and Dementia—Dementia, Melancholia, and Mania, a string of words which is fast becoming as offensive to the scientific ear as the old story of "pain, heat, redness, and swelling." The Professor, in his attempts to differentiate between these so-called diseases has not succeeded any better or failed more signally than his predecessors in the attempt.

We are under a debt of gratitude to Professor Sheppard for honestly speaking out as to mechanical restraint. He certainly holds himself erect, and thanks God that there is not such a thing as a strait-waistcoat in Colney-Hatch Asylum; but he strongly recommends the *wet sheet* as a good and easily employed form of restraint, and cites a case which admirably illustrates the good effects resulting from its use.

Why is it that so many writers on insanity interlard their essays with quotations from the poets and the Bible? This is not the case in the literature of other forms of disease. But it is the fact, and Professor Sheppard is well up to the mark in this respect. Shakespeare and the Bible serve their turn here as elsewhere; the former, in fact, is recommended as a text-book on insanity; this we do not object to, but we must deprecate the lugging in by head and shoulders of a perfectly inapt quotation from the latter to indicate the habits of a dirty maniac (p. 56). It is no mitigation to the offence of using unnecessarily a coarse expression to instance the fact that it occurs in a book which by most of us is held sacred.

The author does not pretend that the book is a manual, indeed he has to refer his students to the "recognized text-books;" so that he cannot even plead ignorance of the existence of standard works on insanity as an excuse for committing himself. The book is retrograde in theory and practice, and is in no way likely to bring about the consummation hoped for by the Professor in his concluding paragraph.

Asylum Reports for 1872.

(Continued from page 280.)

GLAMORGAN.—The feature of this report is the Medical Appendix. Although short, it is interesting, and embodies Dr. Yellowlees' experience of asylum management, &c., during the past five years.

To reduce suicides to a minimum, it is believed that attendants should sleep in the dormitories with the patients, and not in side rooms. "The mere presence of an attendant,

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and the knowledge that he might awake, or would be roused by some wakeful patient, seems a powerful deterrent from suicidal attempts; it secures, too, more effectually that individual safeguard—the co-operation of other patients in watching the suicidal one." It can scarcely be doubted that the best method of supervision of suicidal cases is to place them in dormitories under special night attendants. Any attempt at strangulation must be observed, because, though the patient cover himself with bedclothes, he cannot prevent the usual convulsions coming on, and attracting attention.

In one case it was found that Chloral seriously interfered with the action of the heart. Dr. Yellowlees is "strongly of opinion that chloral should not be given, except at bedtime, or when sleep is absolutely necessary for the patient; that the dose should not exceed thirty-five grains, commencing with half that quantity; and that in weak patients a stimulant should be given with the draught."

Restraint is such an important subject, and occupies so largely the attention of all interested in asylum management, that we give Dr. Yellowlees' remarks in full.

The views formerly expressed as to Restraint have only been confirmed by longer experience, and I do not hesitate to use it when I think it needful.

I have only two appliances for this purpose, which it seems absurd to call instruments of restraint;—canvas gloves which envelop the whole hand, and a jacket such as that worn by all the patients, but of stronger material and with the ends of the sleeves sewed to the pockets.

The very rare cases, besides surgical ones, in which I think it right to use these are of three kinds:—

1. *In suicidal cases* where the impulse is very strong, and the attempts at self-injury desperate and persistent. Modified restraint is then far safer and far kinder to the patient than to run constant risk or trust to the vigilance of attendants. In a case of this kind which occurred elsewhere, restraint was recommended by the Lunacy Commissioners themselves, as necessary to the patient's safety; their advice was not followed, and the patient, although watched night and day by two attendants, succeeded in gouging out both his eyes.

2. *In violent cases* where the fury is such that it cannot be calmed by sedatives, nor modified by seclusion nor controlled without danger by attendants. Such cases are extremely rare, but one occurred here last year which would have convinced the most devoted worshipper of non-restraint. I quote from my report of this case, written in August 1872:—

"There is no improvement in this patient, and his case is entirely

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an exceptional one. He is treacherous, dangerous, and violent to a degree rarely seen, with a persistency fortunately as rare. He at first imagined himself Jesus Christ, and assaulted every one under the idea that they denied or doubted his divinity. He now is liable to strange delusions, *e.g.*, that people tread upon him at night with razors in the heels of their boots, and that the attendant tries to choke him by pushing the hair of his beard down his throat. These delusions lead to sudden and fierce outbursts of violence directed against any one to whom this delusion points, and he is then quite regardless as to any injury he may inflict, and far beyond reason or remonstrance. In these paroxysms, which vary in frequency from one to four daily, *two* attendants are quite unable to control him, and it requires the utmost exertions of three or four to restrain his fury and to place him in his room. Not only are these paroxysms highly perilous to any one against whom they are directed, but the struggles which they occasion are very dangerous both to the patient and to the attendants; for he is an exceedingly powerful man, and kicks, bites, and strikes with a fury which only insanity could develop. The difficulty in dealing with him is greatly increased by the treacherous cunning which he exhibits, his assaults often commencing by a profession of friendship followed by a sudden kick or blow. Another aggravation in the case is the impossibility of administering any medicine; being full of suspicions against every one, he resists so fiercely and successfully that sub-cutaneous injection is the only method possible, and this method has been used without success or benefit. Fortunately he likes to remain in his room, and for some weeks he has left it only for meals and for an occasional walk in the airing-court. Of course this, being isolation in a locked room, has been entered as seclusion, although preferred by the patient to association with others. Even under these circumstances, and although under special surveillance when out of his room, his outbreaks of violence were frequent and fierce, and his condition was not improving. It was therefore determined to resort to the use of modified restraint, and a jacket of strong material has been made for him, of the same shape as the jacket worn by the rest of the patients, but with the sleeves stitched into the pockets. With this dress, first used on the 8th instant, and wearing canvas slippers (as usual), he now mixes freely and safely with the others in the day-room and in the airing-court, and seclusion is unnecessary. He resisted most furiously when first attired in his new jacket, but now knows resistance to be in vain."

