, these subjects have been brought under your notice, and I must express my deep sense of obligation for the careful consideration you have bestowed on them. It is now three years since the administration passed into your hands, and my testimony is not

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required to prove the enlightened liberality which has marked your term of office, but it would be ungrateful if I failed to acknowledge your readiness to consider all questions affecting the welfare of the asylum and its inmates.

Northampton.—The deaths include three from enteritis and one from typhoid fever. The occurrence of these diseases has not been satisfactorily explained. The report of Mr. Bohn, the sanitary expert consulted, states:—

I do not think that any building in the kingdom has more perfect sanitary arrangements. All large buildings containing a great number of persons of the poorer classes are likely to have occasional outbreaks of diarrhœa, enteric fever, dysentery, etc.; and with the insane these diseases are probably personal to begin with. The fact that only a small percentage was attacked would seem to prove that the drainage was not at fault. Bad drainage is known to carry or propagate these diseases, and it may therefore fairly be presumed that the disease was not in this case attributable to any defect in the sanitary arrangements of the asylum.

I am informed that the water supply has frequently been analyzed and found free from contamination, but as my late investigations render it more than probable that some of the rain which falls at Berry Wood finds its way eventually into the water-bearing stratum from which the asylum is supplied, I strongly urge the prudence, as a matter of precaution, of diverting the sewage of the detached hospital, which is at present discharged into an open ditch, and thence into a watercourse.

Norwich.—The following short extract from the report of this Committee brings home to one the costliness of pauper lunacy:—

The total cost per head, including all outlay by the Committee on the buildings and estate, together with the additions, alterations, and improvements made during the year, has been 13s. 10d. If the interest on the outstanding loans is taken into account, the cost per head has been 15s. 6d.

Dr. Harris reports that the ambulance lectures were commenced, but did not prove a success. He has found it better to give instructions at opportune occasions in the wards, and the results, he states, have been more advantageous to all concerned.

Nottingham. County.—The following extract from the Commissioners' report will interest many:—

We hear that the auditors object to any change ever being made in the regular dietary of the patients, and therefore the monotony of giving a specified dinner on each day of the week is considered by Dr. Aplin to be imposed upon him. We hope Dr. Aplin is mistaken in his opinion of the auditors' ideas, but if he be not we hope the County Council will appeal to the Local Government Board on the matter. It must not be forgotten that the real object of an asylum is a hospital for the cure of mental disorders, and the medical officer in charge should have the same power of altering the patient's diet as he has of changing the patient's medicine.

The wages of the attendants have been increased by allowing the annual increase to continue to the seventeenth year of service instead of to the eleventh. The maximum is now £50 per annum. The annual holiday has been lengthened, and is now ten days instead of seven.

Nottingham. Borough.—Dr. Powell reports that in cases of

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insanity following influenza the prevailing type of this disease was melancholia of a very acute form. It usually ran a favourable course, and terminated in recovery. One case, however, did not survive more than three days, but died of acute pneumonia, from which she was suffering on admission.

Nottingham. Lunatic Hospital.—The Commissioners point out that it is to be regretted that magistrates should sign orders for detention without first seeing the person for whose detention they are the authority, as when a patient is fairly intelligent he claims his right to be seen by a judicial authority, and the patient has to be taken to see some magistrate very shortly after his admission to the hospital, which is the time when it is of great importance that he should be as little disturbed as possible, his early recovery being very likely retarded by the excitement thus needlessly occasioned.

Oxford.—It can scarcely be contended that the Committee of Visitors erred on the side of liberality when, after careful inquiry, they increased the salary of the medical superintendent by £24 a year.

Perth. James Murray's Royal Asylum.—The following are extracts from Dr. Urquhart's interesting report:—

> The home treatment of insanity gains favour year by year. Not of the ancient type—the unintelligent imprisonment of a lunatic in the least desirable room of the house—but the rational adoption of means that have been approved in the best hospital experience. Even in those huge aggregations of the pauper insane in densely populated districts efforts are being made to separate and differentiate the wards—to sink the institution in the home in so far as is practicable. Much more so in hospitals of this class, where the idea of a central hospital with succursal houses, constantly promulgated for many years by Dr. Lauder Lindsay, is almost universally carried into effect. Our experience has been all in favour of this principle of management. The houses complemental to the main asylum have now been in occupation for a considerable period, with benefit to patients and staff, and with satisfactory financial results. There can be no doubt that the margin of cure and contentment is thus enlarged, and that any further accommodation required by this institution should be obtained by extension on these lines.
>
> There have been ten actively suicidal and four dangerously homicidal patients under care during the year. These difficult cases present serious problems of management, and their treatment is embarrassed by their destructive attempts. The constant vigilance required, the perennial trial of patience and endurance, the demands on tact and temper, which are all in the day's work of an asylum attendant, are very inadequately recognized by the world at large. But it is even easier to bear with the abuse of an actively insane patient than to keep up constant warfare with the destroying angel of dementia. Nothing can be more detrimental to the insane than apathetic and selfish management in nursing. A great deal has been done of late to improve the position of attendants, and this institution has not been behind in promoting their educative, social, and recreative interests; but it is undoubted that further advances must be made in this direction if the asylums of this country are to maintain their place in the vanguard of progress.

