agrees with Koch and Cettingen, who have made very laborious inquiries into the question, that it seems probable that there is a progressive increase in the number of the insane in most countries of Europe. His calculations that there are more men idiotic and more women insane, and that the insane are a much longer lived class than the idiotic, only confirms what is generally known; nor does it need a laborious inquiry to let us know that few idiots are married, though it is interesting to learn that any are married at all.

Census of Epileptics in Mecklenburg-Schwerin for 1882.

Dr. Tigges, in the same number of the "Zeitschrift," gives the results of an attempt to count the epileptics in this little State, with the view of gaining information as to the expediency of erecting a training school for children affected with this malady, to be connected with the school for imbecile children at Schwerin. The schedules were entrusted to the clergymen of the different parishes to get filled up. The number of epileptics was found to be nearly the same as the number of idiots, 639 of the former, and 658 of the latter. Taking an average for the town of Schwerin, from which they could not get trustworthy returns, it was estimated that in the Principality there was one epileptic to every 855 inhabitants. In a census of the Rhine Provinces, taken in 1881, it was found that there was one epileptic to every 1,177 inhabitants. Up to 21 years of age there is a greater number of male epileptics, after that of females. The females last longer under this disease, the average duration of epilepsy in males being found to be 13·1 years, and in females to be 15 years.

Amongst 639 epileptics, 167 = 25 per cent. were idiotic or insane; of epileptic children between six and fifteen years, 20 per cent. were weak in mind; of 639 epileptics, 430 were unmarried, ·67 per cent, ; out of 658 idiots, one was married and one was a widower.

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3. *English Retrospect.*

Asylum Reports for 1883.

(*Continued from page* 127.)

Glasgow. Town's Hospital and Asylum.—So far as we can remember, this is the first occasion on which we have noticed this report, for the very good reason that we never saw a copy of it before. It is quite evident that Dr. Robertson possesses most exceptional opportunities for clinical and pathological observation. Relative to his asylum work, he makes a few sensible remarks. These are arranged under the following heads :—1. Individualisation of Cases. 2. Medicinal and other forms of Medical Treatment. 3. Diet and Clothing. 4. Occupation and Exercise. They need not be repro-

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duced here, as they are familiar enough to all engaged in asylum management.

Glasgow. Gartnavel.—As an additional protection against the dangers of an outbreak of fire, the asylum is in direct communication with the central fire-office in Glasgow, and the wire is tested daily. Of the total admissions (147), no fewer than 129 were private patients. Although only 65 cases were discharged recovered, 40 more were sent home when well enough to return there. Many of these might, of course, with perfect justice be added to the list of recoveries.

Helensborough was chosen for summer quarters, and the change, as it always does, yielded both health and enjoyment.

Glasgow District Asylum.—The following paragraphs from Dr. Clark's report, relative to the boarding-out system, are important in that they contain *figures* besides opinions. One of the Commissioners in Lunacy points out in his report that, were it not for the system pursued, instead of an asylum containing 180 patients, one for 480 or 640 would be required. The average length of residence is between twelve and thirteen months—in other asylums it is more than three or even four years.

"Of the last (38 boarded-out cases) 25 were males and 13 females, and 10 being brought back, viz., 7 males and 3 females, the net result was 28. In view of so much that is being said for and against the disposal of harmless chronic patients in private dwellings, a review of our statistics and experience for the last three years will probably be found interesting. Eighty-two cases have been boarded-out, and eight received accommodation in lunatic wards of poor-houses—total 90, viz., 44 males and 46 females. Of these 12 males and 6 females required to be brought back to the asylum after an average residence outside of three months and eight days each. The net result is 72 in three years, which is equal to 13·3 per cent. of the total number of persons under treatment during that time.

