Dr. Albrecht, who is an army surgeon, points out the danger of sudden outbreaks of insanity at such times. He advises that neurotic and weak-minded persons should not be allowed to enter the army. He points out that there is a marked increase of insanity among soldiers when they are engaged in war. In the Franco-German war there was an increase during the first half of the year 1870, and during the two following half years, of ·37, ·54, and ·93 respectively. In the American army, during the Spanish-American war, the numbers rose from ·8 to 2·7, and in the English army during the Boer war, from 1·5 to 2·6. In the war between Russia and Japan there was no provision made by the Japanese for the insane, and special arrangements had to be made during war to convey insane soldiers home. The numbers of insane were increased by 1½.

In countries where there is conscription the percentage of insane in the army is said to be small as compared with that of countries where enlistment is voluntary, *e.g.*, in 1902 there was ·8 of insane soldiers in the armies of Austria and Prussia, while in Great Britain there was 1·2.

To improve the arrangements of the Austrian army, Dr. Albrecht suggests that a special service of motor cars, with attendants, should be provided for conveying the insane from the battle-field, and that some arrangements should be made to provide accommodation for the insane on the west and south coasts of Austria, as the State asylums are for the most part on the north and east coasts.

He suggests that cases of insanity occurring on the battle-field should be treated with injections of hyoscine and placed in straight jackets.

HAMILTON MARR.

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6. Asylum Reports.

Some English County and Borough Asylums.

County of London.—The lunacy under the immediate care of this authority does not show a tendency to advance by leaps and bounds as at one time it threatened to do. In fact, the increase for last year, though still a little larger than in the preceding year, is below the average annual increase for the last twenty years. The same is true of the total lunacy of London, that is, that which is contained by the asylums, is residing at home, in workhouses, and the Metropolitan Asylums Board institutions. The county has nearly overtaken the task of providing sufficient accommodation for its patients, but is prepared with the plans of yet an eleventh asylum. Some of the boards of guardians of parishes north of the Thames asked that this asylum should be built in their neighbourhood, but the committee has decided to occupy the land at Horton already hypothecated for the purpose. So Epsom will have yet another grievance and the accompanying pleasure of a further valuable rating basis.

The mental hospital identified with the generosity of Dr. Maudsley is at last under way, the site having been secured at Denmark Hill. The County propose to appropriate another £40,000 in addition to Dr. Maudsley's donation of £30,000. We feel sure that all of us will

wish the venture every success. We are not quite sure how it is proposed to staff the Hospital, whether general medicine or asylum practice will be predominant; in the former case no doubt due regard will be paid to the incidence of responsibility of the patients. In former days some appeared to think that asylums and asylum doctors had been so wanting in success that it would be better not to have much to do with them and their works. But things have moved on since then. We are glad to think that our Association now contains as ardent workers and as clear and scientific thinkers as any other branch of the profession.

The Committee is still most desirous of obtaining another bit of experimental machinery—receiving houses. Apparently it has asked for too much, in so far that the county council will allow only one house instead of the two asked for. Here, too, our best wishes must follow the proposition. It is one that is adopted in other countries successfully, and, indeed, the germ of the idea already exists in the separate departments of several asylums in this country, for instance, Bexley, Hellingly, etc.

We think that the Committee has reason in calling on committing justices to consider the fact that the asylums were built for moving cases, the Metropolitan Board's institutions for the more harmless and chronic. At present, want of attention to this leads to the round peg being put into the square hole, and to accommodation suitable to one class being blocked up by the other class, all leading to inconvenience and waste of money.

The readmissions continue to be positively startling in their frequency. No less than 29 *per cent.* of the "recoveries" of the last sixteen years have found their way back, and 12 *per cent.* within twelve months of discharge! Of course each recovery, if otherwise capable, may be the centre of further transmitted mental weakness under cover of matrimony or free love. The committee cites the case of a man who in his thirty-seven years of life has recovered thirteen times more or less. In his periodic vacations he has procreated five children—during the last eight years—all of whom are chargeable now to the rates, the wife occasionally availing herself of this patient milch-cow. Of course, everyone says that something must be done, and the Commission on the Feeble-Minded has shown how that thing can be and should be done, and responsible ministers have everything ready, when all fear of interfering with the liberty of the subject has been allayed. But the nation, though alert and ready to take action when evil actually threatens, is at heart an arrant humbug when it knows of, but does not actually see, organised danger. It was, and will be, the same with syphilis, drink and vaccination. Some political or social matter stands in the way, and we must think its possible influences out most carefully; we must wait and see. So to-day that powerless machine which passes a budget of two hundred millions or so of money without a word of efficient criticism, will to-morrow prefer to spend all its time in squabbling over giving every man a vote, leaving to the Greek Kalends the question of giving the nation a chance of purging itself of needless misery, expense and degeneracy. We too, ourselves, can continue to prate of the knife and marriage oath, and we shall perforce have to

continue to prate of the dreadful effects of the liberty of every subject to pollute the stream of life, but we can add our voices, as experts, to the gathering storm of stern remonstrance, and we can take action in our own limited way. That action is contemplated we are glad to learn from the strong protest and resolution passed at the last meeting of the Council.

After such serious matter it is refreshing to read of a protest by certain guardians that the Committee's industry in bringing to book those friends of patients who can afford to pay their shot, seriously diminishes the commissions payable to the guardians' own officers on successfully discovering that ability. If we remember rightly the Committee's officers were only brought into being by the idea that the guardians' own officers were lax in inquiry. It is quite a case of negligence bringing its own deserved punishment. The Committee in addition points out that the direct payment of maintenance cost to it frees the patient from the imputation of paupery which follows payment through the guardians.

The Committee is to be congratulated, and if we may say so, warmly commended for the attitude which it has taken up in regard to the Superannuation Act. It felt that the officers who were in its service at the time of passing of the Act had joined with a clear hope of superannuation under the old provisions without contribution. Therefore additions have been made to wages and salaries to compensate the enforced contribution. So, too, with regard to the old outdoor staff, working by the hour, the payments have been made weekly, with a week's notice on either side, so as to bring them inside the Act. The year's contributions amounted to over £7,500 and the pensions paid to £1,600. The Committee, too, has acted with liberality to the full extent of the Act in regard to two cases where the pension was allowable, but death had intervened before its award. On legal advice it saw its way to allow to the widows liberal sums.

The Committee notes with words of warm approval the gaining of two Albert Medals of the Second Class by an attendant and a nurse for acts of splendid courage and devotion to duty. In each case the act consisted in following a patient on to lofty roofs and, at great peril, securing him or her. One can only wonder that any woman had the pluck to follow a patient over some wire netting and along sixty or seventy feet of open guttering at such a height.

On turning from the Committee's own report, we may once again congratulate it on its keen sense of what is right in the administration of the huge machine entrusted to its care.

In reference to the various asylums and their superintendents we note with congratulation the appointment of Dr. Spark to *Banstead*. He has commenced a systematic search for tuberculosis and has found a good deal of it.

At *Bexley* Dr. Stansfield draws attention to the considerable disparity in duration of attack on admission between the statistics of his asylum and those of the other asylums belonging to the Council. His rate for three months is 46 *per cent.* of the admissions, and for one year's duration 28 *per cent.*, against markedly lower ratios for the latter and higher for the former in the other asylums. He wonders whether this is due to

local delay in transmission, or to a difference in asylum compilation. General paralysis accounted for 18 *per cent.* of the male and 4 *per cent.* of the female direct admissions, while for the other admissions the male rate was 23 *per cent.* Positive evidences of syphilis were found in 88 *per cent.* of the male paralytics, and in 100 *per cent.* of the females. Examination of the cerebro-spinal fluid is a matter of routine in cases of doubtful diagnosis. Heredity was found in 66 *per cent.* of the admissions, there being a slight preponderance in the females. But heredity was assigned in only 23 *per cent.* of the recoveries. Other commonly assigned factors among the recoveries were alcohol, syphilis, mental stress and congenital defect. One must confess to some inability to appreciate truly the chances of any congenital defective recovering. Dr. Stansfield is firm in attributing to the Superannuation Act a steadying effect by conferring a sense of security leading to retention of office.

