

Giving us a mean ratio for the five years of 1 a 11.92, or a per centage of 8.38. The recoveries for the respective years are severally 1 a 5.86; 1 a 2.5; 1 a 2.05; 1 a 2.04; 1 a 2.21; yielding an average of 1 a 2.93, or 34.12 per cent.

The average cost of each patient per week during the five years was \$3.85; \$4.44; \$3.88; \$3.64, and \$3.47½, affording an average of \$3.85 for each patient; omitting, in our calculation, the fractional part of a cent.

With reference to the varieties of insanity, in its different types, the following table affords a summary of the prevalence of the disease at this Institution in its several forms. The observations again extend over five years:—

Showing the forms of Disease for which 769 patients were admitted.

| | Males. | Females. | Total. |
|-----------------------|--------|----------|--------|
| Mania | 208 | 165 | 373 |
| Melancholia | 82 | 61 | 143 |
| Monomania | 76 | 52 | 128 |
| Dementia | 76 | 43 | 119 |
| Delirium | 5 | 1 | 6 |

We may observe that no cases of mania a potu, or delirium tremens, are admitted into this institution—such cases being referred to the parent institution in the city of Philadelphia.

We regard the report as a really valuable document, affording evidence of the sound views, the industry, and judgment of the author.

Twenty-eighth Annual Report of the Physician, and Superintendent of the McLean Asylum for the Insane, to the Trustees of the Massachusetts General Hospital. By LUTHER V. BELL, M.D., Physician and Superintendent. January 1st, 1846.

This is a report from another of those valuable institutions for the Insane in the United States. It is the third with which we have been favoured; and is characterised by clear and sound views of the peculiar treatment to which this class of patients should be submitted.

It appears from the report, that 271 patients have received the benefit of the Institution during the past year, 139 of whom were males, the remainder females. Comprised in the above number are 119, 64 males and 55 females, admitted during the year, leaving 120 inmates at the date of the report.

The following is a recapitulation of the discharges:—Recovered, 74; died, 13; removed by their friends, 33.

Dr. Bell's views of the propriety or impropriety of restraint are thus detailed:—

"Among modern attempts to improve the management of the Insane in Great Britain, the disuse of all measures of muscular restraint takes a prominent place, and has in its various aspects and relations, been the

topic of much valuable and much discreditable discussion in that country. My views in regard to the expediency of laying down the abolition of restraints of this description, as an invariable law in all institutions, and in a country like ours, where no popular sentiment, originating in abuses, demands such a course, have been fully presented in the reports of former years. No reason has presented itself, as these measures have been matured and tested by time, for any essential change of opinion, although I am willing to admit that it has been found expedient to make the exceptions to a general rule of this kind, far less numerous than formerly would have been believed practicable, in an institution having always a ratio of active cases so much greater than the foreign hospitals, and in a country where the type of disease, on an average, is so much more intense than in Europe.

"Personal exchange of opinion with many of those abroad, who have identified themselves with this measure, has led to the conviction that the differences of views for and in opposition to the rule of non-restraint, have not been so wide and irreconcilable as they would appear to be in a controversial contest, to an unimpassioned searcher for truth. No practical man there would probably be found who would wish to go so far as to say, that there is no case in which muscular restraint might not be the wisest and kindest measure to be adopted. The sentiment appears to be rather this: that the dangers of occasional unfortunate results from omitting restraints to the insane hitherto thought to require them, are less on the whole than the objections to their use and the hazards of abuse, if employed by delegated authority, as must be the case in the extensive foreign hospitals, if they are used at all.

"In the last annual report, the results of the efforts here to bring the use of restraining measures to a smaller limit, were presented. It was there stated that during the three quarters of the year, after a memorandum of the fact was entered, only a single application of restraint was made on the male side of the house, viz., a muff to the hands of a man afflicted with a violent propensity to destroy his eyes, and in a few instances to females. During the present year, a continuance of the same memorandum affords the gratifying information, that a single patient only has been placed under any restraint of this kind, and that to guard against the hazard of self-destruction, which the ordinary means of watching by the presence of an attendant were not adequate to prevent. An epileptic young man has, at times, sat in Dr. Rush's tranquillizing chair, (an arm chair with a board across the front,) to prevent sudden falls.

"While thus able to present almost a clear page as regards restraining measures, I do not recede from the views formerly expressed of the inexpediency of a dogmatic or exclusive rule, especially if that rule is to be known by patients as a law of the institution, and mischievous advantage taken of it, which as I found, was a source of great inconvenience in the institutions of Great Britain. Yet I do not believe that the use of restraining measures to control the muscular movements of patients in this institution, will probably ever exceed two or three cases per annum."

The total annual expense of the institution for the