"The financial advantage of boarding-out is only realized after prolonged residence in a private dwelling; and the nearer the allowance made to a guardian approximates to the rate charged in the asylum from which the patient has been removed, the less obvious does the advantage become. The first year of private residence is the most expensive, because the cost of removal from the asylum, and the extra outlay on account of first clothing, are special items. The usual Guardians' allowance is 7s. per week, clothing (which is furnished in addition) costs for the first year at the rate of 1s. 6d. to 1s. 9d. a week, the visiting medical officer receives from £1 to £1 10s. a-year, and these, added to inspector's expenses, bring up the cost for the first year to not less than 9s. a-week. If the asylum rate is 9s. 3d. a-week, it takes at least a seven months' residence in a private dwelling to pay expenses; and if at the end of nine months or less the patient requires to be brought back to the asylum, a distinct loss is in-

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curred by the parish, because of the expenses incidental to a second removal and committal to asylum care. When the asylum rate is higher than 9s. 3d. the gain is reached earlier, and a stimulus to boarding-out is more likely to arise; but in all cases the financial gain steadily increases with the length of residence when the first year is over, if not sooner. So far as my experience of the subject goes, the mental gain to the patient is during the first year the more certain of the two; and I have frequently been gratified to observe that this consideration weighs more with inspectors of poor who have really studied the subject, and that financial gain has not been allowed to absorb their whole attention in the matter.

"A very important question in connection with this is that of relative guardians *versus* stranger guardians. The following figures will to some extent throw light on the matter:—34 were boarded-out with relatives, and 48 with strangers. Of the former, 11 were brought back to us, and of the latter 7, so that while 23 remained with relatives, 41 remained with strangers. In many cases the relatives were subsidized by the parochial board; but as a rule they failed in patience, tact, and tolerance, and evinced a want of moral and mental vigour which rendered them practically helpless with their afflicted relatives. To such there are notable and praiseworthy exceptions, but the rule is as has been stated."

Gloucester.—At the present time when additions are in progress in so many asylums, it may be of use if we reproduce the following paragraph relative to a new method of heating. Any improvement on the methods at present in use would be gladly welcomed, for they are ridiculously extravagant, wasteful, and troublesome.

"We have, therefore, had full experience of the practical value of the new system of Dowson's Gas, which we have introduced into the second asylum. Mr. Dowson himself confesses that never before has the opportunity been afforded him of testing the efficiency of his system over so large an area. A few difficulties have been met with in the practical application of this new system, but none that have not been overcome, and experience shows that the four generators for the production of the gas are capable of producing gas enough to heat the laundry boilers, for washing and bathing, to heat the drying-closet, to drive one engine, and to give a full supply for the kitchen, all which apparatus may require to be in action at the same time. We therefore consider that the Dowson's Gas supplied as above-mentioned is a success. We have not been able accurately to estimate the cost of the working of all apparatus, as a great deal of gas has been consumed in making various experiments, but we believe that it is a far more economical manner of using coal than the previous modes of heating that have been usually applied. An effort has also been made to apply this mode of heating to baking-ovens. Very encouraging reports had been received of experiments showing the economy and cleanliness of baking-ovens heated by gas, and a contract was entered into with

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Messrs. Thompson, the originators of the patent, to erect two such ovens on our premises. We have tried to work these ovens for the last two months. The bread has been well-baked in them, but at a much greater cost than had been anticipated."

As an experiment, the laundry block is lighted by electricity—the first asylum in England, we believe, where this agent has been so used.

It is with great regret that we notice the difficulties which have arisen between Mr. Craddock and the Commissioners. We cannot attempt to go into the various matters in dispute, but we would like very much to see a record of the case of the man (a patient) who acted as porter. It seems to be admitted that he has been insane since 1859. In October, 1882, he was still insane, declaring himself to be Jesus Christ; and in December of the same year he was discharged recovered. Although the case-book containing the early history has been lost, that matters little; for Mr. Craddock and the other medical officers are, no doubt, able from memory to supply all that is interesting and necessary. After a man has been insane for at least 23 years, an account of his recovery, as given by himself and observed by others, would be of great interest, and would be welcomed as a contribution to the Journal.