At *Claybury* we cannot follow Dr. Robert Jones when he says it "has become customary of late to speak of antecedents, factors, correlative determinants, or co-efficients, rather than of 'causes' of insanity, and this vogue has displaced alcohol as a 'cause' of insanity in the view of those accustomed to look for pathological findings." The official term used by the Association in its tables is "ætiological factor," which is cause under a different name, having some margin of non-committal. To say that one thing is the cause of another, unless the term is qualified by another term, such as contributory, rather tends to imply that it signifies an agency which by itself can and did bring about the assumed effect. But it is demonstrable that no case of insanity can be caused by one sole agency. Alcohol can still be a principal factor, and undoubtedly is so frequently. He finds that alcoholic heredity existed in a definite number of his alcoholics. Dr. Robert Jones speaks warmly, and justly so, of the beneficent work done by the After-Care Association. When legislation comes we must endeavour to secure that asylum committees can subscribe to it without being surcharged by the auditor. At present such a step is illegal. The After-Care Association, with all its ramifications, can make a pound of money go further and better than can a visiting committee. He received a case of leprosy from the West Indies. The use of the Turkish bath has been taken up and excellent results have followed the complete equipment in cases of the young stuporose and melancholic cases of both sexes. Some years ago a good deal was hoped for from this form of treatment, but we have seen but little record of its results of late. It will be interesting to hear further of Dr. Jones's energetic work in this direction. He adverts to the fact that the cost of the "rates," which was on the average of all Council Asylums 9·68*d*, amounted at Claybury to 1*s*. 2·09*d*.

At *Colney Hatch* Dr. Seward mentions a case of a young man who met with a bicycle accident shortly before admission, and soon developed general paralysis. This case has given rise to a medico-legal question as to the liability of his employers. One can imagine, too, that from a medical point of view there must be plenty of room for difference of scientific opinion. Dr. Seward is pushing the teaching of the higher trades, such as book-binding, with advantage. One cannot

but lament the tremendous amount of valuable labour which lies rotting in asylums for want of suitable provision for its employment. He is not quite sure as to the effect of the Superannuation Act in giving satisfaction to the staff. He especially mentions the required ten years' basis for calculation of the pension, pointing out that few, especially of the female staff, can expect to give such a long service to qualify them for their full rights. But, as is known, it is hoped that this evil will be remedied in an amending Act.

At *Horton*, Dr. Lord finds increasing signs of degeneracy in his admissions. They are more deluded and hallucinated than formerly. Many never have been of any good, have always been failures, and will continue to be such in their present home surroundings. It is becoming increasingly rare now to see the well-built strong man suffering from a pure psychosis, which responds fairly early to suitable treatment. More frequently he finds, to his disappointment, that, after active symptoms have been successfully met the normal state is one of mild congenital deficiency. He laments that his recovery-rate is not large, but he claims that from care taken the relapses are few in number. Adverting to the ill-effects of a patient's anxiety as to how the home is getting on without him or her, he mentions that in Italy there is a Society that not only exercises after-care, but keeps an eye on the home while the patient is under confinement. One would think that this might be a useful field of work for such a body as the Brabazon Society. He also warmly commends the After-Care Association, and links with it the British Women's Temperance Association and the Women's Total Abstinence Union. Requests from the staff for bacterio-therapeutism show its efficacy in meeting furuncular outbreaks. The *Bacillus bulgaricus* has been administered to "depressed cases" where indican in the urine has evidenced auto-intoxication, but no striking effects have followed.

At *Long Grove* Dr. Hubert Bond admitted still fewer congenitals, which only represented 1·9 *per cent.* of the admissions. The first-attack cases of acquired insanity were 75 *per cent.* of the total, while relapses accounted for the remainder. The greater liability in the female to relapse continues to be well marked. Of the male cases 20 *per cent.* had evidence or reliable history of syphilis, but the Wassermann test applied to doubtful cases of paralysis showed that that figure must be taken as approximate only in estimating the full effects of the lues. He finds a notable increase in the association of trauma with the onset of mental disease, especially of injury to the head. This is almost always confined to the first-attack cases. In 1907 he found trauma in 2·6 of the direct first-attack cases. In 1910 the proportion has risen to 5·1. He draws attention in such cases to the many legal and medical questions which may arise to tax the time and thought of the Superintendent in connection with the Employers' Liability Act. He is extending investigation to the study of psychic trauma. In one-ninth of his paralytics he established insane or epileptic heredity, in other fifths he found alcoholic excess, and prolonged mental stress. One seldom hears now of the old assigned factor, venereal excess. The outdoor treatment of all tubercular cases by night, as well as by day, has been in operation for two years now

without any inconvenience. Dr. Barham has designed a special screen for use in the female hospital, which has been found to obviate largely the use of single rooms; and Dr. Clarke has designed some useful wooden beds for the single rooms on the male side. Arrangements have been made for the installation of hot baths, both of water and air, with a view to the adoption of continuous bathing as a mode of treatment. Dr. Bond chronicles the fact that Dr. Moll, who was awarded an extra Gaskell prize this year, was allowed to be a resident clinic. Also that a Swiss doctor resided in the neighbourhood for some weeks, and was allowed to attend the asylum daily for study. He hopes, with the sanction of the Committee, to have other clinics to foster research, and possibly to form a source whence future assistant medical officers can be recruited. As hitherto, every cow purchased is subjected to the tuberculin test, the result being that 33 *per cent.* of the candidates failed to pass their examination, and were referred to their owners.

At *The Manor*, Dr. Donaldson adverts to one case of successful deportation, in the person of an Italian lady, who subsequently made a good recovery and is now holding a responsible position as a professor of music in one of the principal cities on the Continent. He states that a new villa for 113 patients has been substantially built, completed and equipped at the cost of £95 per bed. This must surely be a record and it will give encouragement to other committees who fear capital expenditure in these days of excessive financial burden. It was designed by Mr. Clifford Smith, and thus no doubt heavy fees to the architect were saved.

At the *Epileptic Colony* we note the succession to the superintendency of Dr. Collins and congratulate him on the appointment. He states that the average age on admission of epileptics such as he admits is twenty-eight, which makes it almost certain that the disease is well established at the time; and he asserts that as a rule epileptics do not become certifiable until the degeneration has become marked. So that frequently if the fits are relieved the mental condition has not benefited; often the reverse is found. Consequently he finds that among thirty-seven males and seven females who have not had a fit for more than a year not one could justifiably be discharged. In this relation we wonder, on reading that three were discharged as recovered, whether the recovery attached both to the physical and mental disease, or whether the mind having recovered, the epilepsy, if continuing, was ignored. Dr. Collins gives a long and disheartening account of how this combination of disease is brought about by parental failure. In 107 cases of males where a certain history was obtained, alcoholism in the father was proved in 34, in the mother in 6, in both parents 4, in grandparents 11. Epilepsy has occurred parentally in 10, in brother or sister 19 times, in other relatives 7, and in 2 cases the patients have epileptic children. Dr. Collins mentions that of twenty men posted on the black list (locale of the list not stated), four were men of twenty-one years and under, the average height of whom was 5 ft. 2½ in.—degenerates.

The *Pathologist's report* by Dr. Mott chronicles a long list of recondite scientific work done and published or shortly to be published. The truth and reliability of the Wassermann test was absolutely proved

by *post-mortem* examination of many cases which had been subjected to it ante-mortem. Investigation was made into an outbreak of a rapidly fatal disease among the fowls at Long Grove. The organism found constantly in the blood suggested fowl cholera, but the lack of a licence for inoculations prevented accurate demonstration.