Roxburgh, Berwick, and Selkirk.—The water supply has always given trouble in this asylum. The quantity has all along been

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insufficient, and the quality of some of the sources is distinctly objectionable. Steps are being taken to rectify these serious defects.

Dr. Johnstone reports that significant indications continue to be afforded (by the occurrence of various cases of illness of an "insanitary" type) that the institution is not in a satisfactory hygienic condition. It is gratifying to believe that this state of affairs will not exist much longer. As the result of their inspection of the asylum the Edinburgh Sanitary Protection Association have reported that extensive changes are called for in its sanitary arrangements. The recommendations of the Association have, with some exceptions, received the sanction of the District Board, and the necessary works will, it is expected, shortly be commenced.

Salop and Montgomery.—A new supply of water has been obtained by sinking a well. The report of the analysts was of a most satisfactory character. During the year three cases of typhoid fever occurred, but they all recovered.

Somerset and Bath.—This asylum, in spite of the ninety patients boarded elsewhere, continues to be overcrowded. Another asylum is to be erected. The plans have been prepared, and working drawings have been ordered to be got ready as speedily as possible. Among the additions and alterations may be mentioned the new stores and offices, which are nearly ready.

Staffordshire. Lichfield.—The erection of a third asylum for this county is under discussion, at any rate, is being talked of. In connection therewith Dr. Spence says:—

> As the provision of suitable accommodation for the care and treatment of idiot and imbecile children is a burning question at present in many counties, perhaps it is not out of place to suggest that advantage might be taken of the contemplated erection of a third asylum for this county to consider whether it would not be well to build in connection therewith a detached block specially adapted to the requirements of the class of patients referred to. This would supply a long-felt want, would satisfy a very distinctly-expressed public demand, and would be of much benefit to the inmates themselves, though probably not to the extent that is generally supposed to be the result of the training of such cases.

Staffordshire. Stafford.—In his report Dr. Christie says:—

> The question of wages and hours of duty of the attendants was also considered by the Committee, and a scale of pay adopted which is a distinct improvement on the old; at the same time increase of leave has been granted, and besides the annual fourteen days, each attendant and nurse has half a day in the week. Of course, to carry this out a considerable increase had to be made to the staff, but the object for which it was done is so deserving and well-merited that surely the necessary increase of expenditure which it entails is justified. The time is yet too short for me to express an opinion as to the probable effect these inducements will have in attracting and retaining suitable and trustworthy people in the asylum service—it is to be hoped it will be beneficial—but at the same time one cannot shut one's eyes to the fact that the duties are so peculiar and so trying that changes, more frequent than one

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would desire, are sure to take place, however good the wages and emoluments may be.

Sussex.—This asylum is still insufficient for the accommodation of the insane belonging to the county. In his report Dr. Saunders says:—

It is a question whether the wording of the Justices' order in the Lunacy Act, 1890, describing the patient either as "a pauper, or *in such circumstances as to require relief* for his proper care and maintenance," may not have opened still wider the door for persons well able to pay a moderate sum for treatment in a non-pauper asylum. There is no doubt that persons on whose behalf application has been made by the relatives for admission as paying patients, and who have had to be refused as such, have subsequently been admitted as paupers, showing that the words "requiring relief" have a very elastic interpretation. Such patients do not become chargeable to the rates, because the Guardians recover the cost of their maintenance, but they help to fill the already overcrowded asylum.

Warwick.—The extensive alterations in the sanitary arrangements are nearly completed, and it is reported that already a marked improvement has occurred in the health of the establishment. The following are extracts from Dr. Miller's report:—

I cannot report any great advancement in the medical treatment of the patients. New drugs are tried, and too frequently found wanting. Sedatives and hypnotics, the use of which can very easily become an abuse, are the drugs to which I allude more especially, as they are no doubt a very necessary adjunct to our treatment, and in acute cases are very useful; but when they are used in chronic cases to control, or more properly to stupefy the noisy and troublesome, I think it is there that the abuse may come in, and, as regards restraint, I fail to see any real difference in controlling the violent patient mechanically, and in submitting him to a course of drugs which in many cases materially affect the constitution.

The best means of treatment I consider consists in providing bright and cheerful wards, well warmed and ventilated, steady and well-trained attendants, as liberal and varied a dietary as lays in our power, and every opportunity that can be afforded for work and healthy recreation.

