

consequent paralysis of limbs, has been bedridden ever since admission; one female admitted in a dying condition only lived until the next day; one female suffering from the effects of alcohol and hysteria, only lived four days; one male broken down in health from drink and epilepsy, only lived eighteen days; one male suffering from severe heart disease and mental disturbance from drink; two males suffering from mental disturbance from drink, only lived three weeks; one bad character and drunkard sent in twice and sent out twice.

There should be an observation-ward for drink cases, having no connection with the asylum. No person should be incarcerated in an asylum who has the slightest trace of recent alcoholic excess about him, but should be remanded for observation.

Incurable paralyzed cases from hospitals should not be admitted, or persons suffering from serious organic disease of the body. Old enfeebled patients should be sent to a benevolent institution or home.

Such expensive accommodation as is now provided should only be used for "fit and proper" persons to be treated in a hospital for the insane. When once admitted, it is right and necessary that they should cost the State more than an inmate of a home or benevolent institution, requiring, as inmates of a lunatic asylum, warmer clothing, better diet, and more expensive attendants, officers, and medical supervision. Medical practitioners should not be asked to give a hurried opinion at the Police Court, and should be allowed every opportunity of having the supposed lunatic remanded for observation. I cannot but express the opinion that some of the committal medical certificates are exceedingly carelessly written, and I hope that the Lunacy Act will soon be altered, so that it be made impossible to incarcerate a person without an order from a Magistrate, and that the evidence of medical men be taken on oath, as also the evidence of any witness supplying information to the certifying medical practitioner of "facts observed by others as evidence of insanity." All committal papers should be carefully examined by an expert physician and a legal expert, appointed with powers to insist on alterations or release of patient from illegal detention. In consideration of recent events in Australia, I would advise all medical practitioners to refuse to sign committal papers for private patients, and then all friends and relations of supposed lunatics would be compelled to have them examined before a Magistrate; and I am assured that relations will derive more satisfaction in the end from this course, although painful to their feelings at the time. The incarceration of an individual in an asylum should be made as public as his birth or death.

Discharges are in many cases delayed in consequence of patients having no home, no relations, and no one to help or care for them. I do not like to discharge any person until I am satisfied that he or she can earn daily bread. I should like to be able to remove some few on trial to a benevolent institution, previous to obtaining work for them. Several cases I have discharged after some length of stay, and others in spite of the wishes of those nearest and dearest to detain them. Some chronic, harmless, and hard-working lunatics might be safely boarded out in the country, and would make capital farm-servants, with kind treatment. Captivity is as galling to a lunatic (that is, a person suffering from brain disease) as it is to a person suffering from disease of the liver. Release on trial (when possible by the kind intervention of friends or relations) is the only test of the ability of an inmate of an asylum to again live outside. I have seen patients derive great benefit from release on trial, so much changed as scarcely to be recognized. On the other hand, I regret that some relations are so suspicious that they will not believe me when I point out that their relation will be better or safer in the asylum. "Asylums are not necessary for all the insane," Dr. Blandford truly says; as also, "How are you to know if a patient is capable of living beyond the walls of an asylum? The answer is simple: give him a trial. As the last generation did away with the fetters used in the asylums, so let the present release from the restraint of an asylum all those capable of enjoying a larger amount of liberty and a freer atmosphere than that in which they now fret and chafe."

You will observe that the percentage of deaths is very small, due, without doubt, to the warm clothing and bedding, good liberal diet, open-air exercise (the fine climate permitting it so often), and last, but not least, to the care of the attendants, who use their best endeavours to point out at once the slightest symptom of ill health or failing appetite. No death occurred among those resident on the female side, not even among the typhoid cases, and this reflects the greatest credit on the Matron and nurses. One female was admitted in a dying state: this must be enumerated in the list of deaths. One old man who had attempted to injure his throat was admitted in a precarious condition; he died of cancer of the stomach, and was always treated as an invalid. Many a man sick unto death has attempted self-destruction while bedridden, but it is ridiculous to send such a case to an asylum. I cannot hope for the same low death-rate every year, as there are many old and feeble cases accumulated here who may be cut off by any sudden change of cold weather; but I feel thankful that my efforts in the past have been so far successful. If only *bonâ fide* lunatics are admitted into asylums, with the splendid climate, and liberal treatment by the Government in the matter of houseing, diet, and clothing, the percentage of deaths should be low and of the recoveries high. One case died from typhoid fever. The death of one patient (incurable and feeble from general paralysis) was accelerated by pleuritic effusion and broken ribs. With reference to this case I would ask you to allow me to quote the following extracts from the *Journal of Mental Science*, July, 1870 (edited by H. Maudsley, M.D., London): "To assume that every such injury, of which the time and manner of occurrence cannot be ascertained, has been a deliberate act of brutality on the part of an attendant is to reverse the fundamental doctrine of law that a person is to be held innocent until proved to be guilty. It is to the interest of Medical Superintendents of asylums, as much for their own reputation as for the sake of humanity, to detect acts of violence on the part of attendants, and to punish instead of condoning them. Attendants in asylums follow their calling for the sake of earning an honest livelihood, just as any other class of men and women do; their duties are onerous, their hours of duty long, and their responsibilities great; they are subject to insults, taunts, to misrepresentations, and to violence. They can achieve no glory by faithfully performing their duties, their kindest acts and intentions are often misconstrued, they are liable to instant dismissal and even to prosecution if they are guilty of violence under no matter what provocation, and they receive about as much remuneration as domestic servants; for this they are required to return good words for evil, gentleness for violence, and kindness for the most cutting taunts and insults. It should