Heredity and insanity.—A great deal of time has been devoted to this subject, and one *very important fact* has been elucidated, *viz.*, the law of anticipation. Among the 2,246 relatives who are or have been resident in the London County Asylums there are 420 pairs of parent and offspring, but in only one case was the first attack in the offspring at a later age than that of the parent; thus there was "anticipation" or "ante-dating" in all the remainder. Indeed, in 51 *per cent.* the first attack commenced before the age of twenty-five in the offspring, the result being that the majority of the insane offspring of insane parents are either congenital imbeciles or develop insanity in adolescence. Nature, by intensifying the mental disease, as it were, crystallises out the unsound elements of an insane stock, by developing the disease at an early age, thus preventing in a great measure the perpetuation of the taint. This fact explains why it is in pedigrees of insane stocks the insanity does not proceed as a rule beyond three generations. This and many other interesting points have been fully dealt with in the Huxley lecture on the hereditary aspect of nervous and mental disease, "Heredity and Insanity," an address to the Eugenics Society, and in the sixth lecture of a series on "Heredity" delivered at the Royal Institution. This investigation is still in progress, and a summary of the cases made on February 18th, 1911, shows that there are 2,246 cases who are or have been resident in the London County Asylums who are related as follows:

Instances of Two of a Family Insane.

	Pairs.	Cases.
Mother and daughter	111	222
„ son	64	128
Father and daughter	72	144
„ son	52	104
Brothers and sisters	163	326
Two sisters	159	318
Two brothers	105	210
Husband and wife	49	98
Other relationships, collaterals, etc.	138	276
Total	913	1,826

108	instances of	3	of a family	insane 324
17	„	4	„	„ 68
3	„	5	„	„ 15
1	„	6	„	„ 6
1	„	7	„	„ 7
	Total			2,246

Total—2,246 cases made up from 1,043 families.

Recently I have submitted to the relieving officers of the various parishes a list of questions relating to the incidence of insanity, pauperism, criminality, alcoholism, disease, etc., among the relatives of the insane residents of the London County Asylums. A number of returns have been made, some few of which have been sufficiently full and detailed to be of considerable value.

As the result of inquiry into the incidence of pulmonary tuberculosis in each and all of the asylums, Dr. Mott gives the subjoined percentages. He states that these ratios are pretty constant from year to year:

Showing Percentage of the Patients Resident in the London County Asylums on March 31st, 1911, Reported as Suffering from Pulmonary Tuberculosis.

	Banstead.		Bexley.		Cane Hill.		Claybury.		Colney Hatch.		Hanwell.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
No. of patients resident in asylums on March 31st, 1911 .	1079	1379	1115	1111	945	1231	1033	1448	957	1495	1009	1519
No. of cases reported as tuberculous resident in asylums on March 31st, 1911 .	22	42	24	24	13	16	30	61	23	27	10	39
Percentage of cases reported as tuberculous . . .	2·04	3·04	2·15	2·16	1·37	1·30	2·90	4·21	2·40	1·80	0·99	2·56

	Horton.		Long Grove.		The Manor.		The Colony, Ewell.		Total.		Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M. and F.
No. of patients resident in asylums on March 31st, 1911 .	938	1163	1116	1011	65	974	271	60	8528	11391	19919
No. of cases reported as tuberculous resident in asylums on March 31st, 1911 .	23	16	18	18	—	5	1	1	164	249	413
Percentage of cases reported as tuberculous . . .	2·45	1·37	1·61	1·78	—	0·51	0·36	1·66	1·92	2·18	2·07

These figures are of interest in so far that they largely discount the allegation made not so long ago that every old asylum is a factory of consumption. The oldest of the lot, Hanwell, can look the general average of 2·07 in the face with its own of 1·95. *Post-mortem* findings convey much the same idea. The *post-mortem* table, as usual, demonstrates a considerable number of inaccuracies in diagnosis, 50 in 1,555 autopsies showing disease that was not recognised in life, while in 16 cases the diagnosis during life of active disease was not supported. The fact, however, that the subjects are during life the most resistive and unsatisfactory of all patients leads one to conclude that these figures might well have been considerably greater had it not been for very great care in examination. The final result of *post-mortem* observation, added to ante-mortem examination, showed a death-rate from active

phthisis of 12·3 in each 1,000 living insane residents. The *colitis* returns show a slight increase, but on the whole they are more satisfactory since one-third came from Long Grove alone. As Dr. Mott points out, the peopling of a new asylum with transfers of chronics from others favours a high rate for the time. The same considerations apply to returns of diarrhœa, in which a small increase is mainly due to two batches from the same asylum from dietetic causes. On the whole there is improvement in this direction. These inquiries, besides being invaluable to the asylums affected, cannot fail to be of service to all others.

The *Engineer's report*, as usual, forms interesting reading to those who are chiefly concerned in the regulation of "necessaries." How close a watch is kept on items of coal, gas, water, and so forth is shown by the small increment in residence of patients and staff being reflected by similar small increases in the consumption. The consumption of water has indeed fallen; possibly this may be due to saving by the new form of bathing. In several ward sculleries gas-heated ovens have been substituted for coal-fired kitcheners. The actual cash results have not been computed yet, but in the meantime much benefit has been found from the absence of need to handle coal and ashes, particularly in the summer months. Mr. Clifford Smith points out that glazed-brick dados, as compared with plaster or plain brickwork, varnishing woodwork in place of painting it, broad passages, and teak for flooring in place of soft wood go a long way to keep down repair expense. This has to be borne in mind in comparing capital expense of one asylum with that of another. It is quite possible to put away a large amount of capital in remunerative methods such as the above, and earn a name for extravagance. *Crede experto.*

The Commissioners' reports contain nothing of special interest except that we feel bound to acknowledge the kindly way in which they recognise the personal endeavours of the medical officers everywhere. As we have already said more than once, this is right, and the due of those whose right-minded energy cannot be paid for solely in cash. Besides, such remarks betoken the existence of a common desire for the enthusiastic work that is outside the limits of ordinary duty.

The statistical tables.—Mr. Keene continues his annual examination into the huge series of figures presented by the various asylums, and he is most successful in drawing attention to many views that might not present themselves to casual readers. He is glad that at last the county is nearly able to house all its own patients, since this must needs tend to greater homogeneity of observation and record.

In his first comprehensive table, showing the movements of the population and the percentages relating to such movements, it is seen that the recoveries, the deaths and other removals are all falling in comparing the last year with the previous eighty years during which records are at all available. Compared with the previous ten years (1890–1899, inclusive) the last eleven years (1900–1910 inclusive) show that the recoveries have dwindled from 25·69 to 22·91. These figures, of course, relate to all cases, direct or otherwise. This serious fall is compensated from the accommodation point of view by an increase in the death-rate from 23·98 to 27·81. The other removals are practically

the same for both periods. But the number of ten-year patients has greatly increased in the latter period, though the exact amount of the increase cannot be stated on account of differing bases of computation. These patients now amount nearly to one-half of the total population. Calculated in four-year groups, the combined recoveries and deaths show a steady and disquieting decrease—from a percentage of 21·26 on average residence from 1890–1893 to 15·28 in 1906–1909, while for the single year of 1910 the ratio was as low as 13·94. This means that apart from transfers and other removals of a similar nature, the natural modes of clearing the asylum have become less effective by one-third and more. Truly the ratepayer may justifiably groan at the prospect. He desires no man's death, though he may appreciate a merciful deliverance. He would like to see his establishments cleared by good recoveries, but he is told on all sides that recoveries infallibly add to his stock of woe and expense in the future. One point of comfort does Mr. Keene make. He shows that the first attacks tend to decrease slowly, and of course it is these attacks which denominate freshly accruing insanity. The general preponderance of females over males in all the incidents of asylum experience is compared with the analogous figures for all England, and it appears that in every respect London shows a greater preponderance than that shown by the larger area. But the variation in London itself is not so great during the last four years grouped together as in the last ten years. The general ages on admission do not appear to tend to much variation (B. 4).

But as regards ages arranged in ten-year groups, it is shown in another table that there is a substantial reduction in young cases of both sexes during the last four years among the first-attack direct admissions, while there is a tendency to increase in average male ages, and a tendency to decrease among the females.