Personally I am strongly averse to very large asylums, and this opinion is held by many senior men in my profession, whose long experience must necessarily bear considerable weight. In order to satisfactorily carry out the meaning of the recent Lunacy Act it appears that the patients must be looked upon and studied as individuals requiring careful treatment. Medical superintendents must necessarily bring themselves into closer contact with their patients than was previously thought sufficient, and I am led to believe that the capabilities and energy of a man of ordinary calibre will be sorely strained when he is asked to administer to the requirements of a population exceeding 1,000. The co-operation of hard-working, intelligent assistants will not meet the case, however willing and zealous they may be. It is all important that the superintendent should be acquainted with all his patients and some of their history, and the special points of each individual case.

In a former report I pointed out that there would be a tendency all over the kingdom to improve the condition of the pauper insane, and that the weekly cost would probably be higher. Last year the average weekly cost for county asylums was 8s. 7⅛d., and I expect that next year we may see a still further increase. For my own part I am glad to see it, as it shows that the day for "cutting down" asylum maintenance to below what it should be is fast dying out, and I think so much the better for the ratepayers, and the greater the

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difference between asylums and workhouses (the former being made as much like hospitals as possible) the greater the ultimate saving effected, as it must be utterly wrong to imagine that people who are physically and mentally incapacitated can be expected to recover from their malady if they are not fed and cared for to a greater extent than if they were in a healthy state.

Wilts.—Among other important structural additions and improvements, the ventilation, drainage, and water supply systems, and the disposal of sewage are being thoroughly brought up to modern requirements, at great cost, under the charge of Mr. Rogers Field. It is proposed to build a new chapel, and to use the old building as mess and recreation rooms for the attendants.

Concerning pensions the Committee report:—

The question of granting superannuation allowances to operatives and labourers employed at the asylum has given rise to a good deal of discussion. The Committee consider that the work of the officials and attendants employed in the asylum, who are much in contact with the insane, entitles them to look forward to a pension, on the conditions laid down by the Act, and they are glad to find that the Commissioners in Lunacy in their last report (p. 99), after fully considering the question, have come to the conclusion that the system of moderate salaries with superannuation allowances has had a fair trial in the past, and with satisfactory results, and they deprecate any departure from it. But the Committee do not consider that those employed as labourers, operatives, or artisans can at all be considered as entitled to such allowances. They all receive the full current rate of wages, they are only partially brought into contact with the insane, and with such of them only as can be safely trusted out of doors, and their duties and responsibilities do not require the exercise of the qualities of intelligence, tact, patience, and self-control which are looked for in the attendants. Applications for pensions made during the past year by a plasterer and a carter have been refused.

Wonford House.—Dr. Deas reports:—

By a rare coincidence three cases—all ladies—have been under care, to whom I did not hesitate to apply "mechanical restraint" as the best and most humane treatment. The object was to limit the use and movement of the hands or arms, or both, and the means used were soft padded gloves, the sleeves of the dress closed at the end, or the sleeves attached to the side of the dress. In two of the cases the object was to check flesh-picking or rubbing, a habit for which I believe restraining the hands is the only effectual remedy. In one of these the restraint was necessary for about six weeks. The patient has now been free from the habit for ten months, and is mentally considered improved. The second case was more inveterate. Restraint was employed during three months; there was then great improvement during five or six months; then for a month it was necessary again. The patient has now been free from the habit for five months, and is greatly improved. The third case was of a different character. It was characterized by constant struggling and violence, and attempts to injure herself and others, and was one of the very worst cases that has ever come within my experience. The great value of restraint in this case was as a conservative agent, saving the patient from the exhaustion of constant struggling, allowing her to have exercise regularly, and to be managed with much less risk of injury. In this case restraint was employed during two months; then for three months there was considerable improvement; then a relapse, and restraint was employed during three months. During this last attack the patient was for some time in a most precarious state, and yet would struggle; then improvement began, and has continued steadily for three months. She is now strong and active, and mentally apparently con-

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valescent. I firmly believe that this patient's life, and probably her reason, have been saved by "mechanical restraint." I need hardly say that this restraint in these cases was not continuous, usually employed only for a portion of a day, and dispensed with from time to time, as a trial, according to circumstances.

No bad effect whatever seemed produced on the patient's mind by the restraint, and only one of the cases seemed to feel it irksome, and this became a useful moral agency in checking the morbid habit. The third case never complained about it, and it was remarkable how much the excitement and tendency to struggle ceased as soon as her arms were not free, nor since the great improvement in her condition does she allude to the matter, or show any sign of its having produced a painful effect on her mind.

I have alluded rather fully to these cases, because there is still a tendency in some quarters to blame anyone who honestly uses "mechanical restraint" as treatment, and a remedy where other means are inadequate or fail. To refrain from its use in such cases as I have described is certainly a policy of masterly inactivity; but it might also be called a policy of fear.

