tives and restraint, does, on the contrary, by producing a condition of increased mobility of the great nerve centres, make a larger use of these necessary. In the long run, the use of opium and chloral (unless the patient is kept constantly under their influence) brings about essentially the same condition as does the use of alcohol, so that these also tend to make mechanical restraint necessary instead of taking its place. All this, I think, is clearly shown and demonstrated in the history of this Asylum during the last few years—for, as we have given up the use of alcohol, we have needed and used less opium and chloral; and as we have discontinued the use of alcohol, opium, and chloral, we have needed and used less seclusion and restraint. I have, during the year just closed, carefully watched the effect of the alcohol given, and the progress of cases where in former years it would have been given, and I am morally certain that the alcohol used during the last year did no good.

Restraint.

An accurate record has been kept of the restraint and seclusion employed at this Asylum during the year just closed. A summary of this record is given in the following table :—

	Male.	Female.	Total.
Number of patients restrained....	25	62	87
Number of times restraint and seclusion were employed	495	958	1453
Total number of hours patients were in seclusion	7¼	877½	884¾
Total number of hours patints were in restraint-bed	2425¼	875¾	3301
Total number of hours patients were in restraint-chair	2305¼	5895	8200¼
Total number of hours patients were in muffs	4400¼	1485¼	5885½
Total number of hours patients were in wristlets	468¾	175¼	644