Touching the forms of insanity on admission (B. 5), a comparison made by Mr. Keene of the three last years shows a slight but persistent decrease of general paralysis, from 9·25 to 9·08 and 9·02. Recent mania works the same way, but more markedly, while melancholia goes slightly the other way. Senile dementia, secondary dementia, and systematised delusional insanity are up and down, varying slightly, but non-systematised delusion shows a progressive and substantial increase from 7·83 to 8·36 and now to 8·68.

The ætiological tables supply definite numbers of aggregated principal and contributory factors grouped together, but, as Mr. Keene points out, the obvious variation in the personal equation of the observers produces uncertain results, which are rendered more uncertain by doubts of sufficient accuracy and exhaustiveness of history. Table B. 9 shows that of 314 paralytics admitted, no less than 215 were married, and of these latter 215 as many as 125 had suffered from syphilis.

A comparison of the salient facts shown about recoveries in the first three of the C. tables for the past four years, shows that the age on recovery and the duration of attack on recovery work in and out, higher one year and falling the next. No particular instruction can be derived therefrom for the present.

C. 4 may be looked upon, perhaps, as one of the most important of all the tables. At least it is the most interesting from the medical point

Admissions and Recoveries, in the last Four Years, of Cases having certain Selected Ætiologies on Admission; with the Percentages of the Recoveries Calculated on the Admissions. (Only "Direct" Cases have been Considered.)

	Insane heredity.	Alcoholic.	Puberty and adolescence.	Mental stress of both kinds.	Privation and starvation.	Alcohol.	Syphilis.	Epilepsy.	Cardio-vascular degeneration.
A. *Admissions and Recoveries in the stated Groups during the Four Years.*									
Admissions.									
1907	704	226	211	902	169	830	323	261	369
1908	795	275	201	999	157	741	381	212	312
1909	898	263	204	882	158	684	324	250	294
1910	872	319	241	960	126	716	341	219	276
	3269	1083	857	3743	610	2971	1369	942	1251
Recoveries.									
1907	300	46	65	437	54	349	50	30	47
1908	286	71	104	413	53	294	56	53	59
1909	334	108	81	444	58	274	51	41	59
1910	338	88	100	402	39	284	45	35	54
	1258	313	350	1696	204	1201	202	159	219
B. *Admissions and Recoveries in the same Groups in both of which the factor is assigned as "Principal."*									
Admissions.									
1907	154	11	89	588	77	495	86	175	16
1908	127	11	95	621	55	402	106	136	15
1909	160	13	83	520	63	367	108	162	23
1910	87	10	104	613	47	394	117	144	29
	528	45	371	2342	242	1658	417	617	83
Recoveries.									
1907	74	5	35	306	25	267	8	24	—
1908	48	6	43	271	24	196	3	42	9
1909	56	8	43	247	13	151	8	26	2
1910	47	5	38	243	19	162	7	21	—
	225	24	159	1067	81	776	26	113	11
C. *Admissions and Recoveries in the same Groups in both of which the factor is assigned as "Contributory."*									
Totals of four years—									
Admissions.									
	2741	1038	486	1401	368	1313	952	325	1168
Recoveries.									
	1033	289	191	629	123	425	176	46	208
Percentages:									
Percentages of A.									
	38·4	28·9	40·8	45·3	33·44	40·4	14·7	16·8	17·5
Percentages of B.									
	42·6	53·3	42·8	45·5	33·47	46·8	6·2	18·3	13·2
Percentages of C.									
	37·6	27·8	39·3	44·8	33·42	32·3	18·4	14·1	17·8

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of view, proving as it does the results of treatment when considered with the ætiology. Mr. Keene, as before, gives figures showing the proportions in which admissions, with certain selected ætiologies, supply recoveries. Last year we suggested another way of looking at the table. We take the same ætiological groups of admissions and place against them the recoveries supplied by cases in these groups during each of the last four years. We have further set out the groups in three ways, as shown below. We think that to contrast the assignment of a factor in both relations of principal and contributory taken together may help to settle the extra question of the relative efficacy of a factor in either of the two relations.

The first salient point in these statistics is, that after all there is not any marked difference in the action of a factor, whether it be regarded as a major or a minor agent. We might almost go as far as saying that, with exceptions, a factor has on the average a constant value in all relations. The disparity in the three averages of alcoholic insanity is of no importance in view of the very small number of instances. The same will apply to cardio-vascular potency. In the matter of syphilis, where both admissions and recoveries are considerable in number and fairly constant, explanation of divergence may be wanted, if the present ratios are supported by further observations. No doubt a considerable dose of a tenacious poison might be assumed in those cases where it is assigned as principal, and thus a lower recovery-rate would result. Perhaps in the question of alcohol the reverse results might arise from the dose of poison being more easily eradicated when it is the chief agent of attack, the less urgent relation being possibly less evident, but more chronic when noted, probably from structural changes.

Another notable point is the close resemblance of the figures of one year with another, especially when the agent is one that all persons are exposed to, whether by biological happenings or by the phenomena of average life. Puberty and adolescence claim practically the same number of victims each year. The hardness of this life for some, as evidenced by privation and starvation, wrecks the same number of brains, while the most remarkable similarity occurs in that class of cases in which alone the disturbing agent is applied direct to the brain itself, *i.e.*, where the agent is mental stress.

Then looking at the yearly figures of admissions arranged according to this selected ætiology, one cannot help thinking that possibly too much is made of the effect of certain adverse factors. We have to remember that from the national health point of view the ratio of incidence of each factor is between the actual numbers breaking down under it and the large majority of the millions of brains in the contributing area. What an insignificant proportion is offered by alcohol, which yields an average of less than 750 per annum out of upwards of 5 millions! The same may be said of alcoholic and all other heredities. The most dreaded of heredities, that of insanity itself, is represented by 800 per annum. It is true that many more cases are detained in the Metropolitan Board Asylums, which should be taken into account to make a complete survey. But a reference to the excellent statistics of that authority reveals only a beggarly heredity of all kinds and in both relations of sixty-six, while alcohol itself brought only twenty-eight. These

figures relate to last year only. We and all those who speak of these agencies from experience, more or less perfect, are accustomed to find a considerable number of failures, but our respective worlds are very limited. We see that these agencies bulk largely in relation to asylum population, but to get the right perspective of damage done we must open our eyes to take in the whole world. Still when danger arises, as it undoubtedly does, it is a good thing to have a big drum to beat and a strong arm to beat it with. But when we are talking science among ourselves the real truth is not to be found inside the drum. We must add that these remarks apply only to the insanity evidence of degeneration. No words of warning and denunciation can be too strong concerning the influence of these factors on causation of total degeneracy *i.e.*, of body, mind and conduct.

The D. tables contain nothing especially noteworthy. General paralysis accounts for 22·12 *per cent.* of all deaths; 34 *per cent.* of the male deaths.

The E. tables show an increasing ratio of long residence—those over forty number 363 as against 283 in 1907.

We venture to make the suggestion that reference to the tables of the whole of County Council London would be facilitated if the summaries could all be placed together.

London Metropolitan Asylums Board Asylums.—The report of this authority naturally opens with a survey of the present state of affairs in regard to impending or possible legislation by which it will be seriously affected. It says that the absence of legislation cannot surprise those who are well acquainted with the complexities of the questions raised by the two Royal Commissions on the Feeble-minded and on the Poor Law. Perhaps in girding against the powers that be for remissness in coping with the former problem we do not sufficiently consider how deeply the latter question affects it. If we wait till both are handled together in order to insure harmony among the general principles underlying both possibly we may wait indefinitely. If one is attacked by itself there is sure to be an outcry, and there is sure to be great risk of uncertain co-ordination. Beyond that, difficulties are much increased, as the Board points out, by the fierce divergence between the majority and a very strong minority on the Poor Law. The differences seem to be irreconcilable. The County Council Association has attempted a scheme of conciliation, but this does not meet with much approbation from the Asylums Board. The publication of the County Councils Association may be recommended to those who take an interest in the Poor Law administration, as it contains a synopsis of both the majority and minority views in contrast, together with its own suggestions.[1] This synopsis supplies a ready method of mastering the leading points in all three schemes. We may add that all adopt, without hesitation, the recommendations of the Commission on the Feeble-minded. The Asylums Board further points out that the problems existing have changed even since the issue of these two reports, and that such legislation as has been passed for old-age pensions, for national insurance, etc., must have some influence, which will need to be ascertained and weighed before final adjustment of views. The Board adheres to the

[1] King & Son, Orchard House, Great Smith Street, S.W. Price 1*s.*

view it has repeatedly expressed—that Poor Law administration should be controlled by entirely separate bodies, municipal corporations being already over-charged with work. Meanwhile, many important reforms are being carried out under existing legislation. We desire to express again our opinion that this Board has most manfully carried out the trusts reposed in it, especially in regard to juvenile defectives, its work standing as an example of thoughtful administration to all the world.