Worcester.—Buildings for the accommodation of 140 male patients are in process of erection. Three pairs of cottages for married attendants are nearly ready for occupation. The water supply is still unsatisfactory, but the Committee have agreed to postpone the consideration of this very important matter. The amount of leave of attendants and nurses has been increased, and a new scale of wages came into force on the 1st April.

An important legal question has been raised by the Auditor upon the construction of sub-section ix. of the 269th section of the Lunacy Act, 1890. The sub-section referred to provides:—

That where a reception contract has been made by a Visiting Committee the Local Authority for whom the Visiting Committee acts shall, while the contract subsists, defray out of the County or Borough Fund so much of the weekly charge agreed upon for each pauper lunatic as in the opinion of the Visiting Committee represents the sum due for the accommodation, not exceeding one-fourth of the entire weekly charge, in exoneration to that extent of the Union to which the maintenance of any such pauper lunatic is chargeable.

The Committee report on this subject:—

In Mr. Roberts' (the auditor's) opinion so much of the weekly sum paid for the maintenance of a pauper patient under a reception contract as is in excess of the sum received, under the sub-section of the Lunacy Act above quoted, from the Local Authorities for whom your Committee act, should be charged to the Union to which the maintenance of each pauper patient boarded out at another asylum is chargeable. It has been the practice in this asylum, as at others in the kingdom, to charge the extra amount not covered by the sum received from the Local Authorities generally to maintenance account, thus spreading it over the whole of the Unions within the county and city, though at some asylums it is understood it is charged to repairs account.

Your Committee have submitted this question to the Local Government Board, who concur in the view expressed by their auditor. It appears to your Committee that where particular patients, whose cases permit of their being more conveniently sent to, and being boarded out at, another asylum, and have thus relieved the other patients in the asylum from the dangers and risk of overcrowding, a step which, up to the present time, has relieved the contributing authorities from the cost of extra buildings for the accommodation of from 30 to 50 patients, who could not be provided for within our own asylum, the Legislature would hardly have intended that the Unions from which such patients may be selected to be sent to another asylum should be called upon to

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pay the extra charge incurred thereby. This matter will receive the very earliest consideration of your Committee, and they propose to communicate with other asylums with a view to taking such combined action to remedy what appears to be a very anomalous state of the law in the above respect.

The following interesting case is recorded by Dr. Cooke:—

A female patient was admitted who stated, both before she left home and soon after she came here, that she had thrust a darning needle into her stomach in the hope of committing suicide. Successive examinations failed to discover the presence of a needle, although, from time to time, the patient had serious abdominal symptoms of obscure origin. After several months she improved somewhat, but in the early part of 1892 phthisis set in, of which she died about a year after admission. A *post-mortem* examination was made, and, partly embedded in the liver and partly lying between that organ and the angle of the ribs, a large darning needle was discovered. Though not directly, the needle was undoubtedly indirectly the cause of death, for the irritation and suppuration which it set up caused disease of the abdominal glands which ultimately resulted in phthisis.

Yorkshire. North Riding.—A new asylum is to be erected by the Borough of Middlesbrough for the accommodation of its lunatics. This will afford relief to the over-crowding experienced at Clifton.

Tenders for the erection of a new detached laundry for the sum of £7,368, exclusive of machinery and fittings, were accepted. The machinery will cost £1,369, and a new boiler £285. The works are well advanced.

York. The Retreat (1891-2).—The Committee have to report a deficit of nearly £900.

In bidding farewell, after eighteen years' service, Dr. Baker says:—

I cannot conclude this, the eighteenth and last report of my superintendence of the Retreat, without a throb of deep emotion. Indeed, I should be less than human if I could do so. Believe me, I am profoundly grateful to all those many friends who have governed this hospital, who have extended to me innumerable deeds of kindness all through the lengthened period of my imperfect ministry. It is no formal expression of words that it is my earnest desire that under the new *régime* this hospital may continue to prosper, and that its influence may ever continue to be exercised in attempting to minister, in the highest sense of the word, to the many necessities of the insane.

The reference to the interesting celebration of the Centenary is somewhat curt, having regard to those who a century hence will refer to this Report for information.

Yorkshire, West Riding. Menston.—The male mortality was unusually heavy. This was chiefly due to a severe attack of dysenteric diarrhœa. Forty-two patients were more or less affected, and exactly half of them died. It is believed that the disease was imported, and that it spread by infection; all the cases occurred in one block.

This asylum is nearly full, and plans for large chronic blocks have been prepared. Much continues to be done to bring this new asylum into good working order.

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A pathological laboratory and a photographic studio have been completed, and a good beginning has been made towards obtaining the necessary instruments.

All the candidates, 16 in number, for the nursing certificate of the Medico-Psychological Association succeeded in passing the examination.