He was of course unrestrained while in his room, the jacket being used only during the day, while he was associated with others. After he had worn it six days he seemed to realize that no one wished to harm him, and promised to refrain from violence if the jacket were removed; it was removed at once, and although he was often excited and

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foolish, neither restraint or seclusion were subsequently necessary.

If you abjure restraint in a case like this, you must either resort to continual seclusion, which is often futile, or push sedatives unduly, which is often perilous; or expose the patient to the irritation and danger of constant struggles with the attendants, which is perhaps more perilous still. In this case the success of the treatment was its best justification.

3. *In destructive cases*, when night after night there is ceaseless activity, and persistent wholesale destruction of clothing and bedding.

Usually this tendency can be overcome and sleep obtained by out-door exercise and hypnotics, or it can be baffled by making both clothing and bedding nearly indestructible; but in the worst cases these means utterly fail; the tendency to sleeplessness and to destruction is aggravated by being unchecked, and both for his own sake and economy's sake the patient should sleep in gloves. Only a fantastic philanthropy can discern any inhumanity in this.

I cannot do better than repeat words I formerly used on this subject:—

"I never hesitate to use restraint when other means fail, if I think it for the patient's good. The cases requiring it are very rare, but it is as certainly right to use it when required as it is wrong to use it when unnecessary. To condemn restraint under all circumstances merely because it has been or might yet be abused, is as unreasonable as to forbid all use of stimulants because they have been or may yet be used too freely.

"Unnecessary restraint cannot be too strongly condemned, but to reject its use when necessary for the patient's welfare is to sacrifice the patient to a sentiment, and to degrade 'non-restraint' from the expression of a great principle into the tyranny of a mere name."

These remarks must recommend themselves to all sensible and impartial men. Those afflicted by sentiment are strongly urged to give them their most attentive consideration.

Strikes as affecting Insanity and Crime.—We pass over some remarks on broken ribs, and the details of a case of accidental poisoning by carbolic acid, to give Dr. Yellowlees' account of a most interesting fact which has come under his observation. He says:—

Every county has special circumstances which may affect both the character and the amount of the insanity which it produces. The wealth and prosperity of Glamorganshire are largely derived from coal and iron, and any arrest in their production and export is immediately and widely felt. During the last six months of 1871, and the

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first three months of 1873, the mines, and consequently the docks, were deserted by reason of "strikes," and the effect of these strikes on the insanity and crime of the county was most marked and instructive.

In the first six months of 1871, 47 men and 30 women were received as patients into this Asylum; but only 24 men and 26 women in the second six months of the year. In the last three months of 1872, 21 men and 12 women were admitted; but only 10 men and 12 women in the first three months of 1873. It is thus shown, by a double proof, that during a strike the male admissions fall to *half their former number*, the female admissions being almost unaffected.

This decrease is doubtless mainly due to the fact that there is no money to spend in drink and debauchery. On inquiry at the County Prisons, I find that there was a marked diminution in their male admissions during the same periods, so that the production of crime as well as of insanity is greatly lessened while the strikes continue.

What the effect of a very prolonged strike would be, I trust we may never know, but to these results of the last two strikes I would earnestly direct public attention. They are among the most sad and significant facts of our social life, and seem to prove that high wages without wisdom to use them are a curse rather than a blessing.

MIDDLESEX.—HANWELL.—It is impossible for us to notice all the points of interest, contained in the numerous reports submitted to the consideration of the Committee of Visitors of this Asylum.

To relieve crowding, the Commissioners suggest that suitable cases be removed from the asylum, and placed with relations able and willing to receive them; some pecuniary assistance being given by the union.

Upon the retirement of Dr. Begley, the Committee unanimously passed a resolution very flattering to him, expressing their high opinion of the manner in which he had discharged his duties as medical superintendent for thirty-four years.

Dr. Rayner directs attention to the difficulty of "placing the manageable insane under the care of their friends, amidst the population of a large city." Why not imitate what has been done to a considerable extent in Scotland, and board suitable cases in the country? The patients in Kennoway are mostly chargeable to town parishes where it would be quite impossible to allow them to live in private dwellings.

From the previous occupation of the large majority of the patients, great difficulty is experienced in getting them to enter heartily into outdoor labour.

