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PART 1.—ORIGINAL ARTICLES.

*Presidential Address, delivered at the Annual Meeting of the
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1880. By GEORGE W. MOULD, M.R.C.S.*

A question that has been prominently before the public for the past few years, and which has not always been discussed with the cool reason so weighty a subject demands, is the control, custody, and treatment of the insane community known as private patients; and for the purpose of present argument I class those patients as private patients whose cost is defrayed without aid from the State—either in the matter of board, lodging, or attendance; for though private patients who reside in hospitals for the insane receive this aid, the building in which they reside is provided from special funds (and most hospitals have a small income from invested funds or annual subscriptions), it amounts to very little, and is absorbed in the free cost, or mitigation in the cost of maintenance, of a few patients. In speaking of lunatic hospitals, I leave out of the question the great Hospital of Bethlem, where the maintenance of the patients is entirely defrayed from the funds of the charity.

Private patients may thus be divided into two classes: Those who reside in public asylums, hospitals or their affiliated buildings, and may be termed private patients exclusively under public trust and direction, and whose responsible officers do not apparently derive any direct benefit from the funds paid for the maintenance of the patients.

Secondly, those who reside in houses provided by private enterprise, and whose proprietors are directly dependent on the sums paid for the care and maintenance of the patients, and who naturally expect to be reimbursed for the outlay

they have incurred for the reception of the patients and for the cost incurred in their treatment.

Now if patients of unsound mind were free agents, could come and go as they liked, or choose their own abode, there would be very little to say in the matter—if they were not content with one place they could go to another. But our Legislature has not at present given them “local option,” but after mature and careful consideration has decreed that those who are bereft of reason shall for their proper care and treatment be placed under certain formal restrictions in assigned localities, and shall be guarded with the most jealous and watchful supervision; in fact, in its great anxiety for the sacred liberty of the subject, it has given a power to individuals under the form of lunacy certificates which the patient only too frequently considers unjust, however carefully and equitably all the legal conditions may have been complied with. It is against the exercise of this delegated power by personally interested individuals that exception is taken, not so much that the power is actually abused, but that it is liable to abuse; for to the honour of the specialty, in all the searching enquiry that took place before the Select Committee of the House of Commons, no instance of illegal detention was proved, though many instances of people who imagined they had been unjustly detained were brought forward. Full examination, however, failed to substantiate these charges in any single instance, plausibly as some of them were stated. All who read the evidence carefully must have come to the conclusion that if the reception and detention of lunatics was so liable to abuse, and the temptation and reward so great, it showed a singularly honest purpose in those who have the power that they discharged their trust so faithfully.

Amongst the many earnest men who took part in the enquiry, I think the pride of place may be assigned to our late President, Dr. Lush, for the searching but courteous and considerate way in which he elicited evidence from all sources, especially the aggrieved ones; and it was peculiarly fortunate that a man so well versed in the subject should have been on the Committee, and it is a matter for great regret that consideration for his health should have necessitated his retirement from the House of Commons at the present time, when his ripe experience would so materially have assisted in the elucidation of the vexed question of the amendment of the lunacy laws. The proposition at

present before Parliament, backed by the authority of the well-known name of Mr. Dillwyn and others, does not pretend to reform the lunacy laws, but principally relates to the acquisition by public bodies of the rights and privileges at present held by the proprietors of the private asylums. Unfortunately it is in a great measure a permissive bill; its objects are good, but the power to be obtained is too weak. It does not boldly state that public bodies to whom the care of the insane is entrusted shall purchase the interests of the private asylum proprietors, or shall (except in the Metropolitan districts) provide the necessary and proper accommodation for patients in the higher and middle classes, who are able to pay for such accommodation, but it says may do so. Now in my opinion simple permission is actually fatal to any active exertion. Legislative permission was given some time ago to build asylums for habitual drunkards, and permission was given to habitual drunkards to go and reside in them; but at present there is no sign of any such public buildings, neither do the habitual drunkards appear to be in any extraordinary hurry to get into such houses, and it will be the same with regard to public asylums for private patients; unless some department of the State is compelled to provide for the patients, they will be left unprovided for, so far as the public is concerned. It is quite time this subject was dealt with in an authoritative manner; and if the general consensus of opinion is that private asylums, as at present ordered and constituted, should cease to exist, they should be dealt with in a liberal, just, and comprehensive manner. I do not presume for one moment to say that they should cease to exist. I well know that up to the present time they have, in by far the greater number of instances, made excellent provision for those patients whom the State has utterly neglected to provide for. Full power has been given by the State for detention, but no proper abiding place has been found, and had it not been for the public spirit and generous charity of those who founded our few hospitals for the insane, the private patients would be entirely dependent on private enterprise for their accommodation; and it is an interesting, but suggestive, fact that the enlargement and extension of the lunatic hospitals of the present day is almost entirely due to the profits derived from the remunerative payments of the wealthier patients who reside in them, and not to individual or general public benevolence, and I fear—nay, I know—that but little is to