Mr. Craddock is naturally much hurt at the severe censures made by the Commissioners as to the state of his asylum, and he has "accordingly added an appendix to this report containing extracts from the entries made by several Boards of Guardians in the county after visiting the asylum and seeing their patients." In giving such extracts he has, we think, committed a double error. All men connected with asylums know that the entries made by Guardians after making their visits are not worth the paper they are written on. It is impossible to oppose the expert opinions of the Commissioners with the entries made by a few farmers and such like—very decent people no doubt, but very possibly never in an asylum before, and no more capable of giving a reliable opinion on the state of such an institution than they are of criticising the management of Greenwich Observatory. Much to our surprise and regret, it appears to be rather the fashion now to give these ridiculous entries in the annual reports—a great mistake—for thereby too much importance is attached to these minutes.

We most sincerely wish Mr. Craddock a happy issue out of all is afflictions. His work must at present be peculiarly trying, for he has the charge of an old asylum and the building and organisation of a new one to attend to at the same time.

Hants.—New buildings, involving an expenditure of £12,695, have been completed and partially occupied. There is now accommodation for 1,000 patients. It is proposed to build cottages for married attendants. Dr. Manley is to be congratulated on the evidence of the value placed on his services by his Committee, when in office and since his regretted retirement from ill-health.

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Hereford.—Dr. Chapman writes as follows:—"In the case of this asylum, there is a stronger tendency than in most others to send in patients suffering from various forms of decay, such as might be cared for in well-equipped union workhouses, and are largely so in the large workhouses of urban and manufacturing districts, with properly-appointed infirmaries, but which cannot apparently be satisfactorily treated in small country workhouses. This circumstance makes our average recoveries compare unfavourably with those of asylums which serve such districts—since these cases really afford no recoveries. I cannot divest myself also of a feeling that a cruelty and injustice is involved in treating as lunatics old people who suffer from little more than that failure which affects no small minority, perhaps a majority, of those who exceed the allotted three-score years and ten, and who otherwise have never suffered from any mental disorder."

With the latter sentence we can hardly agree. Far from its being cruel to send demented old people to a county asylum we consider it may be a great kindness. Should it ever be our lot to end our days in poverty and senile dementia, we can only pray that it may please the Fates that our last earthly home may be an asylum and not a workhouse. It may be an unwarrantabe luxury, but not "cruelty."

Inverness.—To those interested in asylum-statistics this report will prove agreeable reading, as it contains a review of the admissions, &c., during 20 years—the time the asylum has been open.

Since the buildings were enlarged and more room given to the patients excitement has much decreased, and several chronic cases have so much improved that they have been sent to reside in private dwellings. Considerable difficulty seems to be experienced in obtaining suitable homes for such cases. The ventilation has been improved with most satisfactory results, but phthisis continues to be quite a scourge.

The changes amongst the attendants are remarkably numerous. In little over eight months 15 resigned and four were dismissed.

The statistical tables used are not those recommended by the Association. We are curious to know the reason.

Ipswich.—The report of the Commissioners contains the following: "One woman complained, 1st, that she, when she brought grievances to the notice of the Chairman of the Committee here with respect to matters which have occurred within this asylum, had been referred by him in writing to the Committee at Melton Asylum. It is true the patient is a Suffolk patient, but for grievances or complaints of matters within this asylum the Committee here are the persons to whom the patients naturally look for redress. The second complaint," &c. There can be no doubt that the patient was misdirected, and we can only wonder how a Chairman of Visitors made such a mistake. To prevent harshness and cruelty by nurses and attendants, it is most wholesome that they should know that any rational complaint will be thoroughly examined. Experience clearly proves that when there

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are repeated complaints by several patients against one or more attendants in a ward there is something wrong, and the sooner the offenders are convicted and punished the better for the patients. Although nurses, as a rule, are seldom guilty of gross cruelty, they undoubtedly are occasionally harsh. When patients complain of having their arms twisted, the management of that ward is not what it should be.