With regard to the Superannuation Act, the Board states that out of 1,326 officers employed at the imbecile institutions, no less than 500 contracted out of the Act. Of these, 156 remained under the Poor Law Superannuation Act. It is silent as to the other 344, who, we suppose, being chiefly females, do not care to contribute. The Poor Law superannuation differs from our own, in that aggregation of service is paid for by the last employer solely. The reports of the Commissioners on the various asylums contain no fresh point, but Dr. Needham emphasises the success attending the living out of nurses and attendants at Leavesden, many of whom lodge with residents in the village. The reports of the various medical superintendents also mainly record present conditions, which are much the same as heretofore. Dr. Rotherham mentions considerable building additions at Darenth to be utilised in the unique training that is there given to imbeciles. This training was reported on at the annual meeting by the special committee appointed to report on the inspection of school-children (*Journal of Mental Science*, October, 1910, p. 734).

The statistical tables of the Association are fully adopted and are filled up with great care. There are one or two matters which bear remark on account of the asylum population being the complement of the county asylum population. The two sets of patients must be considered together for the purposes of a general survey, if it is desired to make a comparison with any other lunacy-yielding area. Many false impressions might be formed if no account were taken of the imbecile institutions.

For instance, the actual recovery-rate for 1910 in Council asylums in respect of total recoveries on total admissions, being 30·67 in 3,727, must be watered down, for all London, by the similar comparison in the Board's asylums, which gives 1·97 in 913 admissions. Out of 3,118 County direct non-congenital admissions, in which the duration was ascertained, 2,592 arrived within twelve months of commencement. The comparative figures for the Board's asylums are 328 and 110. As to age, in the County asylums, among the 3,227 admissions, 527 were sixty and over, while in the Board's asylums the relative figures were 913 and 341. In both cases the statements are in terms of Table B. 3. The congenitals in the same admissions numbered 327 and 624 respectively. Dementia, senile and secondary, was the form of defect in County asylums in 197 of 3,727 admissions, while in the other institutions the figures were 320 and 700.

We have referred above to the unexpectedly small representation of heredity among causal factors in the Board's institutions—only 66 of any sort of heredity in 536 cases where history was available against 1,353 and 3,477 in the county asylums. Alcohol and other factors, except three, appear to be less active with the Board's patients. The

three exceptions are trauma, which gives 92 in the county asylums and 28 here; senility, which, as might have been looked for, gives 274 in the county asylums against 291; cardio-vascular degeneration, which was found in 276 and 154 respectively. But curiously enough, we find that the senile cases actually yielded more recoveries in the Board's asylum than any other form, there being eight recoveries with that ætiology out of a total of 15 recoveries. This, added to 37 recoveries under similar circumstances in the County asylums (the latter, of course, out of a much larger total) suggests that after all something by way of treatment can be done for old cases, and that an indiscriminate hurrying them all off to, or indiscriminate retention in, the workhouse or similar institution as being hopeless, is not quite justifiable. The fact that some of these old brains can and do get right rather argues for what we call dementia not being of one rigid type. Cannot the class include a temporary functional hebetude arising from cardio-vascular derangement as well as the absolutely permanent failure, due to organic changes? For ourselves we believe that we, as a body, create for ourselves no end of needless difficulties in nomenclature, prognosis and treatment because we arbitrarily adopt in respect of all ages a sole signification for a mental condition which is by no means consistent in its results. The death factors are such as might be expected—chiefly terminal, with perhaps a little extra amount of the results of degeneration of the nervous system.

Brighton Borough, Haywards Heath.—We note that Dr. Walker resigned after many years' work here, and was succeeded by Dr. Planck, his second in command. It is with great regret that we hear of Dr. Walker's subsequent death. He lived a somewhat retired life, but he was an earnest worker who honestly cared for his patients.

The borough is to be congratulated on possessing not only a highly efficient asylum, but one that is larger than they need, and that earns them a considerable income from private and out-county patients. The committee say that the income from these has procured a large balance which can itself provide for all repairs without troubling the ratepayers. The relatives of a former patient have sent the committee a sum of £100 as some acknowledgment of kindness and medical attention.

Buckinghamshire.—Record is made of a suicide of a female patient when on probation. She had never shown any signs of suicidal intention and had apparently recovered. We suppose that in this instance, as is not infrequently the case, a feeling of despair at having to face the world again overcame a brain weakened by the attack of insanity. There must always be some risk of this, but it cannot be foreseen. Another curious case is noted: a female patient suffering from carcinoma was found, while lying in bed, to have a fracture of the right femur. In the absence of any sign or history of violence this was considered to be "spontaneous." Two months afterwards the other femur was found to be also fractured. The *post-mortem* examination confirmed the opinion. Such cases are worth noting as an answer to those, including even some of our own members, who feel a difficulty in assigning any other cause of such conditions than violence. This is particularly so with hæmatoma auris. We ourselves know of a case where one ear was affected, undoubtedly by an accidental fall. A few nights after the other ear was affected spontaneously. The patient

happened to be one of the querulous type, and he stated that the thing came of itself without any outside agency. A woman was admitted pregnant. She made a good recovery. She had gone through both these processes five years before.

Cardiff Borough.—This report chronicles much highly scientific work done by the able and varied staff. Of this work the Association had every evidence when the February meeting was held at the asylum. We take this opportunity of offering an acknowledgment of the kindly manner in which the members were received, not only by Dr. Goodall, but by the Corporation and Committee. It was indeed a successful meeting from all points of view. The pathological department has the advantage of being aided by the pathologist and bacteriologist of the Cardiff Infirmary, while the important chemical research now being carried out in the asylum, especially in the indican question, is conducted by Dr. Stolberg, whose connection with the asylum staff is restricted to such purely scientific matters. The recent back numbers of the Journal testify to the volume and the worth of the research. Prolonged warm bath treatment is receiving energetic attention. General paralysis is making up lost time after sparing Wales so long. About one-quarter of male admissions were due to it. Melancholia types were more frequently found on admission than mania types in the recent cases, but the reverse happened with the recurrents. Heredity of one sort and another and alcohol both contribute about 25 *per cent.*, while considering the amount of general paralysis the discovery of the existence of syphilis in only 10 out of 122 males is somewhat remarkable. Mental stress certainly seems to have been a less formidable agent than usual, being represented by only 10 *per cent.* of the admissions of both sexes. Superannuation and the effects of contributions have been considered by the committee, who resolved to increase the salaries of those earning, with emoluments included, less than £170 per annum. We, while acknowledging the kind thought for the less affluent members of the staff, fail to see any reason why parity of that thought should not have been extended to the higher paid officers. They have to contribute in the same ratio; and, still more to the purpose, they lose equally their chance of a pension under the old Act without any contribution. We presume that in the beginning salaries and wages are fixed on some principle of value of services, necessity for keeping up houses and appearances, capital expenditure on education and so forth. Perhaps the absolutely greater expenditure has something to do with the invidious distinction. We can but trust that, a beginning having been made, the extremely level-headed gentlemen whom we had the pleasure of meeting may give the matter further logical thought, and do away with what must cause some little irritation. It is somewhat grating in Dr. Goodall's own report to be suddenly taken from matters of scientific interest to the amount of gas consumed and the quantity of artichokes and onions produced. Such matters might well be relegated to another officer's report, always excepting when they are informing or illustrative of work done as ancillary to the prime object of the institution. After the sales of pigs and bones comes an interesting bit of information. Two nurses have passed the examination—a difficult one—of the Incorporated Society of Trained Masseuses. It is

believed that they are the first to show their efficiency thus. Considering the importance of this often valuable treatment being performed efficiently and not perfunctorily, we may hope that the good example will soon be followed elsewhere.