be expected from this source ; the munificence that aids in all other ills and wants that flesh is heir to, passes this, the direst calamity of all, silently by.

A further question for consideration is wherein does the constitution and management of a proprietary asylum and a public hospital differ, and how far do such differences interfere with the well-being of the patient? I think it must be allowed that the whole grievance of the indictment against proprietary asylums (that is, of the well managed ones) is that, the proprietors having a direct interest in the detention of the patient, it is a continual battle of pocket *versus* principle and principle *versus* pocket. This is not a very exalted view of human nature, neither is it a true one ; but it does obtain, and it is necessary for the confidence of the public that it should be fairly met, freely discussed, and the remedy, if necessary, be applied with strict impartiality, and full consideration given both to the interests of the patients and the asylum proprietors. Further, there can be no doubt, from the fair and open manner in which the latter have courted full enquiry, they are quite prepared to stand or fall upon their respective merits.

It is admitted that the treatment of the patients in private asylums, with a qualified resident medical staff, does not differ in any material degree from that pursued in a public hospital—each depends for its success on the estimation in which it is held by the public, and that favour is only obtained, as all such success is obtained, by the educated skill, energy, and liberality of those immediately and directly responsible for the management. The longer I reside amongst private patients, the more convinced I am that successful asylum management is in a large degree personal, and that confidence is given or withheld from the asylum physician just as it is with the physician in ordinary practice, and without this existing very fully, no marked degree of success can be gained either by the hospital or private asylum. To my mind this is one of the grave difficulties that stand in the way of the proposal to merge the private asylums into the public ones, and so limit the choice of those under whose care a patient may be placed. We are all familiar with the likes, dislikes, and prejudices of so-called reasonable patients in ordinary medical practice ; but how much more strongly does this exist in our specialty amongst the unreasonable ones? for in the latter case we have a double force to deal with—the patient who, in the

first instance, has no actual power in the disposal of his person, but who has too often a very forcible way of expressing his wishes and inclinations; and in the second place we have the friends and relations of the patient who are often morbidly sensitive in all that relates to the surroundings, the treatment, and the comfort of the patients. If we could get rid of all this feeling and prejudice about the insufficient evidence for reception, the undue or unjust detention of patients in asylums, by transferring the custody of all patients from private to public trust, it would be a very simple and even remunerative matter to the State at once to purchase all the private asylums, and convert them into public hospitals—such of them as were capable of being so converted—and to find proper provision for those patients whose misfortune it had been to reside in unsuitable residences. But we must in common fairness remember that we have in public hospitals quite as many patients who are convinced of the injustice of their detention, and though you may demonstrate to them in the clearest and most logical manner that you can have no possible personal interest except for the patient's welfare—to the said patient's mind a motive does exist which is beneficial to the detainer and prejudicial to the detained.

