his visit in the Notes on American Asylums "that he saw none in restraint or seclusion, and that the Superintendent, differed from his American brethren in not using restraint." Yet Dr. Wilbur asserts that counting the cribbed as a form of mechanical restraint, "and it most certainly is," there is more mechanical restraint used in this one asylum, than in all the borough and county asylums of England put together. Our pages are open to any rejoinder which may be forthcoming from any of the American superintendents. We will willingly agree to differ as to "non-restraint," but Dr. Wilbur's charge enters the domain of medical ethics.

Dr. Wilbur concludes by saying that "'Chemical restraint' is not the substitute for mechanical restraint in British asylums; that the principle of non-restraint is not a failure in England; that casualties are not confined to non-restraint asylums; and lastly, that some of the advocates of mechanical restraint seem to be reluctant to have their methods made known to the profession generally."

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect (Asylum Reports.)*

(*Continued from p.* 112, No. CXXI.)

Royal Edinburgh Asylum.—Many passages of interest occur in Dr. Clouston's report. One refers to feeding in cases of maniacal exhaustion, and he insists on the value of milk. "The greater my experience becomes I tend more to substitute milk for stimulants. I don't undervalue the latter in suitable cases; but in the very acute cases, both of depression and maniacal exaltation, where the disordered working of the brain tends rapidly to exhaust the strength, I rely more and more on milk and eggs made into custards. One such case this year got eight pints of milk and sixteen eggs every day for three months, and under this treatment recovered. I question whether he would have done so under any other. He was almost dead on admission, acutely delirious, absolutely sleepless, and very nearly pulseless." The following passage bears out Dr. Urquhart's paper in the present number of the Journal:—"I am a great believer in the good effects of bright colours on the mentally depressed in this dull Scotch climate of ours [we hope this does not apply to the month in which the Association is to meet in Glasgow], and look on the

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present high art craze for dull olive greens as being a simple device of the Evil One, who loves darkness rather than light." Dr. Clouston has an interesting reference to the International Medical Congress, and thinks its influence on the treatment of the insane will do good. He repels the notion that Scotch lunatics are of a milder type than those of other countries, and hence any success obtained in calming the excited is attributed to the course pursued. The best proof of this is the contrast between the refractory wards at Morningside twenty years ago and now. Limited space prevents our making further extracts. Dr. Clouston's reports are always pleasant and instructive reading.

Salop and Montgomery.—There is now every prospect that the much-needed enlargement of this asylum will at once be carried out. Plans have been prepared, and now require official approval.

Typhoid fever appeared during the year, and proved fatal in one case. During the prevalence of the fever more than the ordinary number of patients suffered from diarrhœa. These disorders were not traced to any defective sanitary arrangement.

Somerset and Bath.—In their report the Visitors express strong views against criminals being sent to the county asylum. They also report that "there have been during the past year more applications for the admission of middle-class patients than heretofore; these the Committee have been obliged to refuse. They are under the impression that through the action of the Boards of Guardians patients are admitted whose friends pay for them. If this is an abuse, it is one the Committee cannot censure; and they take occasion of it to point out the desirableness of such a change in the Lunacy Laws as would put a larger number of middle-class patients in asylums, not private, with suitable accommodation."

In Dr. Madden-Mellicott's report attention is directed to the same subject. He does not view favourably the use of workhouses as places to relieve pressure on the accommodation of county asylums. Of twelve carefully selected cases two had returned at the date of the report, and both had lost weight.

Beer and cider have been excluded experimentally from the ordinary diet. "When it became evident that there was a positive individual benefit gained by giving the working patients some substitutes like tea, coffee, or cocoa, in place of liquor, it certainly appeared desirable to extend this advantage to the other patients, and consequently afterwards *all* the patients throughout the asylum had coffee for dinner instead of beer or cider, and subsequently an addition was made to the diet by increasing the quantity of bread and meat."

Suffolk.—At the present time asylum officials are much exercised in their minds at the threatened appearance of County Boards, and they talk as if their condition were about to undergo a great change for the worse. That is possible, no doubt; but, it should be asked, is their state so satisfactory that all change should be feared? We

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think not. It cannot be doubted that some medical superintendents are uncourteously treated by their Visitors. Witness the following minute by the Suffolk Committee:—

"It was resolved:—That the Medical Superintendent and Clerk to the Asylum be in attendance on the meetings of the Committee, but not present thereat, unless when called in." Such a resolution is most insulting to the medical superintendent officially and personally. Under the circumstances we would imagine that Mr. Eager would welcome any change which might relieve him from such a position.

Stafford. Burntwood.—After 22 years' service Dr. Davis has resigned his appointment as medical superintendent, and he has been granted a pension of £250. This seems small, even though it be considered that his wife receives an annual allowance of £100 after 25 years' service as matron.

The deaths numbered 55; of these no fewer than 22 were due to phthisis, and 17 to general paralysis.

