There is no class of our patients on whose condition and prospects so much difficulty is encountered in correspondence with their friends, as in the cases now under consideration. It is always painful to pronounce an unfavorable prognosis; but it is also embarrassing to be prevented by delicacy from assigning our reasons.

The figures in the columns of married men and married women are worthy of attention. They shew that married women are more liable to insanity than married men; and it is to be remarked, that the proportion of last year falls under the general average.

Women are unavoidably the subjects of numerous impairing and disturbing agencies, both physical and mental, from which men are exempt. Gestation, parturnion, lactation, uterine disorder, want of sleep, defective nourishment, bad air, &c., &c., may be instanced in the former; and drunken husbands in the latter,

Should we affirm that marriage determines to insanity, in women; or that it protects from it, in men? The fourth column of the table seems to indicate that celibacy in women, at all events after the age of 30, con duces to sanity. But women most predisposed to insanity are most likely to marry young, and to make unsuitable and unhappy matches; and, therefore, perhaps, our third column receives those who, had they remained single, would have increased the number in the fourth. Of 30 single women admitted last year, only seven became insane after the age of 30 years; but of 54 married women becoming insane, 40 were of the age of 30, and under.

It must be quite manifest to all men of common sense, desirous of obtaining wives exempt from the risk of insanity, that they will have the best chance by marrying women past 30.

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A question of some interest, in connexion with asylums, is the proportion of re-admissions which occur. There is a well-known form of insanity, generally hereditary, which, in asylums, is very properly recognized under the designation of recurrent; because of its tendency to re-appear at varying intervals, of greater or less duration in different patients; in some cases, years may intervene between the attacks; in others, only a few months; and in a few, the recurrence appears to obey a law of exact periodicity, so that at a certain annual or bi ennial point, the mental aberration begins to manifest itself, and to advance with a regulated pace towards the zenith of the malady; and then to decline toward the horizon which separates the regions of phantasy from those of reason. Apparently perfect recovery takes place; and the patients return to their homes, useful members of society as before. But when the hand comes