It must be admitted that hospitals for the insane have, without any State aid, made great progress in public estimation during the past few years, especially those hospitals where a large outlay has been incurred to meet the requirements of the middle and higher class of patients, as at Northampton, Cheadle, Barnwood, Coton Hill, The Retreat, and Wonford House—the two first named having especially large and increasing incomes. Admitting that the State is prepared to legislate on the question of providing public asylums for private patients, and believing such action would seriously deteriorate the value of the property of private asylum proprietors, and that they have a claim to compensation—on the ground that they have been induced to invest a large capital in providing accommodation for patients for whom the State has made no provision, and that it would not be just or expedient to close them summarily (and perhaps not even when public asylums are provided), as in some modified form they would continue to supply an acknowledged public desire for the pseudo-privacy that mental disease craves for—I would suggest for consideration that up to a certain date—

say one year—after the passing of an Act, any proprietor of a private asylum shall have the option of selling the freehold, leasehold, or by whatever tenure it may be held, of his asylum, with the furniture, &c., to the Government, or such authority as may be designated by the Act, the value to be determined by the usual course of arbitration; value to be given, in addition, to the proprietor for deprivation of his source of income; the valuation to be based upon the average profits of the last three years, or upon the total yearly income of the asylum, with defined allowances and drawbacks. The State would have to provide a certain amount of capital for the purchase. The management of the asylum would be continued under public trust, or the patients removed to a more suitable building, and the freehold or other interest in the grounds and building sold. This arrangement would, if carefully carried out, make fair return upon the outlay at once.

Any asylum proprietor who elected to continue the occupancy of his asylum after the date fixed would be allowed to do so, but it would be entirely at his own risk, and he would have no possible claim on the State. The asylum would be subject to the same rules and regulations, so far as the management was concerned, as the State-aided hospitals or asylums; would have to provide equal accommodation for patients under certain penalties. The public would have the option of using such asylum if they thought proper to do so. The competition would be a healthy one, and the eternal law of the survival of the fittest would be allowed to operate. If the accounts of all private asylums were audited by a private auditor, as in the case of hospitals and county asylums—the expenditure for food, clothing, furniture, salaries, wages, and other expenses separately stated, distinguishing the cost of lodging and maintenance from the charge made for skilled medical and other attendance, and these accounts further sanctioned by the Commissioners or some other authorised public officer, who should certify that a proper sum had been expended on the maintenance of the patients—there would then be very little difference between private and public asylum management; for though it would undoubtedly show that private enterprise was better paid than public service, I think no one can deny there is wide room for improvement in the more liberal recognition of the latter.

The order of admission and the medical certificates are the great stumbling blocks we encounter when it is found

necessary to place a patient under proper control, and as at present obtained they are no doubt faulty, but are easily capable of amendment. Why medical certificates should be the result of the separate instead of the conjoint examination of two medical men I never could understand. I know it is stated this form of procedure was framed to prevent the collusion of the certifiers; but surely it is easier to certify what does not exist when only one is present at the examination of the patient than it is when all that takes place must be recorded by another, and it does appear utterly paradoxical that though it is necessary in urgent cases in ordinary medical practice that the consultant physician should have the full benefit of obtaining from the usual medical attendant of the patient details of every symptom that can possibly throw light on the case, yet in the case of a lunatic patient he should be required to find out for himself, generally at very insufficient notice, indications that require careful consideration and discussion.

Granted that a certificate or warrant of reception in some form is desirable, if not necessary, in the case of a patient who is to be deprived, even temporarily, of liberty, could it not be given in some less objectionable form than the present certificates of lunacy? Disguise it as we will, the patient, when able to think at all, looks upon it as a degradation, and the relatives only resort to it after every possible means have been exhausted, and will often piteously plead, "Cannot we be spared from signing a document so distressing to our feelings now, and which we know will be felt so keenly by our relative on recovery?" Surely it is not necessary to treat even this painful disease by a hard and fast Act of Parliament. I can call to mind more than one instance where the law, though not actually broken, has certainly been evaded by a relation taking a house or apartments and residing in nominal charge of a patient without taking any part in the treatment, which has been conducted with all the necessary appliances of skilled nursing and medical attendance, so as to avoid what the law states shall not be done—that is, make any profit out of the board of the patient. The relief in such instances, both to the patient on recovery and to the relatives during the progress of treatment, has been intense, and the gratitude pleasant to witness, simply from the natural feeling that the patient has not been for all time branded as a legally certified lunatic.

