

MEDICAL TREATMENT.

There is nothing special to note. The use of Amyl Nitrite by the stomach, has not appeared to give any decided results in Epilepsy. The Bromide of Potass in gr X L at bed time with the use of Veratrum Viride when the circulation shews signs of acceleration, has been followed by most decided benefit in one of the worst maniacal epileptics we had, having for over six months, greatly diminished the frequency and intensity of the fits, and quite obliterated the mania and accompanying insanity.

Tinct. Opii. and Spts. Eth. Co. M. X to M. XXX of each, three times a day, has given much relief in many cases of Melancholia; but such is to be anticipated. The Bromide was preferable in "Menopause" cases.

MORAL TREATMENT.

Manual Labor occupies the first place, and every facility has been utilized in carrying out this idea, and to this must in great part be attributed our favorable results. The garden, farm, ditching, and land clearing, have been the most available means, and during the past summer an average of thirty-eight (38) patients per day have been engaged in the latter two operations.

In plastering, over 230 day's work have been done in renewing wards, and not included in ordinary repairs, and a half dozen patients were two months cleaning and preparing the walls for plastering, which was done by a patient; painting furniture, &c., occupied others.

The women as usual have done the making and mending; and to accommodate them the sewing room has been more than doubled in capacity; many prefer to work in their own wards and rooms, and the sewing room is generally well filled.

The domestic duties in the wards, and work in the "detached" building occupy a great many of both sexes.

Walking out. The patients in every ward on every suitable day are taken out in rotation, and we are very much in need of an airing court, so that a greater number could be out at a time, as it is, one attendant must remain, and one takes out all he can look after, which number is far too limited, but it cannot be otherwise until proper "airing courts" are established. The one we have is practically useless.

Two attendants have from 22 to 28 patients to care for, and only a few can be taken out a time, so that they do not escape. It is very creditable to them that only 6 runaways occurred through their inattention, and only one violent patient got away, and this through the flimsy structure used as a "pipe" shaft in some of the wards. There need be no escapes if the patients were continually under "lock and key" or if we had a much greater force of attendants; but where out of 360 patients there are not more than 40 who would willingly stay, a few elopements cannot be a surprise.

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