Yorkshire, West Riding. Wadsley.—Most successful efforts continue to be made to maintain this asylum in the highest state of efficiency.

A qualified dispenser has been appointed. The lectures and instruction given by the medical officers to the attendants and nurses, with the object of training and rendering them more efficient in the discharge of their duties, have been continued. Already good practical results are seen in the better nursing of the recent sick and feeble cases. The medical staff has been increased by the appointment of another assistant medical officer. By the necessary structural alterations a great improvement has been effected in the arrangements for the recent sick and acute cases on the male side.

The pathological laboratory and photographic room have been completed, and now afford to the medical staff the necessary means and facilities for acquiring useful and scientific knowledge.

Yorkshire, West Riding. Wakefield.—This great asylum also continues to be directed with conspicuous enterprise and success.

It is reported that the out-patients' department continues in active operation, and has been supplemented by a scheme of private nursing on a small scale. Among the structural improvements effected or in progress is a nurses' residence.

The following paragraph is from Dr. Bevan Lewis's report:—

> The visitation of a preventable disease, such as small-pox, whose incidence upon a community so lowered in vital resistance (such as an asylum population) would be fraught with such serious results, calls for restrictions of the most rigid character. When the necessary commerce between the asylum and outlying districts is considered—the difficulties encountered from a non-resident staff of attendants—the unavoidable contact at times of parochial officers with infected subjects, delegated for the common duty of dealing with fever cases, and the removal of lunatics to asylums—the caution and reserve with which even medical certificates of freedom from infectious disease in recent admissions must be taken—it must be emphasised that the duties are sufficiently onerous and harassing without the introduction of any further difficulty. I would very clearly state my conviction here that the interests of union and asylum authorities upon the question of removal of such fever-infected cases (suffering from mental disease) to asylums is a *common interest*, best served by a *rigid exclusion* of such cases, and that any suggestion that cases of insanity suffering from fevers, such as small-pox, should be received into our asylums and properly provided for by isolation hospitals is, I consider, open to the gravest objections. To the uniform and continued support I have received from my Committee in the exercise of these somewhat invidious duties I can alone attribute our successful isolation from this malady.

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Concerning the instruction of attendants and nurses Dr. Lewis writes:—

A class for nursing and ambulance lectures was commenced here early in the spring for the female attendants, under the supervision of my colleagues, Drs. Goodall and Dunn; and subsequently a similar course of training and lectures was given through the winter months by Dr. Bullen to the staff of male attendants. Considerable interest was maintained in these lectures—a very fair attendance secured—and at the examination in November last eleven nurses secured the certificate of the Medico-Psychological Association. The Committee provided class books and such other requirements as were demanded for this very desirable movement, which is now being adopted very generally in English Asylums. This attempt at training the nursing staff towards securing an *intelligent* interest in their work is, I think, a very hopeful sign of the times, and cannot but issue in the best results; a community of sympathy—far more substantial than a mere sentiment—is established betwixt nurse and patient; the former is encouraged to develop her best interests—to look forward to higher spheres of duty—whilst her systematic training develops habits of care, vigilance, thoughtfulness, and self-control, which it is impossible to overrate as desirable qualities in a mental nurse. Moreover, I am much mistaken if this movement does not indicate the approach of that general wave of change which has long been anticipated as likely to transform our asylums into *veritable* hospitals for the insane, awakening those latent potentialities which are undoubtedly available for the future welfare of English lunacy.

Reports Subsequently Received:—

Birmingham City Asylum, Winson Green.—The report of Dr. Whitcombe for the year 1892 contains a notice of two deaths which call for special remark.

A patient (J. A.) was admitted at mid-day, and having no history of dangerous proclivities, nor exhibiting any, was put to sleep at night in a dormitory with four other patients, where he would be visited every half-hour. Suddenly he jumps out of bed, pulls one patient out of bed, and jumps upon him, then strikes another with a chamber utensil, and pulls him out of bed, and is arrested by a night attendant just in time to save a third patient from his violence.

Such an event could not possibly have been foreseen, and, in fact, it would be difficult, if not impossible, to parallel it in asylum experience. It is one of the risks which must be run in the management of the insane. Had there not been a night attendant, another life at least would have been sacrificed to the sudden fury of the newly-admitted patient. In fact, a large staff of nurses is the only practical means of rendering fatal assaults infrequent. Although not a particle of blame can possibly attach to the Medical Superintendent, the sympathy of all engaged in the treatment of the insane is, we are sure, felt for Dr. Whitcombe under the worry caused by the painful circumstances which have occurred.

Psychologically the case is of great practical interest, on account of the suddenness of the assault, and the determination to kill persons who, being complete strangers, can have hardly been associated with any delusions in the patient's mind. Dr. Whitcombe writes:—

The act was one of sudden homicidal impulse, arising in a patient who had previously shown no signs of being dangerous, but, on the contrary, exhibited symptoms of exaltation, and was in a benevolent frame of mind.