I would not for a moment advocate that a patient subject to even modified forms of control should not at once be reported to such an authority as the Commissioners in Lunacy, who should in their discretion depute a medical man of position to visit and report for their satisfaction that the treatment pursued and the surroundings were suitable and proper for such a case, and that such treatment should be carried out for a definite time only.

Though it has been my fortune to be sometimes in opposition to the strict application of legal authority in the treatment of patients, I have invariably exercised any departure for the benefit of the patient in the modification of some official code that has pressed hardly on the patient. I most fully acknowledge, and state without the slightest reserve, my sincere conviction of the immense power for the well-being of the patients possessed by the Commissioners in Lunacy. A marvellous change in the treatment of lunatics and the administration of asylums has been brought about since the formation of the Lunacy Board. I well know they encourage all that their long and varied experience tells them is for the good, and check all that their authority allows them to do what they consider would not conduce to the best interests of the patients and the good government of asylums generally.

I admire the patience and welcome the courtesy I see them exercise in their investigation of the special troubles of individual patients; but if I may be permitted I would venture to suggest that their visits to asylums should vary somewhat from their present form. What is needed, in addition to the unexpected and formal visits now paid, is that they should at some stated time meet and advise personally with the committee and superintendents of asylums. The interests of the Commissioners, committees, patients, and superintendents are identical, and all should severally feel that such is the case, and that there is no conflict of authority and no marked divergence of opinion. I understand it is proposed to increase the number of Commissioners, appoint a paid chairman, and make up a separate department of the State—an excellent suggestion, which I trust may be carried out. The chairman should certainly have a seat in one of the Houses of Parliament, as he would be the better able to bring forward any measure proposed for the better regulation of the lunacy law, and would be, moreover, directly responsible to the authority of

Parliament. The active personal supervision of the English Commissioners might at once be doubled if they visited singly, as in the case of the Commissioners in the sister kingdoms and the Lord Chancellor's visitors in this country. I never could understand why the Commissioners visit in couples except as a kind of limited liability company so far as their responsibility is concerned, or as a sort of mutual protection society in the past dark ages of asylum management.*

The visitation of Chancery patients by the Lord Chancellor's visitors is apparently all that is necessary, so far as it relates to the comfort of the patients and their immediate surroundings; and as these patients are principally chronic cases, with well marked delusions, the question of the necessity of their being under control does not so frequently arise. Their property is well cared for, and a sufficient portion of the income is expended on the patient. The Superintendent of the asylum in which the patient resides is happily relieved from the vexed question as to the necessity of the detention of the patient, and it would be a welcome relief to him if he could be still further relieved from this judicial function in the case of other patients, who have not the benefit of the direct authority of the Visitors of the Court of Chancery.

Unfortunately the process of placing the person and property of a patient under the protection of the Court of Chancery is slow, expensive and cumbrous; and, however suited to the wants of a chronic patient, would be impracticable in cases where the derangement is only temporary.

Everyone who has charge of private patients, especially of patients engaged in active business pursuits, must have experienced the very pressing necessity of some immediate method whereby the ordinary business transactions of the patient can be legally carried on during temporary enforced detention. It would be a great boon to all concerned if, say a County Court Judge's order could be obtained, for a short definite period, to be further extended if necessary, for the appointment of a person to manage the estate or business and to have full power to recover and pay debts during the enforced absence of the patient. At present a certified patient, either individually or through any representative, is utterly

* I ought to say that since this was written I had an opportunity of conversing with two of the Commissioners on the subject of single visitation to asylums, and they stated that the presence of two Commissioners aided very materially in the decision of matters submitted to their consideration.

powerless to enforce or discharge any claim that may be made upon him; and is under the still further disadvantage that judgment may be served upon him, and his goods sold to pay his debts, though he cannot recover debts due to himself.

There is another matter that causes considerable inconvenience to private patients who are convalescing or who require change. They cannot travel out of England, even over the borders into Scotland, on the ordinary certificate of leave of absence on trial, without the necessity of being re-certified on return; consequently it is impossible to send a patient out of England under legal control. Patients should be able to travel anywhere in the United Kingdom on the ordinary leave of absence, and special permission to travel abroad for a definite time, and stated places should be given, the certificate still remaining in force.

