that no fewer than 40 out of the 78 patients in residence are benefited by the charity fund. The hospital was founded nearly a hundred years ago. Its chief object is to afford assistance to persons of the middle class, for whom, when they become insane, no provision is made except in this and similar institutions, and who, being deprived of the power of supporting themselves, have no alternative but the workhouse or pauper asylum.

The Commissioners report that the substantial comforts of this hospital will, in their opinion, bear comparison with any in the country.

Dr. Tate is to be congratulated that he can report that in 25 years restraint has never been employed, and seclusion on only one occasion. He has always endeavoured to assimilate the establishment to a large domestic circle, and to make it as home-like as possible, and he has great satisfaction in knowing that he has so far succeeded that many of his patients have left him with feelings of gratitude and friendship not likely to be effaced.

Nottingham. Borough.—The Commissioners very properly point out that one medical officer for an asylum containing from 275 to 280 patients is quite inadequate. When Mr. Powell is absent, and he must be occasionally away for several hours for exercise, it is not right that there should be no medical officer present to receive patients and attend to any accident which may occur.

The asylum is already full. Eight patients were accordingly given over to the care of their relatives, and four were sent to the workhouse; but of these latter two have been returned, though Mr. Powell cannot discover that they are in any way dangerous to themselves or others.

A male patient was admitted in a state of active delirium; in a short time he manifested signs of typhus fever and died. Fortunately the disease did not spread.

Oxford.—The post-mortem examinations made during the year were unusually small: only 13 in 42 deaths. The Commissioners point out that in some of the wards the staff was weak. In one ward with 50 patients, 20 of whom are epileptic, there were only three nurses; and most of the wards were entrusted to two attendants.

A detached chapel has been erected, and is now in use.

(*To be Continued.*)

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4. *Colonial Retrospect.*

Report of the Inspector-General of the Insane for New South Wales. 1883.

Dr. Manning again presents us with an interesting report of his important department, which shows that he and those who are co-operating with him are discharging responsible duties in an efficient manner.

The number of insane persons in the Colony still shows a progressive

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increase, but, fortunately, not out of proportion to the increase of population.

The following tables are of considerable interest :—

Year.	Population of New South Wales.	Total Number of Insane in New South Wales on 31 Dec.	Proportion of Insane to Population in New South Wales.	Proportion of Insane to Population in England.
			Per M.	Per M.
1864	392,589	984	1 in 399 or 2·50	1 in 457 or 2·19
1865	411,388	1,037	1 in 396 or 2·52	1 in 445 or 2·24
1866	431,412	1,114	1 in 387 or 2·58	1 in 436 or 2·29
1867	447,620	1,155	1 in 387 or 2·58	1 in 424 or 2·35
1868	466,765	1,230	1 in 379 or 2·63	1 in 411 or 2·43
1869	485,356	1,226	1 in 395 or 2·53	1 in 403 or 2·48
1870	502,861	1,289	1 in 389 or 2·57	1 in 400 or 2·50
1871	519,182	1,387	1 in 374 or 2·67	1 in 394 or 2·53
1872	539,190	1,440	1 in 374 or 2·67	1 in 387 or 2·58
1873	560,275	1,526	1 in 367 or 2·72	1 in 381 or 2·62
1874	584,278	1,588	1 in 367 or 2·72	1 in 375 or 2·66
1875	606,652	1,697	1 in 357 or 2·80	1 in 373 or 2·68
1876	629,776	1,740	1 in 361 or 2·77	1 in 368 or 2·71
1877	662,212	1,829	1 in 362 or 2·76	1 in 363 or 2·75
1878	693,743	1,916	1 in 362 or 2·76	1 in 360 or 2·77
1879	734,282	2,011	1 in 365 or 2·74	1 in 363 or 2·75
1880	770,524	2,099	1 in 367 or 2·72	1 in 353 or 2·83
1881	781,265	2,218	1 in 352 or 2·84	1 in 352 or 2·84
1882	817,468	2,307	1 in 354 or 2·82	1 in 348 or 2·87
1883	869,310	2,403	1 in 361 or 2·77	

Year.	Admissions.	Population.	Proportion to Population.
1864	199	392,589	1 in 1,973
1865	182	411,388	1 in 2,260
1866	196	431,412	1 in 2,201
1867	181	447,620	1 in 2,473
1868	223	466,765	1 in 2,093
1869	265	485,356	1 in 1,831
1870	253	502,861	1 in 1,987
1871	340	519,182	1 in 1,527
1872	303	539,190	1 in 1,709
1873	342	560,275	1 in 1,638
1874	330	584,278	1 in 1,770
1875	356	606,652	1 in 1,704
1876	360	629,776	1 in 1,749
1877	457	662,212	1 in 1,449
1878	424	693,743	1 in 1,636
1879	440	734,282	1 in 1,668
1880	476	770,524	1 in 1,618
1881	494	781,265	1 in 1,581
1882	473	817,468	1 in 1,728
1883	476	869,310	1 in 1,826