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It would be interesting to know all particulars in regard to the past history of J. A., and in the future to be informed what course the mental malady has taken.

Broadmoor.—Dr. Nicolson reports that in 1890 the Council of Supervision brought the inadequacy of the accommodation on the female wing to the notice of the Secretary of State, and the result was that the Treasury sanction was received to carry out an extension of this division of the asylum at an estimated total cost of £8,855. The work was commenced in 1891, and one portion of the extension, together with certain alterations, has already been constructed. It consists of an addition to the south front of block 2, 90ft. in length, and includes 12 single rooms, sculleries, and staircase.

A Departmental Committee of Inquiry into the pay and position of prison warders and of the subordinate staff at Broadmoor Asylum sat during the year, under the presidency of Lord de Ramsay. The recommendations of the Committee resulted in sanction being given by the Treasury to an increase in the scales of pay for the various grades of male and female attendants and others ranking with them.

Dorset.—Dr. Macdonald directs attention to the evils of sending recent cases to workhouses. He says :—

Notwithstanding that the admissions generally were of a more favourable class, the numbers admitted at an early stage of the disease were fewer. There would seem to be an increasing tendency in the direction of sending acute cases to the workhouse, which system cannot be too strongly condemned. Apart from the injury done to the patient by loss of time, it is hard to explain the rationale of keeping a case in the workhouse, where there is no proper staff, and where the treatment at best can be but tentative. It is the invariable custom in certain unions to send all reported cases to the workhouse, where they are detained for weeks, nay, for months. Sooner or later they are sent to the asylum, and for one or both of the following reasons: First, because no improvement has taken place; or, second, on account of the case being too troublesome. Unfortunately many of these cases are far from hopeful by the time they reach us, and it does seem hard that even the poor should be deprived of asylum treatment at the most favourable stage of the disease, because of some lingering parsimonious object. Reflection on this retrograde system reminds us of the old saying, "Neglect a cold and in walks the doctor, to be followed by his bill." How often does it occur to those who fail to obtain the best possible treatment for the mentally afflicted at the commencement of the disease, that to neglect the early symptoms of mental disease means insanity.

Dr. Macdonald is fortunate enough to be able to record the recovery of three chronic male cases.

We are often told there is no chance of a patient being discharged recovered after having been in the asylum for a few years, but that this is happily not the case we shall be able to prove. During the past year three male patients were discharged as recovered after a residence of many years, and, from repeated inquiries, all are doing well, and have regular employment. These men had been patients here for 10, 11, and 12 years respectively, and it was not till within twelve months of their discharge that any actual improvement was noticed. For years two of the cases were troublesome in every sense of the

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word, having—among other episodes—made several attempts to escape. It was an indescribable pleasure to witness the change in the conduct and character of these men when the mind began to regain its normal standard. No more grumbling, no more deceitful ways and methods, no more abuse of the authorities; they became sociable, agreeable, obedient, and willing, and when they left the asylum were full of thanks and kind words. In neither case were we accused of not discharging the patient when recovered, because the friends were reasonable people, and would it were so more frequently.

Glamorgan.—Plans have been prepared for extensive and much-needed enlargements, but money cannot be obtained, as the contributing bodies cannot agree.

The following paragraphs are from Dr. Pringle's report:—

In this, as in former years, I have had to deplore the admission of epileptics, who have been so from childhood, and yet had married and become parents. One woman lately told me she had got married because "everybody" told her if she did so the fits would leave her. I have seldom an opportunity of testing the mental capacity of the partners of such people, as I generally find, on inquiry, that they have gone to America or some other distant place as far away as possible from their unhappy mates, and have left their miserable offspring to be maintained by others; and I do not wonder much, since to be tied for life to one of these unhappy creatures is more than can be expected from any average mortal. The deplorable ignorance and recklessness displayed by such marriages, and the grave consequences to the children born of them, and the ratepayers, to whom many of them become permanent burdens, make me often think that the schoolmaster is abroad to little purpose, and that it ought to be made a criminal offence to enter into such marriages, or for anyone to celebrate or register them.

I have lately been endeavouring to make the surroundings of the attendants at both asylums more agreeable by improving their sitting and bedrooms, and have been most kindly supported by the House Committee in so doing. I cannot say that as yet much success has attended those efforts, so far as making them more settled is concerned, as the changes of the year have been numerous and vexatious. Prosperous times outside our institutions always result in many changes, as the men leave for higher wages in the ironworks and collieries, and more marriages occur amongst the nurses. I am confident, however, that our efforts are in the right direction, and will gradually tend to induce a better educated and more refined class to enter the service. On the whole the general conduct of the attendants and nurses has been good, and if a black sheep does now and again get into our fold, it is not much to be surprised at amongst so many.