Commissioners in Lunacy should have the power to allow patients in private asylums extended leave of absence for change to suitable houses at a distance, either at the seaside or elsewhere.

I recently visited at Bognor an excellent house, which had cost the proprietor of a private asylum ten thousand pounds, and he could not place a patient in it from the fact that a proprietor in the neighbourhood objected to patients living in his vicinity, and the Commissioners had no power to give the necessary permission for patients to reside there, though they were fully aware of the benefit that would be derived from the change, and would gladly have given permission could they legally have done so.

Some eighteen years since, with the liberal aid and cordial co-operation of the Committee of Visitors, I established, in connection with the Royal Hospital at Cheadle, three villa or cottage residences, built in the asylum grounds; and subsequently, in addition, rented ordinary dwelling-houses, with suitable surroundings, for the purpose of placing in them patients whom I believed, from their chronic or convalescing condition, would derive benefit from the change from the ordinary routine of asylum ward-life. All asylum physicians constantly experience the injurious effect a large number of chronic cases collected together have upon the comfort and convenience in the treatment of the more acute cases, and the serious interference with the means of classification. In most chronic cases hope of cure is past, and the patients are simply to be taken care of, and the necessary supervision ex-

exercised over them in the mildest and most convenient form. It would appear, at first sight, that the easiest and most economical mode would be to place a large number together where they could be attended to by a small number of attendants, and this perhaps is the most economical; but when large numbers are congregated together, even in the best managed places, there must of necessity be some excitement, noise and discomfort. And it is generally accepted that the greater freedom you can accord a patient, consistent with safety, the less irritation and excitement there is, and it constantly occurs that a patient who is noisy and troublesome in a hospital ward amongst numbers of others settles down into comparative quiescence in a cottage house with its more home-like freedom. I do not, of course, claim originality in the placing of cottages in the grounds of an asylum for the treatment of patients, as it was adopted years ago by Dr. Bucknill, at the Devon Asylum; but I venture to urge the adaptation of it outside the grounds of the asylum, as a practical solution of the increasing difficulty now existent in providing sufficient accommodation for patients of both the private and pauper class.

I have had photographed several of the houses at present occupied by my patients, as I thought they would the more readily illustrate my proposition. You will see from the accompanying photographs that they are ordinary dwelling houses that have been previously occupied by families, and not in any way specially designed for the reception of insane patients. They are taken either on lease or at an annual rent as may be the most convenient, and would of course revert to their original use without any deterioration in value if not required for patients. They vary in annual value from eight to three hundred and fifty pounds. They are readily and efficiently worked by the asylum staff, and in my opinion if such houses were attached to the county asylums as well as the existing hospitals for the insane, to be rented where convenient, and to be built were not, they would relieve the State from the cost of a very large number of patients, whose friends could and would very gladly pay moderate and remunerative rates for such separate accommodation.

The extra trouble and responsibility thrown upon the Medical Superintendent would be met by a small quarterly charge made upon each patient, which, though little in itself, would amount in the aggregate to a fair sum, and thus, without entailing any increase charge on the rates, in some

degree add to the utterly inadequate pay many medical superintendents receive for their onerous and responsible duties.

County asylums would, of course, obtain money from the rates for the purpose of providing and furnishing such buildings as I have described for the treatment of private patients; but in the case of hospitals the State should be empowered to advance money at a low rate of interest as is now done to other public bodies, and in this way provide accommodation for a class of patients whose urgent need has hitherto been supplied by public benevolence or private enterprise.

I think most asylum superintendents are of opinion that private patients, with their necessary special class privileges, should be entirely separated—so far as the building is concerned—from the pauper patients maintained solely by the rates. Where they live together any distinction, however slight, shown to the one class is a source of jealous annoyance to the other. Whereas when they are separately lodged and boarded, the work of the one and the pay of the other is of the greatest possible mutual assistance. In some of the Scotch asylums this mode of separate treatment is now in force with acknowledged good effect. In the annual report recently published by Dr. Clouston, of the Edinburgh Royal Asylum, at Morningside, this is shown with a marked and very gratifying result, and he states he should like to materially extend its advantages. It is the same at the Crichton Institution, Dumfries, and at the Glasgow Royal Asylum, under Dr. Yellowlees' superintendence. I believe the only county asylum in England with such separate accommodation is the Cornwall County Asylum, at Bodmin; and, so far as I am aware, it does not obtain at all in Ireland.

