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to describe what is special to Scotland in the management of asylums and in the treatment of the insane. In short, the Scotch system is analysed, and in concise terms we are told what it is, and what results have followed. In the body of the report, under the heading of 'Recent Changes in Modes of Administering Scotch Asylums,' we have fourteen pages that well deserve and will attract much attention. They will stand as a landmark in history of the treatment of mental disease. We use the expression 'treatment of mental disease,' because that is what is really described, and we wish the writer of the report had used this medical expression instead of 'administration of Scotch asylums,' which is a mode of putting it that does not necessarily excite much interest in the profession of medicine. The Scotch Board being essentially a medical Board, we expect that medical phraseology will be used, and a medical spirit run through the whole. But it is the wording only we criticise. That portion of the report is a most carefully-written piece of true scientific work, containing the facts themselves, the history of their application, the inferences to be deduced from them, and the reasons why the particular results have happened, or the medical philosophy of the matter. . We now come to the really original and important part of the

report to which we have alluded:—
"Recent Changes in the modes of administering Scotch Asylums.— The most important changes that have taken place of late have been manifested chiefly in three directions. (1.) In the greater amount of liberty accorded to the patients. (2.) In the increased attention that is devoted to their industrial occupation. (3.) In the more liberal arrangements that are made for their

" The Abolition of Airing-courts.--. Most of the public asylums in Scotland are already without them (walled airing-courts), while in several where they still exist, they are seldom used.

. . . It is indeed a thing of common experience that the mere feeling of being locked-in is sufficient to awaken a desire to get out. This happens both with the sane and the insane; but it is certain that the mental condition of many patients in asylums renders them likely to be influenced in an especial manner by such a feeling. With many, however, the desire to escape dies away when it ceases to be suggested by forcing upon their attention the means of preventing it.

"Liberty on Parole.—The practice of permitting certain patients to walk or work in the grounds without constant supervision, and of permitting some to take exercise beyond the grounds on parole, has been general in Scotch asylums for many years, but it is now much more extensively adopted in them than it used to be. Like the other removals of restrictions to which we have referred, this has found favour in the eyes of superintendents on account of the beneficial effect which it has on the patients, not merely in making their residence in the asylum less

irksome, but also by improving their mental condition. . .

"Benefits arising from the Removal of Restrictions.— . . But it must also be recognised that the freedom from irksome discipline and restriction tends to remove one of the sources of violent conduct in asylums, and consequently to diminish the number of accidents which results from it. Many patients have, under the free conditions of their life, become calm and orderly in behaviour, to whom the imprisonment in wards under lock and key, the confinement within highwalled airing-courts, and even the feeling of being under the constant supervision of attendants, were sources of irritation and excitement and causes of violent conduct.

"Industrial Occupation.—One effect of the removal of physical restriction has been to stimulate as well as aid the Superintendents of asylums in their efforts to develop the industrial occupation of the patients. The disadvantages of prolonged idleness, to the insane as well as to the sane, and the advantages that result from such occupation as gives exercise to the physical and mental energies without overstraining them, are too obvious to require discussion. The more restless patients often spent much of their day in pacing the galleries or the airing-courts, nursing their morbid irritability, while others lounged on the benches or crept into corners, and so drifted downwards

It is impossible to dismiss the subject of asylum farms without some reference to the way in which they contribute to the mental health of the inmates by affording subjects of interest to many of them. Even among patients drawn from urban districts, there are few to whom the operations of rural life present no features of interest; while to those drawn from rural districts the horses, the oxen, the sheep, and the crops, are unfailing sources of attraction. The healthy mental action which we try to evoke in a somewhat artificial manner, by furnishing the walls of the rooms in which the patients live with artistic decoration, is naturally supplied by the farm. For one patient who will be stirred to rational reflection or conversation by such a thing as a picture, twenty of the ordinary inmates of asylums will be so stirred in connection with the prospects of the crops, the points of a horse, the illness of a cow, the lifting of the potatoes, the laying out of a road, the growth of the trees, the state of the fences, or the sale of the pigs.

"Difficulties met with in carrying out Improvements.—In relaxing restrictions upon the liberty of the insane, there is a certain amount of prejudice in the public mind to be met and overcome. There is a feeling of timidity in regard to persons labouring under insanity, which leads to their being regarded, as without exception and in all circumstances, unfit to be trusted with any degree of liberty. As a result of this, there is a tendency, when a patient in an asylum inflicts injury on others or on himself, to blame the Superintendent for having permitted the patient to have such liberty of action as made the inflicting of the injury possible; and there is consequently a temptation, to a Superintendent who wishes to avoid adverse public criticism, to adopt restrictive measures of the most complete character. It was under the influence of such views that strait-jackets, manacles, and chains were used before the introduction of what is called the system of non-restraint. When such restraints were used it was said that no blame could be attached to persons in charge of a patient for any violent deed which might be perpetrated, because it was held that every possible precaution had been taken to prevent it. The error that lurked beneath this statement was not perceived. It was not recognised that in taking precautions against one set of evils, other evils of a graver character were created. Even the evils which it was sought to avoid were not avoided. The