Ipswich.—The reports by the Committee of Visitors and the Medical Superintendent are chiefly noticeable for their extreme brevity.

Lancashire. Lancaster.—The following is a quotation from Dr. Cassidy's report:—

In former periods of our history a spirit of emulation was encouraged, and there was every possible freedom of development, with the result that English asylums have taken the first place among the asylums of the world. It seems now to be considered that we require the restraining influence of an autocratic official (the auditor appointed by the Local Government Board), who holds up before himself and before us that grand ideal—Uniformity. I am not myself inclined to fall down and worship it, nor do I care for the Government-office, the diet of parchment and red-tape. This central audit of asylum accounts is an expensive mistake, entirely unsuited to asylum needs, and must, I think,

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have slipped into the Local Government Act by some mistake. Surely it will be promptly ended or mended as soon as this is recognized. That the Lancashire Asylums Board or a Visiting Committee should not be able to give a gratuity under many circumstances which may arise seems to me to be monstrous. If it really is so in law, which I do not believe, the sooner the law is altered the better. A minor objectionable matter is the difficulty and delay which seems to exist in obtaining the sanction of the Local Government Board to loans. Thus, our fire protection works were regarded by the Committee as urgent, but after the plans and proposed expenditure had been sanctioned by the Committee, by the Central Committee, by the County Council, by the Commissioners in Lunacy, and by the Home Secretary, we had to wait for several months for an inspector to come down and hold an inquiry before we were allowed to obtain a penny to pay for them.

Lancashire. Prestwich.—We are accustomed to talk of certain lunatics as harmless, but every now and again events occur which tend to make us use that phrase with extreme caution. Dr. Ley mentions a case which refers to this subject.

The other suicide was in the case of a man who injured himself so severely in the head that he died from the effects some weeks afterwards. This also occurred in a patient not suspected of harbouring suicidal tendencies; in fact, the man had so much improved mentally that he was recommended for discharge at the approaching meeting of the Committee. He had been employed at his trade of brick-setter for some months previously. One day, when at work, he suddenly took an axe from a joiner's bag and struck himself several severe blows on the forehead, penetrating the bone. The injuries to the head progressed favourably, but symptoms of brain mischief developed themselves a few weeks after the occurrence, and rapidly proved fatal. The patient admitted that his only motive for committing the act was annoyance at not having been visited by his friends on the previous day. These cases emphasize the fact that a lunatic, however quiet, docile, and apparently harmless he may be, will often upon the slightest provocation, and sometimes upon no provocation at all, become the prey of sudden impulses, which render him dangerous to himself or to others. How far a suicidal or homicidal taint underlies the mental disorder it is impossible to say —some authorities assert that it is present in all cases, though it may be less developed in some than in others. There is much in the records of this asylum to bear out this theory, and it is a curious fact that all the accidents which from time to time have occurred here during the last twenty years have, with one exception, taken place among patients whose previous histories, conduct, and behaviour afforded no warrant for suspecting them of harbouring any dangerous propensities.

Lancashire. Rainhill.—Several cases of typhoid fever occurred during the year. One patient and two attendants died. A pathologist has been added to the staff.

The following paragraph occurs in Dr. Wiglesworth's report:—

Two of the male patients admitted during the year were discharged as not insane, their insanity having been assumed for the purpose of obtaining admission into the asylum. They both have been in this institution before, and one of them, at least, in numerous other asylums throughout the country. They are both also thoroughly familiar with the inside of prisons. Although there was no question about their insanity having been assumed, previous experience having convinced them of the superior comforts of asylum life as compared with that in prisons, and though they were, hence, not insane in the ordinary acceptation of the term, there can be no doubt that they both possessed erratic, unstable mental natures, which brought them into rather close proximity to the borderland of insanity. They were, indeed, but types of many more in the great

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criminal class from whence they were drawn, in whom it is often a matter of no small difficulty to determine the dividing line which separates badness from madness. Although we are still far from the idea that all crime is insanity, and should be treated as such, nevertheless evidence is continually accumulating which tends more and more to show that no small number of our criminal classes are, as regards the social side of their nature, nothing but moral idiots and imbeciles, who, by virtue of the defective brain constitution with which they are born, are alike without the moral feelings which are supposed to be innate in the race, and who are more or less incapable of acquiring them. Upon individuals such as these kindness and sternness, reward and punishment, are alike thrown away, or are operative only within narrow limits. For persons so constituted the discipline of prison life has too much of a punitive ring about it, whilst at the same time the constitution of existing asylums is not adapted for their reception. An intermediate institution, which might combine the restraint of the one with the moral training of the other, would perhaps more nearly fulfil the requirements, and thus society may some day find it more profitable to endeavour to train its moral imbeciles than simply to seclude them and turn them loose at stated intervals to demonstrate anew their anti-social natures.