To carry out such work in a wise and liberal sense it will be necessary to accord much more freedom of action to the public asylum and hospital superintendents. As the law, or rather the interpretation of the law, is accepted at present, the public asylum physician is at a great disadvantage compared with the private asylum physician, for the former is practically debarred from visiting in consultation with the medical man of the patient, or taking under his care for treatment any private patient. He has the knowledge gained by long and varied experience, a trained staff of nurses immediately available, a deputy resident physician to take his place during any temporary absence, a public anxious to avail

themselves of his services, and a local committee willing to allow his skill to be called into requisition, with a full knowledge that services thus rendered cannot in any possible way be a disadvantage to his other resident patients. Most hospitals for the treatment of ordinary diseases have an extra staff of nurses available for the service of the general public. What a boon this is to the patient, and what a relief to the medical man in attendance! Why should not public hospitals and asylums for the treatment of mental disease have a similar staff at their disposal? How many an unfortunate patient now doomed to be a certified lunatic, might, by the timely assistance of educated and skilful supervision, be spared this painful ordeal. To say that hospital or asylum patients would labour under any disadvantage from nurses being thus temporarily employed on external patients is simple nonsense. The staff would, as in ordinary hospitals, be amply sufficient to meet all requirements, both in internal and external working. The nurses derive positive benefit from the change and variety of occupation, and the extra remuneration cheerfully paid by the patients is a welcome addition to the funds of the asylum, available and of course used for the benefit of the resident patients. Should it be found necessary to place the patient in the asylum or one of its annexes, there would be a further advantage that the family medical man would see the patient from time to time, and thus in a measure lessen the uncomfortable feeling that obtains with patients and their friends that they are entirely committed to the hands of strangers. I do not think we can encourage too much the visits of the medical profession to see and consult with us on their respective patients, and to observe, if not share with us, the responsibility of treatment. It would help to dispel a good deal of what is sometimes ignorantly considered the mystery of asylum treatment.

Certificates signed by legally qualified physicians, in good faith, in a legal form, after due consultation, should be an actual and effective bar, and indemnity against any possible action at law. That the proprietor or superintendent of an asylum should be equally protected from any action at law for receiving and detaining a patient on the authority of an order and certificates that have apparently complied with all the legal requirements. It is not only necessary that such certificates should be a defence, but should absolutely be prohibitive of any action being brought, for, unless this is the case, the proprietor or superintendent must incur very heavy

cost, though he may gain the action, as witness in a recent case, *Nowell versus Williams*.

After the certificates are signed an order of admission from a public officer, as in the Scotch asylums, should be obtained ; this would relieve the friends or relatives of the patients of a painful responsibility. The medical officer of an asylum should retain the present power of discharging a patient ; the power of detention beyond a certain defined period should rest with the Commissioners, Lord Chancellor's Visitors in the case of Chancery patients, or some such authority outside the governing body of the asylum, but no discharge should take place without previous consultation with the medical officer.

Pensions, or at the option of the pensioners, commutation for a sum of money, according to the Government life tables, should be fixed and compulsory. Service in any asylum to count continuously. If the pension is derived from local rates, each district in which pensioner has served to be charged *pro rata* ; a pensioner would thus be able to provide for his family after his death if he wished to do so.

That as hospitals, as at present constituted, have no funds from which pensions to medical superintendents and others can be granted, and, inasmuch, as they relieve the State from the charge of a large number of patients who otherwise would of necessity be so charged, it is just and desirable that pensions, as granted to county asylums' officers out of the rates, should be granted to hospital officers from the Consolidated Fund, or from such other source as the Legislature may, in its wisdom, determine.