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One of the features of the Hanwell report is the contribution by the matron. Most of the matters on which she dwells could be much more appropriately placed before the Committee of Visitors by other officials. Accidents, suicides, architectural and engineering details, painting and ornamentation of the asylum, night-nursing arrangements, amusements, church services, the library; all these receive notice from this lady in her report. Doubtless the persons referred to in the following paragraph must feel highly flattered by the commendation bestowed on them by the matron:—

> The extensive nature of the works in progress during the year has rendered the employment of many extra workmen constantly necessary, and it is very satisfactory to note that the conduct of the persons employed has been unexceptionable.

This lady is in receipt of £420 per annum, besides other allowances. The assistant medical officers only enjoy salaries varying from £150 to £175, and these are far above the average income of men occupying the same office in other asylums.

All interested in asylum management will be delighted to learn that "active steps will now be taken to remedy existing defects in this asylum, and to endeavour to make it in every respect 'A Model Institution.'" We fear the work will prove an exceedingly heavy task. Perhaps the Committee of Visitors may find time at no very distant date, however, to fix in a satisfactory way the official status of the various members of the staff.

> Middlesex—Colney Hatch.—The asylum still continues full but the Committee have succeeded during the past year in providing much accommodation for recent cases by a systematic course of discharging quiet and imbecile chronic patients to the workhouses of their respective unions, in order that the Guardians might avail themselves of the accommodation for that class of patients in the metropolitan imbecile asylums of Leavesden and Caterham.

The arrangements made by the Committee of Visitors for the religious control of Jews and Christians are very liberal and praiseworthy.

When it is stated that in the death of certain gentlemen "the patients have lost two kind protectors," readers who are

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unacquainted with all the customs of Colney Hatch naturally enquire from whom the patients require protection. Perhaps they, like other people, sometimes require protection from their friends.

The Commissioners make the following remarks on restraint:—

A very dangerous male epileptic was restrained by wrist straps and a belt, and one patient of each sex was secluded. With respect to the employment of mechanical restraint in the case of the man above referred to, it appears from the register that since 22nd of last September, a period of nine months, he has during the day-time been constantly fastened in the manner described. There is record of ten other cases of restraint in the men's side, one patient having had his arms fastened, and the remainder having worn "gloves" altogether on 253 occasions. Such an amount of instrumental coercion is without precedent in any other English asylum at the present day, and we hope that some less objectionable mode of dealing with violent and destructive propensities will be adopted. There has been no restraint in the female division. According to the same register 34 men have been secluded on 64 occasions, and 96 women on 261 occasions.

This entry by the Commissioners gave rise to some correspondence. Dr. Sheppard furnished a report to his committee on the matter. His views are expressed as follows:—

Having taxed both (his ingenuity and experience) considerably, I am able to say that the only alternative in these cases is to place a special attendant in charge of each destructive patient. Setting aside the mere question of expense, manifestly unjustifiable, it is impossible to conceive a more galling and irritating kind of restraint than the ceaseless surveillance of a paid attendant of uncertain temper. A false estimate of the uncomfortableness of "gloves," and other mechanical restraint, is frequently formed by assuming that the condition of the sane is identical with that of the insane; as a rule, with but few exceptions, the enjoyment of the latter is not in any way lessened by a process which would be as disagreeable and degrading to the former as the habits for which it is the obvious corrective.

The same remarks apply to canvas dresses. No one maintains that they are sightly objects to the eye of a commissioner, a magistrate, or a medical superintendent; but as pinafores for dirty children, they are useful, and satisfactorily meet the requirements for which they have been designed. If a patient persistently undresses himself, or destroys the ordinary clothing, I should be no more justified in withholding from him a canvas suit than I should be in giving a knife to a patient of ascertained suicidal propensities. It is an utter misuse of terms to

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call any treatment humane or philanthropic which violates the first principles of decency and safety. It may be as well to mention that the epileptic patient alluded to as having his hands fastened to his side, is frequently visited by his wife, and she declines to approach him unless he is so restrained.

In his practice, as explained above, Dr. Sheppard is supported by his committee.

NEWCASTLE.—Mr. Wickham complies with a suggestion made in the "Journal of Mental Science," that statistics should be obtained of the plan of procedure on the admission of a patient into an asylum. His method is good, being almost exactly similar to that followed in many other asylums.

Post mortem examinations were made in all cases of death where the consent of relatives could be obtained.

NORFOLK.—In this asylum, as elsewhere, Australian meat has been used extensively. Dr. Hill's experience of this as an article of diet, with some of his views of the dietary of the insane, are recorded by him as follows:—

Australian meat has been used, cold, for dinner on Sundays during the last 12 months, and we have proved it to be a perfectly satisfactory and satisfying form of animal food; two other days in the week it is also given to 160 imbecile, idiot, and demented patients. I have in these latter cases, without any detriment to health, substituted milk and water for beer. You are aware this class constitutes a large proportion of our chronic and permanent patients; the change has been effected with scarcely any remark on their part, and with very little alteration in their standard weight, whilst some appear more quiet and cleanly for it. I think we may fairly regard this class of patients as having an inferior type of life and nervous organisation; they lead a torpid existence, and are not subject to that waste of wear and tear which in normally developed men, and in many of the insane, creates the demand for a liberal supply of animal diet and alcoholic beverages; we have also lately adopted the plan of giving Australian meat to our convalescents for some weeks prior to their discharge, and of withholding beer; this is done with the view of gradually approximating them to their ordinary dietary in their own homes, so that on their return they may not be conscious of sudden change in this respect.

