

to appropriate asylum treatment, would any one, familiar with insanity, fail to say which will afford the greater proportion of recoveries?

Exaggeration of the advantages of early asylum treatment, has, I think, caused many a parent to accuse himself wrongfully, as to the fate of his child. Insanity stealing on imperceptibly, and showing itself in the gradual, slow impairment of reason, and not in a sudden or violent outburst, should never be regarded as promising.

It is very far from my desire to discourage early transmission to the asylum; but it is my duty to admonish against the entertainment of expectations which actual facts do not warrant. The cases most likely to benefit from early treatment, I believe, enforce their own early submission to it; and I do not think that universal early treatment would enrich the statistics of insanity near so much as some writers represent.

Curing insanity is not all the good we can do in asylums; might I not say, it is a small part of all the good? Fifty years ago lunatics recovered in asylums, notwithstanding that they were then subjected to treatment very different from that of the present day. It must not be to statistics that we shall appeal to prove the superiority of modern asylums and modern treatment. Its most worthy proofs must be sought for, I apprehend, rather amongst the incurable, than the curable, insane.

The following table exhibits the discharges of the past year, classified according to the (stated) duration of insanity before admission. In numerous instances, however, the certified duration means merely the duration of the last attack:

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