I claim your indulgence and kindly criticism on the subjects I have ventured to bring under your notice. They are matters in which we are all deeply and personally interested ; it is true they are only a few of the many that arise for your constant consideration, but I shall be amply gratified if, with your assistance, I have even in a single instance been able to contribute to the welfare of these patients, to whom we have devoted our energy and knowledge, and, I think I may say, the best portion of our lives.

Appendix.—Description of Cottages shown by Photographs.

Group of three cottages in asylum grounds ; under charge of one ladies' companion. First cottage contains two sitting rooms, kitchen, three bedrooms. Four ladies reside here

with three attendants, one a special attendant for one of the ladies.

Second, or middle cottage: three sitting rooms, five bedrooms, bath room, kitchen, scullery, &c. The cooking for all three cottages is done here. Fifteen ladies reside under the charge of the ladies' companion and two attendants.

Third cottage: three sitting and four bedrooms, with kitchen, &c. The senior assistant medical officer resides in this, and there is one lady patient with special rooms and attendance.

Beech House, for nine male patients, paying higher rates of board, has four sitting rooms, large billiard room, with conservatory, eleven bedrooms, with the usual offices, large garden. Is in charge of cook-housekeeper, several male attendants, varying in number according to the special requirements of the patients. About one mile distant from the asylum. Visited daily; rent, £125 a year.

Brook Cottage, for thirteen female patients, has two good sitting rooms, the usual domestic offices, bath room, water closet, seven bedrooms, large garden; is in charge of cook-housekeeper, and two attendants. Rent, £50 a year. Weekly cost per patient, including rent, 15s. 1d.

There are twenty acres of land attached to this house at a separate rent. Distant from asylum half-a-mile; visited daily.

Shadow Moss: three sitting, five bedrooms, bath room, kitchen, with the usual domestic offices; half an acre of garden. Nine male patients reside here under the charge of a man and his wife. Annual rent, £40.

Four acres of land, with cottage attached, at a separate rent. Weekly cost per patient, including rent, 16s. 1d.

Distant two miles from the asylum. Visited every two or three days.

Beech Cottages: in each cottage one sitting room, kitchen, scullery, pantry, three bedrooms; quarter of an acre of land. At one period I had five male patients in one cottage, and one in the other. At present there is one male patient in one cottage, and one female in the other, in charge of a man and his wife. Both patients were exceedingly troublesome in the asylum, but are free from disturbing influences here, and the asylum is free from two very disagreeable inmates, who are just as well supervised and cared for as if they resided in the asylum.

Rent £15 a year for both cottages.

Distant about one mile from the asylum. Visited daily.

Oak Cottage : superior separate accommodation for three female patients. Three sitting, six bedrooms, with the usual domestic offices ; large ornamental garden. Patients have special attendants.

Rent, £50 a year.

Visited every few days, or more frequently if necessary.

Distant about three miles from the asylum.

Glan-y-don, Colwyn Bay, North Wales : a seaside residence, with large grounds well laid out, and superior separate accommodation for ten or twelve ladies. One half the number generally reside here, and the other half consist of patients who are sent for change from time to time. A medical man, resident in the neighbourhood, visits when required, and frequent and irregular visits are made by the medical superintendent. The house is in charge of a housekeeper and ladies' companion, with a large staff of servants and attendants, and a carriage and pair of horses kept for the use of the patients.

Distant about eighty miles from the asylum.

Annual rent, including about thirty acres of land, £350.

St. Anns : a specially designed hospital, with all the rooms on the ground floor. For the education and medical treatment of forty epileptic children, twenty of each sex. Is under the charge of a matron and a separate staff of nurses and assistants.

Adjoins the grounds of the asylum. Visited daily, or more frequently if necessary.

All the houses enumerated are furnished, and the board and attendance supplied by the hospital authorities, but in addition to these there are several farm houses within an accessible distance, where single patients reside, who are boarded and lodged by the occupants of the houses at a rate agreed upon. These patients are all visited frequently, and at irregular times.

In this way one-third of the patients at least reside outside the main building, and many more might be so placed with advantage if the necessary accommodation could be readily obtained. This system requires constant and vigilant supervision, and the immediate temporary removal to the hospital of any patient requiring more active treatment.