The female side of the asylum is much overcrowded, and the problem how to deal with our numerous chronic harmless permanent inmates remains unsolved as in former years; the complex machinery

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and liberal arrangements of an asylum are equally superfluous and disproportionate as regards this class of lunatics; if sent to the Workhouse, they do not flourish on that uncongenial soil, but soon deteriorate and return to us in a worse condition.

Perhaps Dr. Hills has not yet attempted sending such cases to reside in private dwellings.

NORTHUMBERLAND.—It has been found necessary to increase the rate of maintenance from 9s. 11d. to 12s. 6d. per week.

Concerning medical treatment, Dr. Wilson says:—

In my last report, when speaking of medical treatment, I mentioned the great boon which had been conferred upon asylums by recent discoveries in medical science, namely, the introduction of new medicines calculated to procure relief and rest to the excited, troubled, and anxious mind. The same mode of treatment has been carried out, and with good results. Restraint has never been used in this asylum, and now seclusion (or confinement in a darkened bedroom) has likewise become with us almost a thing of the past, one patient only during the past year—a male epileptic, who was very violently excited—requiring to be secluded for the short period of twenty hours after his admission.

NOTTINGHAM.—THE COPPICE.—Dr. Tate reports:—

With regard to the medical treatment of the patients, the remedies employed have been those which improve the general health, such as tonics, with wine and generous diet. Hydrate of chloral, since its introduction, has been constantly used, with the best results, in moderately large doses, as a hypnotic; and in smaller doses, combined with bromide of potassium, as a sedative. In no instance has there been the slightest ill effect from it, and in my practice it has quite superseded opium, except in some cases of melancholia, where morphia is found beneficial. With respect to the vexed question of forcible feeding, I will only remark that during 20 years I have frequently employed both nasal feeding and the stomach pump; that I have often been foiled in the former, and that in my opinion the latter, with ordinary care, is a safe, and by far the most efficient method of administering nourishment.

RICHMOND, DUBLIN.—During 1872 the recoveries were 186, being a fraction over fifty-two per cent. on the admissions.

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Dr. Lalor protests against criminal lunatics being sent to the asylum under his charge. He says :—

I deem it right to state that the difficulty of management, and the discipline, good order, and security of the house, both as to person and property, have been very seriously increased in latter years by the removal to this asylum, and detention therein, of persons who belong to the very worst and most dangerous class of the community, viz., what may be called criminal lunatics of very strong homicidal and suicidal propensities. In some of this class it is exceedingly difficult to say whether they are responsible or not. If their responsibility is to be tested by the existence or non-existence of delusions, or by the knowledge of right and wrong, I should unhesitatingly say that they are not irresponsible. If, however, the want of control, which renders them the creatures of the most violent and dangerous passions and impulses, be admitted as in itself evidence of insanity and irresponsibility, then certainly there are few, if any, of these cases that can be considered sane or responsible.

But, in any case, such an asylum as this is in my mind quite unsuited for such cases, and if the present state of the law does not admit of their being kept in the Central Criminal Lunatic Asylum, I think it ought to be altered so as to allow such a course to be pursued.

Royal Edinburgh Asylum.—As usual, Dr. Skae presents us with a very interesting report. We have, however, only space for the following paragraph, which treats of a most important subject—the treatment of convalescents and other cases by removal from the asylum for longer or shorter periods. He says—

The question of the influence of a temporary change of circumstances in the treatment of the insane is one of no little importance. It is a question often of anxious consideration to the Medical Superintendent. Many patients, after living a certain time in the house, are apt to fall into a listless, moping state, but on being for a short time removed from it rapidly improve. This plan of treatment is, however, in great measure a question of experiment. It is not possible in every case to say whether a given patient may be benefited or injured by such a change until the thing is put to proof. To meet this requirement a system of passes has now for some time been in use in this asylum, by means of which a patient may, without any other authority than that given by the concurrence of the medical officer, be for a space of three weeks removed from the asylum, though still remaining as a patient belonging to it, for whose welfare the Medical Superintendent continues responsible. This system has an advantage over the probation

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plan, as it is put in operation with no difficulty; it does not necessitate any additional expense, and is therefore more suitable in regard to those patients in whose cases, as I have above said, change of scene is so far a matter of experiment. Objections have been raised by the Inspectors of Poor and others connected with patients to this plan, on the score of payment of board for such liberated patients while on pass. It has therefore been arranged that if any pauper patient be liberated on pass for a period longer than one week, board will be remitted for such a longer period; but for an absence from the asylum of under one week board will be charged as usual.

SALOP AND MONTGOMERY.—As in most reports, attention is directed to the advantage of early asylum treatment of acute cases. Dr. Strange shows that the methods of keeping really curable cases at home, or sending them to Workhouses, are unfair to all concerned. He very rightly thinks that workhouses are the worst places to which insane people in an early stage of disease can be sent.