Kent. Barming Heath.—Dr. Davies is again able to report that a post-mortem examination was made in the case of every death.

Kent. Chartham Downs.—The sum spent on amusements in this asylum seems to be unusually liberal. In 1882 no less than £110 was so spent. An allowance is made by the Committee, and it is augmented by the earnings of the patients during the hop-season.

Killarney.—The following paragraph from Dr. Woods' report shows how pauper lunatics are managed in Irish workhouses:—

"The decrease in the numbers was caused by the discharge, during the summer, of 16 harmless and quiet chronic patients to their workhouses in order somewhat to relieve the overcrowded state of the wards. One of these patients has since been sent back, being found too troublesome, and I am only surprised that the remainder have not returned also, no provision whatever being made in the workhouses of this county for the isolation and proper care of chronic lunatics and imbeciles, the majority of the Boards of Guardians believing they ought to be provided for in the asylum. I would find it hard to select any in the asylum at present fit to be drafted to the workhouse under existing arrangements. In only a few of the larger workhouses are there paid attendants, the unfortunate lunatics in the most of them being handed over to the tender mercies of the pauper inmates."

Dr. Woods again directs attention to the very objectionable mode in which most patients are committed to Irish asylums. The present arrangements are simply scandalous.

Lancashire. Prestwich.—The weekly charge has been raised from the very low one of 7s. 7d. to 8s. 9d. The annexe not being ready for occupation, it was necessary to refuse admission to all epileptic and advanced general paralytics.

An unusual death occurred from a patient eating lime. It had been spread on the turf to renovate the soil, and no rain having fallen to slake it, it proved an irritant poison.

Lancashire. Rainhill.—During 1883 the Commissioners have more than once directed special attention to the fact that patients have a right to converse with the magistrates during their visit of inspection. We agree with the following paragraph, for though many unreasonable demands may be made by patients, the magistrates are there to listen to what they have to say.

"Complaints were made by more than one male patient, that upon the subject of discharge they had no real opportunity of speaking with the members of the Committee periodically visiting the wards.

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These complaints are probably exaggerated; but it is difficult to understand that they are absolutely groundless, and we trust that the attendants will not be allowed to interpose obstacles, however unfit for discharge the patients complaining may be. Freedom of speech in a respectful manner will content, or to a certain extent moderate, the discontent of many patients."

Amongst the admissions six were found "not insane." Of these, one man was suffering from pneumonia with exceptionally violent delirium, and his behaviour before admission certainly justified his removal to an asylum, as he had escaped from his sick bed on to the roof of an adjoining house, from which point of advantage he hurled slates against all who attempted to approach him. Both the delirium and its cause subsided immediately on his reception into the asylum, and Dr. Rogers remarks that the case is a good illustration of what he had often before insisted on—the necessity of a thorough medical examination of every patient on admission, so that any previous errors of diagnosis, if made, may be corrected.

Lancashire. Whittingham.—The new annexe has been completed, and is now occupied by 606 patients. We are very glad to notice that Dr. Wallis's salary has been raised to £1,000—a sum not by any means too large for the duties he has to perform.

In their report the Commissioners repeat their protest against asylum accommodation being used for cases suitable (in their opinion) for workhouses. They say—"We have lately visited the lunatic wards of several of the large union workhouses in Lancashire, and have been much struck by the large number of patients, many of whom had been for years in the workhouse, who have lately been sent to this asylum and to Lancaster. One hundred and seventeen patients have been admitted from workhouses since the last visit, and we are satisfied that over half that number, at the lowest computation, might well have been left in the workhouse, near their homes and amongst their friends. The cost of maintenance here is 8s. 2d. weekly; the 4s. grant reduces the charge to the ratepayers of the union to 4s. 2d. for each lunatic; but if the patients continue to be brought here in anything like the same proportion as has recently been done, the new annexe will be full, the asylum will be unable to receive recent and curable cases, and the necessity of building a fifth asylum for the county will have to be met."