Lancashire. Whittingham.—The following are Dr. Wallis's ideas relative to the treatment of habitual drunkards:—

Intemperance in drink seems to figure, as in 1890, rather more prominently than usual, accounting for 22 per cent. of the admissions, and perhaps for more if the histories of the unknown cases were cleared up. This is certainly one reason why the recovery rate is higher than usual, for the insanity due to drink is certainly favourable in character as to prospect of recovery when the habit has only been recently acquired, and the patient is kept for a time absolutely free from the poison. On looking through the discharge-book, intemperance in drink is certainly seen as the cause of the illness far too often, and it is not unusual to see the same person figuring twice in the same year. Promises of amendment are easily made, but I have no faith in them, *unless total abstinence is resolved upon and adhered to*, when a permanent recovery may be relied upon. It seems to me, in these days, when social legislation is, happily, in everybody's mind, that some steps should be taken to save the drunkard from himself, for his own sake, and, even more urgently, for the sake of his family. Persons of means have their inebriate hospitals and homes to go to, and their families are not, as a rule, reduced to want and misery on this account. For the intemperate among the wage-earning classes no provision has as yet been made, and it is in these classes that the want of some suitable provision is felt most acutely. Habitual drunkenness is a crime against society, and requires punishment. The drunken parent robs his family of food, clothing, and comfort to indulge in his debasing habit, and offers his children a lamentable example, which they, in their turn, but too frequently follow. Nothing short of compulsory detention of the habitual drunkard for a considerable period is likely to do any permanent good. Under these conditions he should be compelled to work, and be made not only self-supporting, but to contribute to the support of his wife and family as far as possible. As it is a drunken man is allowed to go on until his health is destroyed, his children neglected, half-starved, and stunted in growth and constitution, some of them flighty and unstable in mind, or perhaps actually idiotic or epileptic. When he has worked all this mischief he is sent to the asylum, first, perhaps, for a short visit, again for a longer visit, and finally for the rest of his life, a burden to himself and the ratepayers. Temperance methods do not reach the great majority of victims to intemperance, and public institutions for the treatment of the habitual drunkard should be provided.

Midlothian and Peebles.—The rate of admissions continues high. Dr. Mitchell considers that the causes of the high admission-rate

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in recent years are obscure and complex, but he has no doubt that the low rate of board for pauper patients accounts for the increase in this class to some extent, but not altogether.

Suffolk.—Many structural defects still exist here, but something is being done, though very slowly, to improve matters. The building is overcrowded, and does not provide the accommodation required. The sanitary condition is still very unsatisfactory. A new water supply is in process of being "laid on," but unfortunate delays have occurred in obtaining the necessary machinery. The manner in which necessary work at the asylum is delayed is mentioned by Dr. Eager:—

> Though the plans for the new infirmaries which it was decided to erect as the best means of securing further accommodation were laid before the Committee on the 28th of April (1891), and were forwarded to the Commissioners in Lunacy on the 9th May, it was not until the beginning of September (1891) that they received the sanction of the Home Office. They were then forwarded to the Local Government Board, where they were detained until January of the present year, when the sanction to the raising of the loan was given.
>
> Notwithstanding, however, that on February 6th of the present year a tender was accepted for the erection of these buildings, which are so urgently needed, we are, owing to the indisposition of the Councils to borrow under the terms of the new Act, no nearer securing the accommodation they would provide than we were two years ago, when their erection was first decided on.

Besides one case of erysipelas and another of diphtheria, there were 74 cases of infectious disease. Four patients died from dysenteric diarrhœa, five from typhoid fever, and one from diphtheria.

The amount of leave granted to attendants and nurses has been increased, and Dr. Eager reports that the result is satisfactory.

Surrey.—Plans have been prepared for the enlargement of the infirmary for female patients. The following interesting case is recorded by Dr. Barton:—

> One of the recoveries, that of a married woman, aged 39, who was discharged after a period of probation, deserves special mention as being a case of great interest. This patient was admitted in October, 1890, with well-marked symptoms of general paralysis. She suffered from persistent headache, and there was a history of a blow on the head some months previously. The disease was steadily progressive, and as the pain was localized about the right parietal region, which was also the seat of the injury, the case was regarded as an exceptionally good one for operative interference. The consent of the husband having been obtained, Dr. Gayton, in February, trephined the right parietal bone, just behind the coronal suture, and evacuated a quantity of serous fluid. The patient made a good recovery. The result of the operation was decidedly satisfactory. Permanent relief from headache was obtained, the mental symptoms gradually disappeared, and the disease became apparently arrested. The patient left the asylum in July, and when last heard of was going on well, with no return of symptoms.

https://doi.org/10.1192/bjp.39.165.274-a Published online by Cambridge University Press