Concerning the special arrangements suitable for the supervision of the epileptic and suicidal, Dr. Strange says:—

Considering the large number of suicidal cases in the male department of the asylum, I considered it necessary to appoint a second night attendant. All the known bad suicidal cases, bad epileptics, and infirmary cases, are now so arranged at night as to be under constant supervision. This plan has been in vogue for some time on the female side, so that we have now four night attendants. I am aware that this plan of congregating together at night the worst suicidal cases does not find favour with some, the argument being that so many similar cases associating together, do each other harm, the faculty of imitation in lunatics being so great; but believing that the great end to be gained is the safety of the patients, I have not hesitated to adopt a plan which so materially lessens the risk of suicide.

SOMERSET.—The report by the Committee of Visitors and that by Dr. Medlicott are very interesting documents. As they contain the account of an experiment in disposing of chronic cases by removal to Workhouses, we shall make such extracts as may be necessary to give a fair idea of its result.

The payment from the unions was raised at Midsummer from 8s. 9d, to 9s. 4d., and the Committee are in doubt whether they may not be obliged to require a larger payment.

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Since the Midsummer Sessions, at which an order was made for an addition of 120 beds on the female side, half of them to be single rooms, the Committee have been engaged, at various meetings, in considering the necessary plans. . . . . The estimated cost is £13,310.

The Committee then proceeded to consider the case of chronics that have been discharged to the Workhouse, and Dr. Medlicott stated that four had been returned, and that the fifty cases had been picked ones, and that he could not venture to recommend the discharge of any more. Different members of the committee explained their views of the failure or success of the experiment in their own unions; it was stated that some of the Board were adverse to the experiment, and it was agreed that no dependence can be placed on the removal of patients to the Unions as a means of meeting the future accommodation of chronics, and it was afterwards resolved "that for the purpose of providing for the increase of pauper lunatics, it is the most economical and expedient course either to add to the present asylum, or to erect a detached building in some part of the adjoining grounds at Wells."

They have frequently urged on all who have anything to do with poor persons threatened with insanity, the great importance of sending them early to the asylum; what is now proposed is intended to make it impossible, for many years to come, that such persons should be refused admittance. On their being taken proper care of at the earliest proper [possible] time, the probability of their cure depends. This is not the case with idiots, who are for the most part incurable, and the Committee are very far from desiring that such persons should be sent at all. They get no good from being in the asylum, they get harm, their tendency is to imitate those whom they are with, and therefore they ape the odd ways of the lunatics, to whom especially, when convalescent, they are troublesome, and whose cure they interfere with, when they are placed from necessity in the single rooms which are part of the means of treatment of curable lunatics.

Concerning these chronic cases discharged to Workhouses, Dr. Medlicott says—

It is proper to mention that several cases have been discharged at different Workhouses in the county at the request of Boards of Guardians. These were selected cases among quiet and orderly chronics. Owing to the overcrowded state of the wards the experiment was tried of removing 47 harmless cases to the Workhouses—of these, 19 returned; the majority greatly deteriorated in mental and bodily condition, a result partly of defective diet, as shown in their remarkable diminution in weight when re-admitted.

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The following table gives the details concerning these, *i.e.*, cases returned from the Workhouses. To save space we slightly abridge it, and alter the arrangement.

Males.					Females.					
Initials.	Weight lbs.	Discharged. Date.	Weight lbs.	Re-admitted. Date.	Initials.	Weight lbs.	Discharged. Date.	Weight lbs.	Re-admitted. Date.
J. C.	120	1871, Dec. 30	117	1872, April 18	M. B.	125	1871, Dec. 30	120	1872, April 14
I. M.	141	" " "	120	" " "	D. P.	122	" " 23	117	" Mar. 18
E. L.	151	1872, Jan. 6	141	" May 20	H. O.	112	1872, Jan. 6	112	" " 1
J. J.	140	" " 2	132	" July 21	S. D.	135	" "	135	" July 15
J. L.	144	1871, Dec. 30	129	" " 25	M. W.	112	" " 2	100	" April 20
W. B.	173	" " 29	141	" June 18	S. G.	140	1871, Dec. 25	122	" Feb. 20
A. V.	176	" " "	146	" Aug. 3	S. F.	119	" " 31	109	" July 13
H. B.	122	" " 30	113	" " 22	E. C.	147	1872, Jan. 8	147	" June 4
J. B.	120	" " "	112	" Feb. 9	S. J.	91	" " 2	90	" May 1
					E. D.	122	" " "	100	" " "

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This table shows that all the men removed from the Asylum to the Workhouse lost in weight, the greatest loss occurring in Shepton Mallet Workhouse, both patients losing 30lbs. in about six months. The loss in weight is not so marked among the female patients.

Dr. Medlicott makes a few remarks on medical treatment. Speaking of incurable cases, he says :—

The latter form a large proportion of cases in every asylum, and if the returns, issued periodically from State documents, be trustworthy, insanity is vastly on the increase, and legislation has to maintain the perpetual succession of lunatics. But, inasmuch as many reputed lunatics are only *manufactured* such, the number of cases that come under legitimate medical treatment are small in proportion.