Concerning teaching in asylums, the following paragraph from Dr. Wallis's report is of interest:—

"Though the records of the employment of patients show a gratifying increase in the numbers employed, yet there is a considerable number of male patients for whom no suitable work can be found. There is also an insufficiency of needlework to occupy the whole time of the female patients. Under these circumstances I have been led to the subject of school classes as a means of employment. My personal experience of them has been somewhat limited, though

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bi-weekly classes were held in one of the asylums with which I was formerly connected. In order to obtain some further information in the matter, I recently visited the Richmond Asylum at Dublin, where school work is systematically carried out on a large scale. I was much interested in what I saw there, and am satisfied that much good to our patients would result from the establishment of educational classes of various grades, from the Kinder Garten object lessons upwards, as an adjunct to the existing modes of employment. I am pursuaded that they would furnish a valuable portion of the discipline necessary for the curative treatment of the insane; furthering and hastening the recovery of curable cases, and promoting order and quietude, habits of industry and self-control amongst those who are unfortunately beyond the reach of recovery. I need not enter more fully at present into this matter; but I desire to record my conviction that good results may be expected from some well-organised work in this direction." Dr. Lalor's good example is, at last, telling.

Leicester (*Borough*).—The additional wing on the male side has been completed, and is now in use. The general arrangements and details are found to be convenient and satisfactory.

A patient, with no suicidal intention, attempted to swallow the watch of his father, who was visiting him. It stuck in his throat and was with difficulty removed.

Limerick.—Dr. Courtenay directs attention to the great difficulties which exist in Ireland in placing lunatics under early treatment. He says :—" It is, therefore, of the utmost importance that the form of admission for the poor and uneducated should be made as simple and easily obtainable as possible. Unfortunately the only order now used in this country necessitates that some offence should have been committed by the lunatic before it can be put in force, and the various steps to have it perfected are extremely complex and difficult to carry out in remote districts. The introduction of the order under Vic. 16 and 17, Sec. 97, would be of the greatest service in the treatment of the insane, as insuring perfect simplicity, preventing any delays in compilation, and at the same time affording proper legal protection to both the lunatic and next of kin."

We reproduce the following paragraph by way of a warning note, as it shows that much harm may be done by sending patients to Irish workhouses :—" Patients who were harmless, well-behaved, and without hope of recovery were sent to their various workhouses, so as to prevent this institution becoming overcrowded ; some of these were sent back in much worse condition than when discharged. Year after year we hear of the same panacea for the increasing number of chronic lunatics, viz., their removal to the workhouse ; but it is only necessary for anyone who takes any interest in the insane to watch the result of these transfers, to be satisfied that such a scheme is utterly impracticable, and can never be carried out to any extent, except at great expense or great injury to helpless human beings."

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Nothing impresses our mind so forcibly with the backwardness in education and general enlightenment of the Irish people, than the small number of post-mortem examinations made in the asylums. At Limerick only five were made in the year.

That the asylum is managed with energy and enterprise is evident, but we are at a loss to understand how the patients obtain sufficient exercise beyond the airing courts. The asylum is surrounded by buildings, and the farm is only a few acres in extent—about 12 are in cultivation. Such a condition of things must make the management peculiarly difficult.

Middlesex. Banstead.—At the end of 1883 there were 1,884 patients in the asylum, and accommodation is in process of completion for 120 women. Surely this asylum has now reached its limit; we cannot but express an opinion that it is at least double what it should be. Built originally for chronic cases only, it admits all kinds, and is under the direction of one medical superintendent.

The proportion of attendants to patients is only 1 to 17—an unusually low one. The Commissioners remark that though the staff may suffice for the care of the patients in the wards, it appears to them to be insufficient for the proper exercise of the patients out of doors and that employment of many which is so conducive to their health, and even mental recovery. At Prestwich, the proportion of attendants to patients is 1 to 7, and the result is most satisfactory.

