

where or how obtained. Hardly a day passes but, directly or indirectly, I am made to feel this supposed inferiority, owing to public ignorance and our Colleges' want of energy to rectify this abominable and serious injustice.

I am frequently consulted by parents with respect to the best course for their sons entering medicine to pursue; my answer is always as strongly in favour of the north as I can make it, notwithstanding I hold London and her schools far superior in advantages for study.

I am only one of many hundreds of medical men, who, I feel sure, having been taught by experience, try to warn others from the mistake they made.

When will the Colleges wake up in real earnest, if not to our interest, at least to their own? It does not require a prophet to predict their not very gradual decline if they refuse to comply with the voice of common sense and justice. Statistics, as you point out, most surely indicate the way the wind has set.—Yours truly,

AN INFERIOR BEING.

SIR,—I am glad to see fresh interest shown in this question—a difficult one, and not to be easily settled; but, while I feel sure that few would wish to see reduced the standard of the higher qualifications to be obtained in London, it is evident that those who hold the *diplomata* of the Royal Colleges of Physicians and Surgeons of London should awake to their own interests, and give their support to that candidate in the coming election who seems most inclined to actively promote the endeavour of the conjoint Colleges to put within reach of students of our grand metropolitan schools a *degre*e such as is at present obtainable at the smaller Scotch, Irish, and provincial schools fortunate enough to be attached to a university, and such as undoubtedly gives a professional status not granted by the public to the present *diplomata* and *licences to practise*.

Nor is the question one of professional status only, but, what is perhaps, in these days of keen competition, more important, it frequently influences the public in their judgment of a medical man's scale of fees, and of his eligibility for a public appointment.—I am, M. R. C. S. ENG., L. R. C. P. LOND.

MEDICAL ANNUITY ASSURANCE SOCIETY.

SIR,—Whether or no the age of 60 or 65 is to be the one adopted for annuitants appears to have been overlooked by the committee at its last meeting, as no mention is made of it in the report; and, as the decision is one which will, no doubt, greatly influence both present and intending subscribers, it should at once be settled. There can be but little doubt, looking at the mortality in the profession, that the age of 60, as proposed by Dr. de Havilland Hall, is the one that should, and would, be adopted, if the voice of the subscribers were listened to.—I am, Sir, your obedient servant,
Herne Hill, October 29th.

C. S. SMITH.

[We have reason to believe that there has, so far, been no definite proposal before the Society in question to adopt 60 as the annuity age, in place of 65. Such a step cannot be taken by the committee, but would have to be the work of a general meeting. When the Society was first put before the profession, simplicity was one of the objects sought to be attained, and it was thought well to have as few tables as possible. This being so, the age 65 was adopted as, under all circumstances, the one most likely to be preferred. Now the Society has been successfully established, there would be no difficulty, should the members desire it, in having a table for annuities commencing at age 60 for those who desire it. Obviously, however, such a system would add very materially to the premiums of those who adopted it. With regard to the probabilities of life, these are more favourable than is, perhaps, generally supposed until the tables are examined. For example, of one hundred members in fair health at age 32, one-half (or fifty) will live to 65, while the average expectation of life of the fifty so living at age 65 will be eight years each. In other words, for every hundred annuity members alive at age 32, the Society will have, probably, to pay fifty annuities of eight years' duration, or their equivalents.]

HOSPITAL AND DISPENSARY MANAGEMENT.

NEWCASTLE-UPON-TYNE CITY LUNATIC ASYLUM.

IN consequence of the continued increase in the number of patients in this institution, it was, in 1885, seen to be necessary to make very extensive additions to the existing building. Plans were prepared for the accommodation of 170 additional patients, and for the enlarge-

ment of kitchen, laundry, and chapel; at the end of 1885, considerable progress had been made in the erection of the new female block. Thirty-five acres of land adjoining the institution were bought, in order to obviate the impending danger that the asylum would shortly be surrounded by houses.

The average number of patients resident in 1885 was 276. The admissions were 78 in number; Dr. Wickham draws attention to the large and increasing number of cases suffering from cardiac disorder, which was present in 46 out of the 78. The recovery-rate during the year was good, being 38.46 per cent. of the admissions; the death-rate was 8.7 per cent. of the average number resident. *Post mortem* examination was made in every case in which permission could be obtained, that is, in about two-thirds of the whole number of deaths. We notice, with some regret, that in the report of this asylum, as is the case in too many others, the superintendent makes no reference to the use of either restraint or seclusion; it may be gathered from the Commissioners' report that, while there had been no necessity for mechanical restraint, seclusion was made use of not infrequently among the male patients. It would be well for every superintendent to make some allusion to the subject in his own report, and not leave an inference, which is very likely erroneous, to be drawn from that of the Commissioners. On an average, more than 70 per cent. of the patients were usefully employed during the year. The dietary appears to be adequate; instead of beer, the patients have "a mixture of citric acid, lemon-juice, sugar, and cream of tartar," which is, doubtless, appreciated, especially in summer.

Respecting the statistical tables, we cannot speak very highly; many of the forms used are meagre and obsolete, and might, with advantage, be replaced in the next report by the revised tables of the Medico-Psychological Association. Tables III, V, and VI may be instanced as being especially in need of amplification, or rather of complete re-casting. Tables IA and IIA do not appear at all.

GLAMORGAN COUNTY LUNATIC ASYLUM.

At the end of 1885 there were 661 patients in this asylum, of whom only 18, that is, less than 3 per cent., were deemed recoverable. The admissions during the year were 175 in number, the majority of the cases being "of a very hopeless nature as regards chance of recovery. No fewer than 41 had been insane more than a year before admission, and many of them were poor broken-down creatures who came just to die." Out of the 75 deaths, 8 occurred within a month of admission, and 16 more within six months. During the past two years there have been admitted an unusually large number of married as compared with single women; Dr. Pringle regards this as due, at least in part, "to the depression of trade, and inability to obtain sufficient nourishment, the greatest privations usually falling to the wife and mother, when the husband is idle." Intemperance, as a direct cause of brain-disease, he believes to be lessening, "probably by reason of the better habits of the working-classes, and the greater amount of intelligence they now possess." It is interesting to note that, of the 17 cases of general paralysis admitted in 1885, 6 were women, all coming from the same town. The recovery-rate for the year was low, namely, 25 per cent. of the admissions (transfers excluded). The mortality was 11.5 per cent. of the average number resident. *Post mortem* examinations were made in 65 out of the 75 deaths. Thirteen deaths were attributed to the somewhat vague cause, "Atrophy of the brain." Seclusion appears to have been very seldom resorted to; one woman was restrained, for persistent attempts at suicide, both by the canvas jacket, and at times by being strapped to her bed.

In addition to the 661 patients in the asylum, about 160 patients chargeable to the county were boarded out at Carmarthen and Abergavenny Asylums, and Briton Ferry House. New buildings for the accommodation of these were in course of erection, and at the end of 1885 were rapidly approaching completion. Several external iron staircases were provided at the old asylum, to facilitate the escape of patients in the event of fire. The nursing staff seems to be adequate; it is satisfactory to find that only 19 of the 65 attendants and nurses had served less than two years, while 22 counted more than five years of service.

Coming to the statistical tables, we hope Table IIA will be accorded a place in the Report for 1886, and that Tables VIII and IX will be completed by the inclusion of "patients remaining in the asylum." There is a considerable discrepancy between the average recovery-rate (for the 21 years) given in Table III, and that in Table IV; the officer who prepared these tables, evidently had the common but mistaken idea that, to get an average percentage for a term of years, one has only to add together the annual percentages, and divide by the number of years