We would feel infinitely obliged to Dr. Medlicott if he would have the kindness to refer us to any statistics in the world which justify him in making the statement as to the immense increase of cases of insanity. So far as we have examined the question, it is impossible for anyone to dogmatise, as the data by which the whole matter must be settled are imperfect. What does he mean by "many reputed lunatics being only manufactured such?"

STAFFORDSHIRE.—BURNTWOOD.—Dr. Davis complains of the state in which many patients are sent to the Asylum; "when brought in, as many are, in a moribund or dying state, all hope of treatment is gone, and the patient is admitted into the Asylum to die, it may be in the course of a few hours or days."

The following is the system of night-watching pursued at Burntwood :—

Owing to the number of suicidal and severe epileptic cases now in the Asylum, I have to report that in addition to the usual night-watch on each side of the house, where there is any special case of a suicidal tendency, an unusual case of epilepsy requiring extra attention, and also in cases where the patient is in a low or dying state, that two attendants or nurses, as the case may happen, either in the male or female divisions, are set apart for the purpose, and divide the night between them. This plan I have found to act satisfactorily, and I consider much better than having additional night-watches appointed.

Post-mortem examinations have been made in all cases where the consent of the deceased's friends could be obtained.

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STAFFORDSHIRE.—STAFFORD.—The number of patients admitted during the past year was somewhat less than in former years, although in excess of the average admissions in many counties. The average of recoveries upon those admitted was 51 per cent., and the average of deaths was 9 per cent. upon those under treatment. The rate of maintenance has been raised from 8s. 9d. to 9s.

Post-mortem examinations were held in 17 cases only (there were 72 deaths), friends generally objecting.

Dr. Bower objects to the class of patients frequently brought to be under treatment. He says:—

> For violent and curable afflictions of mind asylums are fit and proper receptacles, but for aged and diseased paupers, where Debility and Paralysis result from old age alone, Lunatic Asylums never could have been intended.
>
> For such cases infirm wards in workhouses seem much better adapted, in which, by association with others in a similar state of harmless imbecility, much better protection can be obtained than in the wards of Lunatic Asylums, where violent lunatics must necessarily be mixed with them.
>
> Although such facts are evident, still numerous cases are admitted into this asylum where the only treatment required is protection and sufficient food, and where space, which might be used for curable cases, is occupied.

We do not agree with Dr. Bower. There are strong objections to lunatics being sent to workhouses, as these are managed; and an opinion on this matter, which we have entertained for years, has been confirmed by Dr. Medlicott's report, to which we would beg leave to refer Dr. Bower. We also maintain that a proper classification of patients, with good general management, can reduce the number of accidents to such an extent that no patient need suffer violence at the hand of his neighbour, except on the very rarest occasions. It is not among the quiet and harmless that accidents occur most frequently, but among the acute and excited. If patients must be discharged to make room for acute and more hopeful cases, let them be placed in private dwellings, and not in workhouses, where, as Dr. Medlicott shows, they live in a state of partial starvation.

SUFFOLK.—We would gladly make numerous extracts from Dr. Kirkman's report, short though it be, for he notices many interesting topics. His views on the dietary of the insane are very sound. He believes "that of all economy dietetic

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economy is the very worst," and shows that union-house dietary is unfit for a hospital for the insane.

SURREY.—From Dr. Strange Biggs' report it would appear that—

The recoveries were 42·6 per cent. on the admissions. This is the highest percentage since 1861. The average for 30½ years has been 32·9.

The mortality was 7·1 per cent on the total number treated. Diseases of the lungs (28) and of the brain (19), and general paralysis (20) were the chief causes of death. Forty-three *post-mortem* examinations have been made.

Fifty-four patients (4·6 per cent. of the whole number treated) have required temporary seclusion—13 in consequence of dangerous excitement attendant upon epileptic seizures.

At Wandsworth Asylum there is considerable crowding in the refractory wards—a most unfortunate state of matters. The class of patients is very bad; witness the following statement:—

The paralytic, epileptic, or feeble condition of those who are not violent will be evident from the fact that 320, just one-third of the whole number, daily require *ground* dinners, which are prepared in the kitchen from Australian beef or mutton. This meat is particularly well adapted for the purpose, as it is free from bone, and has only to be warmed. The proportions for each dinner are—Australian meat, 4oz.; bread, 4oz.; and vegetables, 8oz. (The women get 2oz. less of bread.)

SUSSEX.—In addition to the ordinary asylum report, which does not call for any special notice, we have, for the second year, an appendix consisting of clinical notes by the medical officers and a paper by the chaplain. It is published as a separate pamphlet, and contains twelve short papers.

The first subject discussed is the discharge of harmless and chronic lunatics. The information supplied by Dr. Williams is exceedingly encouraging to those who consider that harmless lunatics may, with great advantage to themselves and others, be removed from asylums and placed in suitable private dwellings. During the last two and a half years he has discharged fifty chronic cases, and with the following results:—Remaining with relations, 20; returned to the asylum, 6; dead, 2; started again in life, 10; in workhouse, 1; unknown, 8. Some of the cases given in detail unmistakably prove the wonderful good which may occasionally

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follow change of residence, &c., in even the most helpless cases.