Joint Counties Asylum, Carmarthen.—The Superannuation Act has had the effect of clearing out several aged attendants who were qualified to take advantage of it. The result has been to reduce materially the average age of the male staff. From the report of the Commissioners after their visit it does not seem that any great improvement has occurred in matters to which we have adverted in former reviews; nor does the Committee seem to recognise as yet the trustful nature of their office. We do not quite know which has the worse effect on the asylum—over-visitation and dislocation of responsibility, or under-visitation and its evidence of little outside interest. Dr. Richards in his report says that although the physical health of the patients has not suffered materially, over-crowding is undoubtedly responsible for the low recovery-rate, as it interferes with proper classification and treatment. Dealing with the term "recovery," Dr. Richards puts it happily. It means, he says, nothing more than a disappearance of mental symptoms for such a period that, under favourable circumstances, they will continue to remain in abeyance. He says also that it would be well if all cases discharged could be medically supervised and monetarily assisted for several months after leaving the institution. One male died of senile decay at the age of 106. He had been an inmate since the opening of the asylum and had never lost a tooth.

We may advert to the fact that all the tables, which are fully produced under the present *régime*, are contained in the ordinary pages of the report, there being no extra folded sheets. Where this is possible it conduces much to the easy study of the statistics.

Cumberland and Westmorland.—One of the principal reasons, if not the chief one, for separating direct from indirect admissions in the new series of tables was the better chance of a good history being obtainable with the former. Dr. Farquharson has had to make many complaints that histories cannot be obtained, because relieving officers in his area are in the frequent habit of sending deputies who know nothing of the case. If guardians cannot be got to see the importance to all of a good history, one will not regret to see them disappear in the course of impending legislation. They might well reflect that they, like the administrators of the asylum, are public servants, appointed by the same electors who choose the asylum visitors. As a consequence 54 cases out of 174 have to be withdrawn from the careful analysis of scientific facts which is supplied here. We note that the female death-rate notably exceeds that of the males. General paralysis caused six female deaths to five male. The female deaths from this disease were in cases of longer duration than obtained in the male sex; in the latter, death generally occurred between one and two years from the onset of the attack.

Dorset.—Dr. MacDonald, in adverting to the smaller admission of depressed cases in comparison with former years, gives his experience that the admission of many depressed cases is invariably accompanied by a higher average residence, and the converse seems to be true in relation to the figures for last year. He is very firm in the opinion

that the care of all classes of mental defect should be entrusted to one authority—the visitors of the county asylum. We know that in many cases the educational authorities do not consider that they should be saddled with the responsibility now placed on them. But we doubt whether his further idea that all classes should be confined in one many-sided institution is to be commended. We feel sure that such an arrangement would defeat one of the aims of the commission on the feeble-minded, which is to get all cases brought under suitable control. At present there is, and there ever will be, considerable trouble in differentiating between the various classes of minor defect as to how they shall be treated; drawing the line between cases of very minor defect for the purpose of sending some to the asylum and leaving some at home will be infinitely more difficult. And we cannot hope that the parents' willing consent will be gained for admission to the asylum, whereas less harsh proceedings might be readily accepted. Too clean a sweep of all defects into the asylum would raise a troublesome feeling of unnecessary harshness, even of brutality. He is quite right in claiming that all cases should be taken in good time; we would add that they should be kept for a good time. We note that while three male deaths and one female death are attributed to general paralysis in D. 2, only one death, the female, is noted in D. 3 as assigned to that disease on admission. We conclude that in the male cases it was impossible to make the diagnosis at the outset. If such is the case it confirms our impression that general paralysis is less obscure in the case of females than in the other sex.

Kent County.—In both asylums of this county the statistics are kept up rigorously in the new form and are undoubtedly destined to be valuable. But, as we have pointed out before, the full value must be lessened by the absence of any delimitation of the areas yielding their respective admissions. It is not possible to say what influence such a special centre as Chartham may have. For aught that is said in the report it might send its patients to either, and wherever it sent them, they would in all probability make a mark in the large number of admissions suffering from general paralysis. In one matter there is distinct contrast between the two asylums; whereas Dr. Wolseley-Lewis says that states of depression were predominant over the opposite condition, the converse is abundantly established in the figures relating to Chartham. Phthisis seems to be more fatal in the latter than the former, proportionately. Heredity of one kind or another is more marked at Barming Heath (just over 50 *per cent.* of the admissions) than at Chartham (just over 33 *per cent.*). In neither has alcohol its usual formidable potency. Syphilis is comparatively a feeble factor in Chartham, more powerful at Barming Heath, but in neither is it a very notable occurrence.

London City.—Dr. Steen reports one admission as having had no less than thirty previous attacks. In examining the ætiology of the admissions we found ourselves confronted with considerable difficulty in gauging the exact basis on which to calculate any estimate of the potency of a given factor. The table in question furnishes the factors and groups of factors adopted by the association in its new official series. It purports to give the probable causes in the "direct" cases and assigns

principal causes to 123 cases and contributory causes to 6 cases—together 129 assignments. Of course, as these tables are founded on the old system, there is no enumeration of direct cases, as far as we can see. The only way in which we can approach the facts is by deducting the thirty-four transfers to the asylum from the total of admissions—164, leaving 130 presumably direct cases. Further, we need hardly point out that in the new system it is only the principal factors that count, the contributory factors being denied co-ordinate value. Possibly in the odd case of the 130 not accounted for it was impossible to assign any cause; in that case the fact should be so stated to bring ætiology up to the same point as is aimed at by our new system. We must confess that we would rather see the old table kept up than that there should be any chance of comparison with the results given in other asylums where the new system is rigorously adopted. We can recognise the attitude which some take up in regard to that new system, but since the facts are ready to hand wherewith to construct a table either on the old or new system, the latter would seem to be far preferable, as it would give a comparing value, which the old table can never give. Half adoption is useless and dangerous.

Dr. Steen makes some valuable remarks on the comparative immunity from phthisis at Stone. The mortality-rate is only 6·3 per 1,000. The personality of the patients, either as to rank or nativity, has evidently no influence. The situation is exposed, with but little shelter from the east wind. But the asylum is built on a chalk hill like Cane Hill, where the phthisis rate is the lowest of all the London County asylums. Here, too, we can point out that the asylum was opened as far back as 1865, and is a comparatively old asylum as asylums go. It is old enough to have acquired a heavy phthisis infectiveness, if there were any truth in that theory. Dr. Steen thinks that he may claim some help in this direction from the large amount of fresh air which the patients have. The verandahs are much used, and have been made more usable by light shutters to prevent rain driving in, but the cases are taken indoors at night when the severe weather comes on. Then many of the patients rebel, as they become attached to sleeping in the open air. Perhaps Dr. Steen will find means to keep them out all the year round day and night, as at Long-Grove. Dr. Steen gives yet another case illustrative of the need to extend to public asylums the right, which obtains in other institutions, to receive voluntary patients. A former patient, feeling premonitory symptoms of another attack, came for readmission but had to be sent away disappointed, as he was not advanced enough for certification.

He says that the new Superannuation Act was received with but little enthusiasm, probably owing to the generous treatment ever received by the staff at Stone. This hard fact was foreseen, and the blame for it must ever rest on those authorities who, by their meanness, forced the lower, but assured, scale.

