

For many years past the aggregate admissions of male and female patients have been almost equal. During my incumbency of 9½ years, they have been:

Men.....	705
Women.....	723
Total.....	1428

thus shewing, as far as can be judged from asylum figures, that the incidence of insanity in the two sexes is almost alike.

If much diversity exists in the agencies assigned, respectively, in the two sexes, as the producing causes of insanity (and this is a fact palpable on the pages of every asylum register), have we not good reason to doubt the actual efficiency of such assigned causes? Without the overruling influence of some common co-efficient, how could equality of results be continually preserved? The usual tabulation of causes of insanity given in asylum reports, is, I believe, totally valueless, unless in exhibition of its own absurdities; and thus, by negative indications, leaving us to search for other agencies nearer the root of the malady.

A glance over the column of causes, in the first fifty cases admitted last year, shews me that in thirty, or three-fifths of the number, no cause has been assigned; and for the remaining two-fifths the following are given:—

Fever, drink, mental trouble, masturbation, parturition—each two. Religious excitement, convulsions, scarlatina, grief, fright, pecuniary embarrassment, inflammation of the brain 24 years before, suppressed menses, love, injury (of spine)—each one.

What can be the value of medical statistics in any disease under which sixty per cent. of the entire cases must be left unaccounted for? Probably, too, not five of the twenty of the above assigned causes were justly chargeable with the mental disease ascribed to them; and further extension of our survey, over the year's admissions, would tend but to corroborate this view.

The following table, exhibiting the ages at which the several indicated classes were admitted, may not be uninteresting.