Were the practice of discharging such patients to become more common, they could be placed under more perfect official inspection by the adoption of the method followed by the Scotch Lunacy Board. In Scotland there are two deputy commissioners whose duty it is to visit and report upon once a year every lunatic living in a private dwelling in his district.

Cases illustrative of the Treatment of Acute Mania.—In this paper there is given a brief *resumé* of the treatment and results of all the cases of acute mania admitted to the female division during 1872; cases of epilepsy and general paralysis, however, not being included. Succus conii (B. P.) was used in several instances, but not with such satisfactory results as have been obtained elsewhere.

Physical Appearances of the Ribs in the Insane.—This paper is illustrated by photographs of sections of ribs in various conditions. Various details of thirty cases are given in which observations were made as to the state of the osseous system; the sixth rib being selected in each case, thus securing uniformity. It was found that one inch of the sixth rib varied in weight from 5·03 grs. to 38·9 grs. The circumference was in one case as little as ·87 in.; in another it was as much as 1·62 in. It was found that the force requisite to cause fracture varied to a remarkable extent. In a case of chronic mania, a female aged 73, who died of "disease of heart and kidneys," the force was under 1 lb. In another instance, a case of chronic mania, the rib fractured when a force equivalent to 2 lbs. was applied.

Packing in the Wet Sheet.—What is restraint? must indeed be a difficult question to settle when we find Dr. Williams and the Commissioners differing about it. The following paragraph shows the position of affairs:—

"Within these last twelve months the Commissioners in Lunacy have determined to insist upon packing in the wet sheet being entered in the medical register under the heading of restraint. And on their visit to this Asylum last June, they left a request to that effect in their report. This request has, therefore, under protest, been adopted. It is now fully ten years since this mode of treatment was introduced into this Asylum by the then Medical Superintendent, Dr. Lockhart Robertson, with the full knowledge and consent of the Commissioners in Lunacy. After so many

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years, therefore, it seems rather hard that in these latter days we should have to deface our records with the ugly word restraint, when in reality no more restraint is being now used than has been employed for the last ten years. The non-restraint system has our sympathies so entirely, and the traditions of this Asylum are so completely on the same side, that we could not at first make up our minds to again resort to what such high authorities called restraint, and for many weeks after the visit of the Commissioners no wet sheet packing was prescribed. But eventually its absence from our repertoire of remedial agents was so much felt, and its partial disuse so powerfully demonstrated to us its usefulness, that at last, remembering the words of Thomas à Kempis, that 'it is great wisdom not to be rash in thy proceedings, nor to stand stiffly in thine own conceit,' we abandoned our sentiments, and returned to the packing; feeling, indeed, that if we were satisfied of its beneficial effects, we had no right to deprive our patients of its advantages. We still, however, hold that to call packing in the wet sheet 'restraint' is a misnomer. The sedative action of cold water is a recognised therapeutical agent, and not long ago the medical papers teemed with reports of cases of disease wherein the temperature is abnormally high, and wherein the cold water bath was used with great effect. This remedy is, however, decidedly heroic, and we prefer to use the much less powerful agency of the wet sheet. But it is none the less a matter of treatment, and should not be designated restraint. After all, what is the mode of procedure?"

What's in a name? If packing in a wet sheet is a beneficial plan of treatment, what does it really matter whether it is called restraint or not? Sentiment in such questions should always be avoided by impartial men.

The Use of Electricity in Insanity.—The result of the observations are summed up as follows:—

"From the above observations, meagre though they be, we are confident that in the galvanic battery we have a powerful tonic or stimulant; further study, however, being required to estimate its true importance, and to decide in what cases it is most applicable. Our experience leads us to think that recent cases of melancholia or mania, with lowered vital powers, are those in which a current passing from the centre to the peripheries seems to produce great benefit; and that it seems to have no effect on those cases which have become

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chronic, or in which secondary symptoms are setting in, or in which we have reason to suspect central disorganization."

There is almost nothing calling for special notice in the concluding "Notes," which are entitled—"*Cannabis Indica in the Treatment of Migraine*;" "*The Results of Night Nursing*;" "*Note on Chloral*;" "*On the Use and Abuse of Seclusion*;" "*Medical and Surgical Memoranda*;" "*Records of Post-mortem Examinations during the year* 1872;" and "*On the Connection between Atmospheric Conditions and certain States of the Insane.*"

We are surprised to find it stated by one of the writers of these "Notes" that the Sussex County Asylum was the first Asylum in Great Britain in which chloral was used in the treatment of insanity. We always understood that any credit which might belong to the introducer of chloral into Asylum practice was really due to the Superintendent of the Devon County Asylum.

THREE COUNTIES' ASYLUM.—In July the rate of wages of all the attendants was advanced 10 per cent.

There is nothing calling for special notice in Dr. Denne's report. We confess, however, that we do not quite see the correctness of some of the statements contained in Table V., showing the causes of death. We do not know that it is usual to place "acute rheumatism" in the class of thoracic diseases, even though it be complicated by pericarditis. It is also uncommon, in our experience, to find ranged under "Abdominal diseases" the following:—"General debility," "General debility *with disease of heart*," and "Senile decay."