Relative to the employment of patients, Dr. Shaw writes:—"It is in preparing patients to resume their place in society that is found one of the chief values of employment, whilst they are still in the asylum, for by it they are prevented from developing laziness, and when discharged they find themselves in better trim for self-help. Although in some respects it is better for the asylum to employ patients in the occupation to which they have been brought up, it is, I think, often more advantageous to give them a change of work, for change means rest, and to keep a person at his old familiar work is to bring back all his old ideas. I should like to see some system introduced by which pecuniary aid could be given to patients on their discharge. At present the motive to work is extra indulgence, for it cannot be expected that they will work for work's sake, and in some instances the stimulus is supplied by the idea that by showing themselves capable of work they will sooner get their liberty. The subject of occupation has not been neglected here, and the recent acquisition of land has enabled us to employ as many as 200 male patients. We have introduced manual ploughing as a means of occupying, on the land, patients who cannot be trusted with spades or forks. It is a work into which they readily enter and enjoy, and has proved most successful. The want of similar out-of-doors occupation for the women is much felt, and this explains the greater noise and restlessness always to be noticed on the female side of an asylum, except, perhaps, in the laundry department, but we find it difficult here to get

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patients to work in the laundry, because amongst the admissions are very few who have been laundresses, and the work seems distasteful to those who have not been accustomed to it."

Middlesex. Hanwell.—A block of 82 bedrooms has been built for nurses; each nurse has a separate room—a very good arrangement.

A new matron has been appointed at an annual salary of £345, with furnished appartments, attendance, coals, gas, washing, milk, and vegetables. She is required to board two servants. We have never been able to grasp the reason why the matron should be so extravagantly paid. At the Banstead Asylum, with an equal number of patients, the matron receives £100 per annum, with house, gas, board, and uniform. Of course there must be some very good reason. Only, granting this, we do not understand why the other officers are not paid in proportion.

Montrose.—This report contains an important minute by Dr. Arthur Mitchell on the work performed by the Montrose and the Dundee Asylums in providing accommodation for the pauper lunatics of Forfarshire. It would appear that the long-standing dispute between these asylums and the District Board is approaching a settlement.

Dr. Howden again directs attention to the necessity for providing a detached hospital where the sick and infirm could be treated apart from the healthy inmates of the main building. The asylum is quite full, parts of it, indeed, crowded. In one day-room each occupant had less than 22 square feet of floor space, and in the dining-hall 377 patients were seen at dinner by the Commissioner; the backs of the chairs touched each other, and there were only 10 square feet for each patient.

Murray Royal Asylum.—Dr. Urquhart continues to report favourably on the open-door system. He says:—"We have now more than half the house conducted on the open-door system, and that without involving the troubles and dangers that might have been expected. It is right to add that this arrangement is highly prized by the patients, and does not press unduly on the attendants. To-day, out of 84 patients, 15 are recorded as being on parole beyond the grounds, and 32 on parole restricted to the grounds—47 in all. It is rare that such liberties require restriction, except in the case of patients suffering from recurrent excitement."

Three cases of typhoid fever occurred in the male division during the summer, and another in winter. Although no cause could be discovered for the appearance of this disease, no doubt one existed.

Extensive structural improvements were effected during the year, and have resulted in increased comfort and cheerfulness.

Newcastle.—The population of this asylum continues to increase, and it is quite evident that the day is not distant when important enlargements must be begun. Some additions to the day space of one of the wards have been made, and the management of the patients has been much facilitated.

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Concerning the discharge of patients Mr. Wickham writes:—"The discharge 'recovered' of a patient who has been for any length of time in an asylum often depends on other circumstances, in addition to his own mental state. He may be apparently recovered, but in such a state that were he removed from asylum supervision, and no proper substitute made for it, his mental equilibrium would be again destroyed, and if his latter condition were not actually worse than his former, he would at any rate have to go through all his months, or it might be years, of excitement or despondency before it was restored. To consent to recommend such a case for discharge is a very delicate matter, and to refuse is equally so, and one of my most painful and thankless duties consists in resisting the importunity of injudicious relatives, who can 'see nothing wrong with him.' Table I., which shows that, of the total number admitted in 1883, 24 per cent. were cases of re-admission, is sufficient evidence of this; and many of these were much aggravated by but a short sojourn away from my supervision. I am willing to acknowledge that some cases of which I had misgivings did better than I thought they would, but they were those in which I had not the means of duly estimating the very suitable care and attention which they were to receive."

