

majority of these cases, members of the board are also members of the council.

There ought always to be one person, properly qualified and devoted to the work, invested with paramount powers within the institution, and directly responsible to definite authorities for the doing or not doing of each particular act: and there can be no doubt that this person should be the chief resident medical officer. It is the profession of such a chief to be efficient in this particular province; the success of his institution is to him a matter of professional pride and interest; if anything goes wrong, on him naturally lies the blame, and he can be easily called to account. There is no comparison between the two systems in certainty as to who is responsible and the ease with which he can be reached. Especially in the case of lunatic asylums it is certain that considering the multitude of particulars which require constant vigilance and practised judgment, the number of intangible abuses which may easily prevail in secret, and the influence which such small but pervading and perpetual causes exercise over the mind and condition of the patients, boards, however zealous and well-intentioned, are incompetent to deal with the practical difficulties of management.* It may be added that if a resident medical superintendent is intrusted with any powers at all, he ought to be intrusted with as much as possible; otherwise he is likely to become indifferent, and, what is of great importance, will think the detection of abuses is not his business, but that of the actual governing body. Yet he is the only person who is in a position to detect them with certainty.

Before proceeding to suggest a definite scheme for the redistribution of powers, the comparative merit of the two systems, as at present in use, must be tested by their results. The whole number of institutions which have sent information as to their government, omitting the four Victorian hospitals which are managed by boards of a peculiar kind, and the hospital and asylum of Jamaica, which are in a transition state, may be roughly divided into 30 which are very unsatisfactory and 22 which, though not without great defects, are on the whole much more satisfactory. Of the 30 which are bad, 20 are governed by boards and 10 by chiefs; of the 22 which are good, 9 are under boards and 14 under chiefs. In other words, the good ones under boards are to the bad as $2\frac{1}{2}$ to 5; under chiefs, as 7 to 5. The number of those which, though governed by paramount medical chiefs, are still bad would be greatly lessened, or it may be believed reduced to nothing, if proper provisions of other kinds were brought into operation. Such provisions would of course lessen also the number of those under boards, which are ill-managed, but this does not affect the general result.

There are four cases which require particular notice. The hospital and asylum of Tasmania are governed by boards and yet are very good,—apparently indeed the best in the colonies. There is also a single instance in the West Indian group (the Port of Spain hospital in Trinidad) where the result of government by a board has been good; but that result is here owing solely to the exertions of Dr. Mercer, the resident surgeon, and may fairly be said to be in spite of the system. On the other hand, at the Castries asylum in St. Lucia, though unlimited power is given to the medical officer, the result is eminently bad; but then in this case the medical officer is non-resident and unrestricted in practice, is only bound to visit once a week, and for the sole care of this asylum and of three hospitals receives 170*l.* per annum, out of which he has to find all medical and surgical appliances. This is such an exception as goes to prove the rule.

It is to be added that the hospital and asylum of Jamaica were at first (1855) under a board of commissioners. This system was found to work so ill that in 1859 an Amending Act transferred their powers and duties for the most part to an officer called an "Inspector and Director." But some legal and other blunders rendered the new Act practically inoperative, whilst the old one was displaced, and the deplorable state of things in 1861 seems to have been partly the result of the temporary anarchy.

Of all their various and inconsistent powers it would seem to be desirable that the boards should retain only the appointment of the medical officers and

* It is the opinion of the Commissioners in Lunacy that asylums should always be managed by paramount medical chiefs.