WILTS.—The rate of maintenance is 8s. 9d. per week. By utilising a balance on hand it was formerly 7s. 7d., but this becoming exhausted, and looking at the advanced price of necessaries, the committee have been obliged to return to the rate mentioned.

There is now an abundant supply of water.

It is melancholy to reflect on the large number of those cases in particular in which the exciting cause is clearly traceable to intemperance in drink. During the five years 1867-1871, 20 per cent. were, after inquiry as particular as could be instituted, manifestly attributable to habits of drunkenness. During the year now expired as many as 35 of the 102 admissions, or 34 per cent., were to be assigned to this cause. It is to be feared that the increased wages now in many places paid to the agricultural labourer are of little real advantage to the recipient, but rather to the licensed keepers of public-houses, who profit by the consequent larger expenditure in drink.

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The deaths have been fewer than usual, 33 in number, viz., 20 men and 13 women. This gives an average rate of mortality of 7·2 per cent. —a lower rate than during any year since the opening of the asylum, and much lower than for the 21·35 years, which averages 11·6 per cent.

Twenty-six *post-mortem* examinations were made during the year.

Concerning the enlargement of the asylum, and the disposal of certain patients, the Commissioners remark:—

We cannot learn that the Committee entertain any idea of immediate enlargement of the building on the male side; it seems to us, therefore, expedient that early consideration should be given to the possibility of suitable arrangements between the Committee and Boards of Guardians for the care in Workhouse infirmaries of such chronic and harmless cases as Dr. Thurnam might himself select from the male patients on the books of this asylum. If a dietary equal to that in use here, and some paid supervision could be insured by such arrangements, there are many patients whom we saw who could thus, in our opinion, be properly cared for.

Worcester.—When men meddle with that about which they know nothing, the probabilities are that they make fools of themselves. The following paragraphs from the Commissioners' report contain a rebuke to the justices of Worcester which they richly deserved:—

In reference to the subject of diet, we learn that the justices in Quarter Sessions some time ago recommended a material reduction on the score of economy, as respects patients of the chronic and incurable classes, and an assimilation of the dietary for such patients to that adopted in Union Workhouses.

We have much satisfaction in stating that, after full consideration and consultation with the Medical Superintendent, the Committee of Visitors declined to carry out the proposal.

We are strongly of opinion that, even for patients of the classes referred to, a lower than the ordinary dietary would injuriously affect them both physically and mentally, and would be attended by an increased mortality.

Fifty-eight *post-mortem* examinations were made. In the Pathological Appendix, extracts from the notes of 15 cases are given.

From Dr. Sherlock's very elaborate and interesting report we can only extract his remarks on some of the remedies he has of late employed:—

During the year several remedies which have been advanced as possessing an undoubted curative influence in the treatment of the insane suffering from certain specified complications and groups of

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symptoms, have been administered to selected individuals in the doses recommended, and the use of the drug was continued for a time sufficient to enable us to form an estimate of its value, but in our hands no decided improvement or result has been arrived at. Care was in all cases taken to provide ourselves with these remedies prepared by the best druggists in respect of the articles being tested.

The succus conii was given to several cases who were suffering from attacks of recent or acute recurrent mania accompanied with much excess of motility and irritability, constant restlessness and sleeplessness, with agitation of manner and wild incoherence. Most of the cases continued to use this drug for about two months in gradually or rapidly increased doses, but in none to whom it was given was there any appreciable subsidence of the excessive motility and irritability of the muscular system, nor any relief from the state of mania observed. In some of the cases the course of the attack became more alarming, and after a fair trial the use of this agent was discontinued.

The extractum ergotæ liquidum, which was reported to possess very beneficial effects in cases of recurrent mania, and of mania with epilepsy, by reducing the violence of the excitement, and prolonging the intervals of comparative tranquillity, we found, after repeated trials in many cases of both characters, to be inoperative; and in the cases who were using this drug when the attack supervened, its intensity or duration was not mitigated or shortened, and the attacks declined as they had done on former occasions. In all of our cases the use of this remedy was continued for a couple of weeks, and in most of them its use was again resumed on the re-appearance of a subsequent attack, and with similarly unsuccessful results.

The calabar bean, in the form of tincture, was experimented with in respect of its curative or arresting powers in cases of general paralysis of the insane. Nearly the whole of the cases to whom it was exhibited had already suffered from one or more attacks of epileptiform convulsions. In about one-half of the cases who were taking this remedy, the disease ran on apparently without interruption, if not more rapidly than is generally the case; but in the remainder there was a subsidence of the graver symptoms for a longer or shorter duration; and in two of the persons who had used it for about two months there was also a remission in the disease, and although the persons could not be reported as recovered, there was sufficient improvement secured to enable them to return home to the care of their friends.

The chloral hydrate alone, or in combination with other remedies, has proved very effectual as an hypnotic in most cases requiring rest and sleep, with the object of avoiding exhaustion and prostration from excessive or long-continued agitation. It is not considered to be a remedy having much curative power over the progress and course of mental disease, but it is undoubtedly of high value in procuring rest and sleep without much, if any, constitutional disturbance; so that time is afforded for the due exercise of other moral and medical treatment.

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