Norfolk.—Dr. Hills records an epidemic of pneumonia in which not only patients, but the lower animals were affected. These outbreaks are very curious. The general result of enquiry has been to find that the same disease is prevalent in the neighbourhood at the same time. A well-marked epidemic of the same kind occurred at the Crichton Institution a few years ago.

"During the first few months of 1883 we had an epidemic of pneumonia, in all 15 cases, viz., 11 men and four women. The majority of these patients were on the male side of the annexe, where the ventilation and other sanitary matters are all that could be desired. The prevailing winds during this epidemic were south and south-west until the sun crossed the line, when they changed to north-east. The site is high, dry, and exposed, and the state of the atmosphere throughout the visitation was damp and cold; several dogs and one cat were affected with pulmonary catarrh in various forms, and the illness began like that of distemper, with fever, loss of appetite, cough, &c.; one of the animals died of the complaint, several were in a critical state, and in two it left impairment of the respiratory organs. I learnt that in the district generally there was at this time a prevalence of pneumonia. The only conclusion I could draw from a careful observation of the facts was that the cold, damp weather, acting upon individuals whose nervous powers were already depressed, caused them to fall an easy prey to influences which healthy subjects might have resisted."

The Commissioners direct attention to the small proportion of day attendants, there being only one to eighteen in the male, and one to seventeen in the female division.

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Northampton.—The enlargements are now partly occupied, and the overcrowding has been relieved.

Whilst the visitors think that the capitation-grant paid to unions has offered an inducement to transfer patients from workhouses to asylums, they very judiciously add that it may also have a tendency to ensure the speedy treatment in acute cases. This is a view of the case too often lost sight of.

Northumberland.—Extensive additions and alterations are to be made to this asylum at an estimated cost of about £28,000.

"As in former years, exercise beyond the airing courts, in the grounds and surrounding country, has been accorded to almost all who are fit to enjoy it. The lame and such like cannot join the walking parties, and only about six patients of each sex are denied the privilege of walking beyond the airing courts. These exceptional cases are restricted in their exercise because of their violence, indecency, or persistent efforts to escape. Especially among women, exercise in airing courts is not conducive to health and good conduct, and it is my present intention that there shall be no exercise ground within walls or railings in the new wing for female patients. When they are permitted to exercise in the open country they enjoy their liberty, very seldom abuse it, and those in charge are more impressed by the responsibility of their work. It is extremely creditable to the patients and their attendants that during the past year almost no escapes have occurred, and none of such a character as to imply neglect. When a patient on parole, or one who is placed under a minimum of supervision, abuses his liberty and runs away, no fault need be laid at the door of those in charge; indeed, an entire absence of such escapes would show that the discipline was too severe. The circumstances are, however, entirely altered when a patient under special supervision escapes, for then those in charge become liable to serious penalties, and justly so."

Norwich.—Continued efforts are made to put this asylum into thorough working order, and the management appears to be energetic and enlightened.

The following short paragraph from Dr. Harris's report is important, and may suggest an admirable arrangement to other superintendents:—

"Communication between the dormitories and attendants' messrooms (also occupied by the night attendants, when on duty) has been established by means of electric bells, in 14 instances, and the hoped-for success of the system fully realized. It may not be out of place to draw your attention to the fact that this is the *first* asylum in which such provision has been made for the use of patients mentally afflicted, and it is gratifying to find mention made of this in the Blue Book."

Nottingham Lunatic Hospital.—This institution continues to do a good work amongst the poorer middle classes. The visitors report

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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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