Middlesbrough Borough.—There has been a marked and welcome diminution, not only in admissions but in average residence of the Borough patients. Among the 69 direct admissions toxins appeared as factors in 24 (syphilis 4, alcohol 18), senility in 6, heredity in 12, and stress in 8 only. The figures represent both principal and contributory

influences. The paralytics numbered eight, only two of them showing positive evidences of syphilis. As might be expected from the character of the area, recent mania was the predominant form of insanity on admission, accounting for twenty of the direct admissions. Phthisis accounted for ten of the fifty-one deaths—a heavy ratio for a new asylum.

Monmouth County.—It is pleasing to know that Dr. Glendinning has suffered no ill consequences from a serious attack made upon him by a patient at the beginning of last year. We commend to the notice of the Joint Committee which has watched the Superannuation Act the fact that the Chaplain has been included in neither class, in other words he has been disestablished practically from all rights under the new Act, and presumably from those he had under the old provisions. It is hardly likely that a Committee who would not bring him under the former would do anything for him under the old Act. As a commentary on this decision we quote a passage from the Chaplain's report to the same Committee: "The daily morning service in the hall, the weekly visits to the wards, airing-courts and infirmaries, special visits to the sick, and other duties of my office have been carried on regularly, punctually, and to the best of my ability." The deaths from phthisis—eleven out of seventy-five—were all in female cases except one. Dr. Glendinning can only offer as explanation of this great disparity the fact of the more sedentary life led by the women. Indeed the general population shows a large majority of men, no doubt due to more men being admitted and more females being discharged. The death-rate, in spite of the phthisis, shows a preponderance in the males, paralysis destroying almost the exact number as phthisis in the females, and in the same proportions. About one third of the males were colliers or colliery labourers. It might have been thought that this fact would account for the very great preponderance of mania type over melancholia in the admissions, but in fact the women in both these classes considerably out-number the men.

Norfolk County.—The Chaplain here has had better luck than at the Monmouth Asylum. After thirty-six years of service he has obtained under the new Act a pension of £116—not a very grand reward for the work which according to Dr. Thomson he has done. We reproduce Dr. Thomson's description of that work in the hope that all these memoranda may be found useful in the attempts to get justice done to the particular class. "For this long period he has almost daily and in all weathers come three miles from his home in Norwich and performed most faithfully all the varied duties of his office to the comfort and benefit of the patients and the staff." A nurses' home has been designed and built here. It seems to be a comfortable and pleasant building. Plans thereof are given. It is in charge of a senior nurse who is responsible to the matron for its comfort and good order. No superior officer lives in it. Dr. Thomson introduces his Committee to the desire of the Association to provide A.M.Os. with a diploma, and he gives the reasons for this, such as were given at the last general meeting in November. It is quite a good plan to make Committees aware of the aims of the Association in this direct manner. It brings the matter also before the ratepayers and others in the county who may read the report itself. The remarks that we made about the ætiology table

at Stone apply here with even greater force. Though we can find the number of direct admissions clearly stated, we cannot after much labour fit either the details or the totals together. We think that there is plenty of room for serious misreading of facts in this hybrid form, which could not arise if either the new or the old system were relied on. General paralysis (11) and phthisis (19) were the most active causes among the 117 deaths, apart from senile decay.

Stafford County.—This county, having three separate asylums, affords opportunity of contrast between the insanity of the various areas supplying the separate institutions. As we have pointed out before, it would be an advantage to an inquirer if these areas could be stated in the report, so that the inquirer might be able to consider the relation of urban to rural areas. As we show in the figures of this year there are undoubted differences in some respects, which suggest the operation of varying conditions. In a former review we mentioned the question of occupations, in which there is considerable variation between agricultural pursuits as contrasted with mining and manufacturing. We offer the suggestion that there is in the county a good opportunity afforded by these contrasts for one of the younger men to take up a serious inquiry into the whole of the insanity, ætiology, occupations, the varying incidence of forms of the disease, ages, congenitalism, both mental and bodily, and so on. It might well, if the variations are found to be constant, form the ground of competition for one of the Association's medals. There has been much good pathological work done of late and a really good social thesis would be refreshing, and in these days of social unrest the material might be found to be of great value in the consideration of defectiveness. We append a few figures which are suggestive. We may at once say that in some respects the personality of the observer may have a determining value, but in many cases facts are unalterable by any opinion. Before leaving the general survey of the asylums we would wish to mention a point that is common to all. In each report the Commissioners' entry shows not only a warm commendation of the work done and its results, but also a kindly acknowledgment of endeavours made by the doers of the work.

Forms of Insanity on Direct Admission.

	Stafford.	Burntwood.	Cheddleton.
Mania	81	175	43
Melancholia	46	23	61
Epileptics	16	21	18
Dementia	25	16	6
General paralysis	2	1	33
Total direct admissions	202	267	205

Ætiolcgy (left hand figures are where the factor is principal, the right are where both principal and contributory are combined).

Heredity (all kinds)	51	58	55	119	45	139
Puberty	1	1	5	5	1	9
Mental stress	16	53	45	75	26	60
Alcohol	6	25	6	25	31	50
Syphilis	2	2	2	3	32	49
Trauma	7	11	2	4	—	7
Cardio-vascular	6	15	—	2	1	17
Senility	21	22	21	25	4	8

Causes of Death (principal causes only).

General paralysis	4	17	13
Phthisis	26	16	18
Senile decay	12	8	3
Total of principal causes of deaths	101	84	125

Mental Condition of Remainder.

General paralysis	4	18	42
Dementia	167	218	238
Total remaining	872	908	1020

Dr. Menzies' report shows that the tubercular affections in the asylum at Cheddleton are by no means represented by the figure above, no less than 72 *per cent* of the 111 *post-mortem* examinations revealing its existence in one shape or another, active, potential, or obsolescent. He gives an interesting but very grave recital of asylum dysentery in his wards; 15 out of 73 cases had a fatal termination. He has no doubt that its virulence is increasing; but he thinks that its occurrence depends less on that virulence than on increased susceptibility. He finds, from his experience, that sudden changes of temperature lead to outbreaks, and he is of the opinion that, however advantageous to general health the fresh-air cult may be, it is not the best thing for dysenterics. He is certain that a large number of "carriers" exist among his patients. A large amount of research into fæces, etc., was done for him by the Lister Institute with interesting results in one case. In the fæces of this woman, Mary Ellen James, suffering from an attack at the time, a hitherto unknown bacillus was isolated. This has been named after its putative parent, and is known thereby for all time. She was treated with a serum raised from her own strain and made a recovery. So, too, a vaccine prepared in Cairo from mixed Egyptian strains has been found in some cases to act like a charm. But Dr. Menzies is not confident as to the permanent results of such treatment, thinking that, while the attack for the time being is inhibited, the secondary fatal infections are not benefited. He is trying the remedial effect of large doses of weak potassium permanganate solution, and will report in his next on its effect. The Wakefield treatment does not appear to be so successful here as in the place of its origin. The whole of Dr. Menzies' information is of the greatest importance to the future treatment of this disease in all asylums, and is to be commended to the attention of all superintendents. His remarks as to the want of resistance to the poison suggest that in this direction it is possible that some day may be discovered an important guide to the particular method in which the want of resistance is produced by neurosis, and conversely what may be the physiological element of nerve force which produces normal resistance and immunity.

Sunderland Borough.—Dr. Middlemass contributes a careful and concise *resumé* of the chief points which are now exercising the minds of all who look ahead of the present time. It is very desirable that every opportunity should be taken to bring such reasoning before the public, especially in an asylum report, where the weight of a medical superintendent's views would presumably have especial value in his own area. Many already have some idea on the subject, but even of these, many do not really grasp the logic of facts bearing on it. Dr. Middlemass

puts facts and arguments so clearly and happily that we are tempted to reproduce a considerable portion of his remarks.