In Table III. the percentage of deaths on the average number resident is incorrectly given. Instead of 9·71, 9·69, the figures should be 10·2, 10·3.

Surrey. Wandsworth.—Of the 88 patients who died during the year, only five were examined after death. This must be considered an unusually small proportion.

Warwick.—The mortality among the male patients was excessive. Two outbreaks of diarrhœa occurred, and caused or accelerated 19 deaths. Defects in the drainage were responsible for this serious state of matters.

"It is satisfactory to be able to deduce from the annual statistical records of pauper lunacy in this county, exclusive of Birmingham, which, as an independent borough, including with Birmingham proper much the larger portion of the population of the Aston union, makes independent provision for its insane poor, that there does not appear to have been any increase, but rather a decrease of mental disorder during the last three years. There are at the end of the year 1880 twenty-six fewer insane poor in the workhouses and boarded with their friends than at the end of the year 1877; while in the same period the addition to the numbers in this asylum has been three. And though our very small increase is partly attributable to the unusual male mortality in the past year, yet, making liberal allowance for this exceptional fact, the insanity coming under the immediate cognisance of the parochial authorities is not any more at the end than at the commencement of this period."

Wilts.—The following paragraph is from the Committee's report to Quarter Sessions:—

"The very large amount of copying thrown upon the superintendent by the increase of patients and the number of books and forms which have to be filled up and copied seemed to the Committee to require the appointment of a copying clerk to do this work, and one has

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accordingly been appointed at a salary of £30 a year. The time of the medical superintendent hitherto occupied in this work is now available for the discharge of his more important duties."

We are quite at a loss to know what this lad can find to do. We are familiar with the duties of a superintendent in a large asylum and in a small one, and we do not know what the books and forms can be which require to be filled up and copied. It is well, however, if there is such an amount of correspondence, that Dr. Cooke cannot get through it with the assistance of a clerk and steward and an assistant ditto, that he should have further help. But it should be remembered that correspondence, like every other luxury, is capable of wonderful development. In a county asylum the superintendent need spend very little time daily over letters, forms, &c., if he insists on his staff doing their fair share of work.

Important structural alterations continue to be made.

Wonford House.—Now that the consulting physicians have been relieved of their duties, and the medical superintendent has been placed in supreme control as the officer responsible to the Committee for the management of the institution, it is satisfactory to find the Board stating that after an experience of some months of the system of government set forth in the new General Regulations, it is in a position to state with confidence the changes introduced have been completely satisfactory.

This asylum is evidently under energetic and intelligent direction, and Dr. Philipps' report is a more than usually satisfactory production. In the following paragraph he draws attention to a feature of the management which receives his special attention:—

"The assistant medical officer has heartily co-operated with me to develop that social intercourse with the patients which I have tried to make a special feature of Wonford House. We spend much time and take most of our meals with the patients, endeavouring to get them to occupy themselves and to take an interest in the events of the day. In this respect, namely, the large amount of social intercourse that exists between the patients and the superior staff, Wonford House is, I believe, in advance of the other lunatic hospitals. We want something more before I can consider the staff fully up to our requirements. We want a larger proportion of superior nurses—in short, more lady companions (at present we have only one), active, intelligent gentlewomen, who, while performing all the ordinary nursing duties, would be able to give the lady patients that soothing and sympathising companionship so much required."

Worcester.—The Visitors presented a special report to Quarter Sessions on the proposed enlargement of the asylum. This is a carefully prepared document, and we would refer all superintendents to it who recommend enlarged accommodation and find the magistrates obstructive.

It is constantly stated that chronic cases can be cared for in work-

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houses at a lower cost than in asylums, and the statement is repeated although it has been as often shown to be incorrect. On this subject the report is as follows :—

"It is said that the cost of the maintenance of this class on the comparatively liberal diet furnished in the asylums is excessive in comparison with the cost of maintenance in workhouses. But your Committee find on inquiry that this proposition is based on entirely fallacious grounds.

"They have been able, with the assistance of the Martley Board of Guardians, to obtain information as to the weekly cost of the maintenance of paupers in a considerable number of workhouses. They find the average weekly cost of food and clothing to be 4s. a head for both sexes, exclusive of the establishment charges. The actual average weekly cost of the maintenance of the patients in the Powick Asylum is for men 3s., and for women 2s. 7$\frac{3}{4}$d., for food only, with a further average of 6d. for wine, spirits, drugs, and about 6d. each for clothing so that notwithstanding the more liberal diet furnished in the asylum, and notwithstanding that its inmates are, with comparatively few exceptions, adults, the actual average cost of food and clothing for the inmates is slightly less than that in a workhouse whose inmates comprise a large proportion of infants and very young children. The advantage in the case of the asylum arises, no doubt, mainly from the size of the establishment, and could not be reproduced to an equal extent in a branch establishment on a smaller scale.