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In the following table are shown the results of treatment during the last eight years :—

Year.	Percentage of Recoveries on Admissions and Re-admissions.			Percentage of Patients relieved on Admissions and Re-admissions.			Percentage of Deaths on average numbers resident.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
1876	40·90	50·72	44·75	7·90	13·76	10·19	7·41	5·41	6·73
1877	42·28	51·61	44·86	4·97	14·51	7·81	8·58	3·78	7 05
1878	42·85	28·05	37·01	6·75	12·19	8·89	8·42	4·83	7·24
1879	39·86	37·66	39·08	7·47	18·18	11·26	7·66	4·19	7·10
1880	45·08	36·00	41·70	7·11	10·85	8·51	7.68	6·01	7·10
1881	41·69	45·34	42·91	5·01	8·69	6·25	6·39	3·71	5·46
1882	38·56	50·29	42·70	7·18	9·58	8·03	6·68	5·62	6·27
1883	40·61	40·98	40·75	6·48	6·01	6·30	7·69	4·98	6·64

Dr. Manning has some interesting observations upon the use of restraint. He says—

"It has not been deemed advisable to lay down any hard-and-fast rule as to the cases in which it is or is not to be employed. Its use is left entirely to the discretion of the physician in charge, and it is prescribed in the same way as a dose of medicine, an extra quantity of food or stimulant, a shower or warm bath, or any other remedy.

"At all my visits of inspection I take care to see every patient in restraint, and inquire into the necessity for its use, and I have on several occasions caused returns to be prepared which show the amount in use at all the institutions at one time. These returns show that the amount never exceeds one patient in restraint out of every 400, or $\frac{1}{4}$ per cent., and is frequently much less, and that in half of the cases it is employed for surgical reasons, to allow of the healing of wounds or other injuries, or to prevent the irritation or causation of troublesome sores. Hospitals for the insane can of course be managed altogether without mechanical restraint. Some of the best in the world are so, and in one institution in this Colony no restraint has been employed for nearly three years; but my experience, gathered from a wide field in the hospitals of Great Britain, Ireland, France, Germany, Belgium, Holland, and Italy, as well as in the United States and a number of the Colonies, has not convinced me of the wisdom of total disuse of this agent, and has certainly led me to believe that any hard-and-fast prohibition of it would be a fatal mistake. Under proper regulations it has a useful place in the treatment of insanity; and I hold that the position taken by the physicians of American hospitals is in this respect more philosophical

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and more humane than the extreme views held by some alienists in Great Britain.

The following comparison as to details of weekly cost between the Borough Asylums in Great Britain and the Hospitals in this Colony is interesting:—

Average weekly cost per patient in Borough Asylums in England (taken from 37th Report of Commissioners in Lunacy for the year 1882.)	£	s.	d.
Provisions and beer ...	0	4	7
Clothing, bedding, &c.	0	1	2
Salaries and wages ...	0	2	5⅛
Necessaries—Fuel, light, &c.	0	1	3⅛
Surgery and Dispensary — (Medicines, &c.)	0	0	0⅜
Wines and spirits	0	0	0⅝
Farm and garden (less produce sold)'	0	0	3⅛
Miscellaneous.....	0	0	7¾
	£0	10	5⅝

Average weekly cost per patient in Hospitals for the Insane in New South Wales.	£	s.	d.
Povisions and beer ...	0	4	10⅜
Clothing, bedding, &c.	0	2	0⅝
Salaries and allowances	0	4	3⅛
Fuel and light	0	0	6¾
Medicines	0	0	1⅛
Wines and spirits	0	0	0¾
Miscellaneous — (including amusements, incidental expenses, materials for employment of patients and minor repairs)	0	0	7
	£0	12	5⅛

"It will be seen that the main difference in cost is due to the amount for salaries and wages being larger in this Colony than in England. The salaries paid to officers are not as a rule higher than in Great Britain, but the wages to attendants, nurses, and servants are very greatly in excess of the English rates."

The insufficiency of accommodation for the insane population of the Colony, to which reference has been made in Dr. Manning's previous reports, appears to be in a fair way to be remedied by the completion of new buildings and the utilization of old ones, which may be rendered available for the purpose.

Altogether there would seem to be an intelligent administration of the lunacy department of the Colony such as might reasonably be expected under Dr. Manning's enlightened guidance.

FREDERICK NEEDHAM, M.D.

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