Public opinion already recognises the weakness of the present means of dealing with such a case as the following one. A man, æt. about 24 years, has an attack of insanity for which he requires to be sent for treatment to the asylum. There he recovers, and consequently must be discharged. He goes, and soon after marries. He has two or three children and then has another attack of insanity, for which he has again to be sent to the asylum. He recovers once more, goes out, and this process is repeated, until in the end his mind becomes permanently damaged and he remains in the asylum. During his residences at home his family increases, and it is more than likely that, while the man is in the asylum, they and the wife are on the rates. This is no fanciful picture, but one the like of which could be told by every asylum superintendent from his own experience. If the community assumes the duty of maintaining this man and probably his family as well while he is in the asylum, it is being urged that in return for the performance of this duty the man shall not, if he can help it, do anything to add to the burden he has already put on his neighbours. If he refuses to acknowledge that debt, it is argued that the law should be strengthened so as to give the community power to step in and say he shall not be at liberty to defy its rights, but shall remain in the asylum and so be prevented from doing so.

There are other classes in the community besides the actually insane with respect to whom much the same arguments might be used. There are many individuals who from birth are of feeble mind without being definitely insane. When they are poor and cannot be maintained except by their own labour, they find it difficult to get steady employment, and are by their defects incapable of qualifying themselves to obtain it. Many of them become chronic paupers and a burden to their fellows, or in other circumstances they may drift into the ranks of the criminal class and so become a still greater burden. One cannot help feeling that if such persons were taken in hand early in life, educated as far as their faculties permit and for work of which they are capable, there would be a much better prospect of their turning out more economically efficient than they do at present. That this is not merely a dream has been proved by one of the metropolitan asylums. Moreover, the material they have had to work with has been of an even lower grade of intelligence than the feeble-minded. It has, however, been found there that even they can be educated when young in various handicrafts, which training enables them, under supervision, to do something in the way of contributing to their own maintenance. If this has proved successful with imbeciles there is good reason to hope it would be even more so with the merely feeble-minded.

Another reason in favour of their segregation is that already urged in connection with the recurrent insane. That steps in this direction should be taken has been urged both by the recent Commission on the Care and Control of the Feeble-Minded and the Commission on the Poor Law. Many authorities have taken this up, and all that remains to be done now is to secure a further weight of public opinion and bring this to bear on the Government.

We find a passage in Dr. Middlemass's report to the effect—"They (causes) are divided into exciting and predisposing or contributory." We do not think that he is justified in saying that the two latter terms are equivalent. There are many causes of which it can be said that either term would fit, but the contrary is equally true. All predisposing causes are contributory, but many contributions are not truly predisposing. Take the case of a normal man who has no special heredity, who uses his brain strenuously, but not more than other normal hardworking men use their brains. He becomes alcoholic, and finally develops mania. It would be an abuse of terms in such a case to say that his brainwork has been predisposing to insanity. If this were so, it would become our duty to decry strenuous brainwork as we decry all agencies, whether predisposing or exciting. But the term "contributory" might very properly be

applied to it. Then as to the complementary term "exciting," we note that he, as several others do, returns puberty and adolescence under it. The line of argument is that many brains, when there is heredity, break down at this period without any other special recognised factor. But later on he says that in half the cases sent to him "there is an inherited constitutional tendency to an attack of insanity. But the actual attack can be warded off by care, and the avoidance of those causes which are known to operate towards developing the latent weakness and making it actual and visible." This is absolutely true, but it argues that as we cannot ward off the puberty and adolescence by any care and avoidance, there must be a *tertium quid* to determine the realisation of the threatenings of combined heredity and puberty. This third element generally is, as we know, unsuitable environment and education. If this be true then puberty must lose pride of place as exciting, and we must substitute for it a negation—failure of the positive preventive. Is puberty, then, to be counted as a predisposing factor? Hardly, we should think, certainly no more readily than any other normal event. Its true position is admirably covered by the term "contributory." The new terms of "principal" and "contributory" were conceived by the Statistical Committee purposely to give the go-by to the doubts and sources of error raised by the old terms, and further, in their scheme there is a *locus dubietatis*, when doubt arises with even the elastic new terms. We further venture to suggest again that, where the actual factors have been extracted and weighted with care such as Dr. Middlemass has given to them, they might just as well be placed in the strict form of Table B 7. This would need no adoption of the general scheme. And yet one further word—if it is recognised that the assignment of factors makes for scientific truth and improvement of knowledge, then we say that correlation of these factors is essential to the highest evolution of truth. Dr. Middlemass says, in his report, that forty-four of his admissions displayed heredity, and his tables show that puberty was the assigned factor in nineteen cases. Again he says, referring to developmental failures—"In many, especially in those who have inherited any tendency to mental instability, this stress is sufficient of itself, and without any other special factor, to cause a mental breakdown." Would it not be helpful to exact knowledge if the number of such breakdowns, depending on the combination of the two factors, was correctly set out and easily ascertainable? That is the precise function of Table 8. It is not too much to hope that these two tables at least may be more fully adopted by those who still fear the whole scheme.

Sussex East, Hellingly.—The variations in admissions from year to year are considerable. To the end of 1909 the average increase for six years was 25·6 for the county and 7·6 for Hastings, whose patients are housed at Hellingly. These averages have been increased by the operations of the last year to 31·8 and 10·5 respectively, the average number for both localities having heavily increased in 1910. Dr. Taylor, like Dr. Lord, finds more delusional insanity of late among his admissions, with less senility, but increased congenitalism. The death-rate from tuberculosis has again decreased, being considerably less than half of the asylum rate for all England. Plenty of fresh air is the suggested explanation for this improvement. One case of juvenile

general paralysis was treated with "606." Considerable constitutional disturbance followed the injection of ·3 grm. The bodily symptoms improved, but not so with the mental condition. Dr. Taylor thinks that to do any good this treatment must be adopted before there is any extensive destruction of neurons. Heredity was found in 50 *per cent.* of the admissions of both sexes, after excluding cases with insufficient history.

West Ham Borough, Goodmayes.—The admission-rate is falling here steadily. The rate of first-attack patients admitted was 11·76 per 10,000 of population in 1902, and has now come down by progressive decreases to 3·51. The ratio for pauper admissions per 10,000 population for all England is 5·40 for 1910. Looking to the locale of the population supplying the asylum, one would expect to find certain ætiological factors much in evidence. Privation and starvation account for a small percentage in excess of the all-England rate. Prolonged stress is much more marked than in the general rate, while sudden stress gives less. Alcohol and syphilis are also in excess. Heredity is heavy, being found in 50 *per cent.* General paralysis was diagnosed in a little under 8 *per cent.* of both sexes combined, while the males supplied just 15 *per cent.* Recent melancholia among 182 cases accounted for 31, and recent mania for 19, while the recurrent cases of each were 16 and 18 respectively. The large number of primary dements (12) is recorded. We find that among the 55 recoveries no less than 8 were of this classification on admission. Dr. Hunter evidently does not bow the knee to the idea of irrecoverability arbitrarily given to dementia by some authorities. The occupations were many and diverse, being in keeping in these respects with one's estimation of the character of the population. The docks, shipping, factories and the customs all sent representatives. In an extra table Dr. Hunter gives the weight results in each recovery. Three females lost less than a stone between them, while the others put on several hundredweights in the bulk. Such a table affords much support to the gospel of fat. It would be interesting if, when some one has the spare time, the weight of each non-recovered patient of the year's admissions could be taken, so that the general effect of rest, plus suitable and sufficient food and medical treatment, could be contrasted with the gains and losses connected with recovery. Among the 79 deaths, tuberculosis of lung caused 8, four of each sex; general paralysis caused it in 17 males and 1 female.

Some Registered Hospitals.

Barnwood, Gloucester.—The recovery-rate dwindled in 1910 from 40 to 28·2 *per cent.*, when the rate is calculated on total admissions. If, however, the transfers are eliminated the rate rises to 47·8. The recoveries included two female cases of over ten and six years' detention respectively. Each case was the subject of profound melancholia, associated with intractable anæmia. In each case improvement, both in body and mind, happened repeatedly, to be followed by relapse, till a healthy condition of blood obtained and remained. In both the resistiveness of the melancholiac was a marked symptom. As Dr. Soutar