"Although the diet necessary for the support of chronic cases need not be so abundant or stimulating as that necessary in acute cases, yet the diet even in chronic cases must necessarily be somewhat more nutritious than the average provided for paupers in workhouses, and in asylums set apart for the purpose in Middlesex it has been found that the average weekly cost of maintenance of chronic as distinguished from acute cases amounts, including establishment charges, to 8s. per week per head. And your Committee, after giving the subject full consideration, do not see any reason to believe that chronic cases could be maintained at a branch establishment in the county at a much less cost than the acute cases."

We cannot omit the following paragraphs, which relate to an exceedingly important subject—the exclusion of so-called private patients. The remarks by the Committee are thoroughly sound :—

"The exclusion of this class would at this date remove from the asylum 47 patients, and to this extent would produce an immediate apparent relief. But the exclusion of this class of patients is, in the opinion of your Committee, objectionable on two grounds.

"First, the patients in question all have settlements within the county or city of Worcester, and if paupers would be sent to the Powick Asylum as such. They are taken, with very rare exceptions,

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from a class which, though not actually pauper, would be quite unable to bear the expense of maintenance in an ordinary private asylum. They would, therefore, if now discharged, return in most cases after short intervals as paupers.

"The relief afforded by their exclusion would thus be so temporary as to be quite illusory, and the degradation of the returned patients to the pauper class would have an injurious effect in subjecting to the stigma of pauperism their friends and relations, who now (and often by the exercise of much self-denial) keep themselves above the level of that class.

"Secondly, inasmuch as all the patients of both classes are treated on an equality in respect of diet and accommodation, the difference between the ordinary charge for a pauper and the amount paid by the friends of private patients, which is always in practice proportioned to their means, is a clear profit to the ratepayers. This profit, which amounts to about £650 per annum, would, if the private patients were excluded, be wholly lost."

The same subject is treated fully and admirably in another report by the late Dr. Sherlock.

Yorkshire. East Riding.—This asylum is now heated by hot water, at an original cost of £426.

North Riding.—Two wings have been built, accommodating 50 of each sex. The ground floor in each is used as a special dormitory for the epileptic and suicidal.

South Yorkshire.—Among the many additions and improvements which continue to be made in this great asylum, we need specially notice only the introduction of hot-water pipes for the heating of the sick wards, &c.

York Retreat.—Dr. Baker's report marks continued progress in introducing improvements in the building during the last year. "The erection of the east villa and entrance lodge has been completed, the rooms being almost ready for occupation. The new buildings as finished show to greater advantage, the beauty of their design and the excellence of the site having already caused them to be greatly admired." Altogether the institution appears to be in a very flourishing condition, and reflects credit upon the management, medical and financial.

West Riding.—There appears to be no end to the demand for asylum accommodation at Wakefield, and year by year the character of the cases becomes worse. On the first subject Dr. Major expresses a decided opinion, and with it we conclude the reports for another year.

"As to why there should have occurred in recent cases the very marked and incontestable deterioration in the character of the cases brought for treatment, which has been frequently alluded to in my reports to the Committee, I would here record my deliberate opinion, founded upon facts and circumstances within my knowledge, that the

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capitation grant allowed by Government in the case of patients in asylums only has had at least much to do with bringing about this result, and that the forebodings of those who from the first judged that it would have this effect have been only too amply fulfilled. Doubtless also the prolonged depression of trade and the consequent reduction of wages have played their part by throwing on the rates, and finally on the asylum, many an imbecile member of a family who, in more prosperous times, could and would have been maintained at home. In this way could be accounted for the fact alluded to by the Commissioners in Lunacy in their last report (1879) that of late years there has occurred a steady decline in the number of the insane poor residing with relatives or others, whilst on the other hand the number under certificates has done nothing but advance in the same period. I venture to think that the time has arrived when it behoves the Legislature to inquire into the operation of the Government capitation grant in England by the light of such facts as these; to see whether some such arrangement as that which obtains in Scotland, and under which the insane poor, whether accommodated in asylums or poor-houses, or living in so-called family care, receive according to circumstances, and provided that the accommodation has the approval of the Scotch Lunacy Board, a proportion of the Government grant in aid, could not be made applicable to the insane poor in England. Failing this, I venture to think it would be well to divert the grant into another channel if it can be shown that its exclusive application in favour of patients resident in asylums has had, and will probably continue to have, the result of throwing unduly on these institutions classes of cases other than those for which they are most required, and should, primarily at least, be reserved."

It will be noticed that we have almost entirely confined ourselves to extracts from each report, thus allowing each writer to reproduce his own ideas, free from comment or correction except in a few cases. As might be expected, there are numerous sins of omission and commission in the 70 or 80 annual reports we have read through, but we have indicated faults very gently, and often ignored them. Perhaps the worst and most common fault is bad English composition. Some otherwise admirable reports are rendered painful reading, and the sense obscured, by this cause. No doubt it is difficult to write an official report in flowing Addisonian English, but if long, complicated, and hopelessly involved sentences were avoided, the reader would be saved much trouble in searching for the meaning.

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