been made during the year. Some time back we adverted to the burden thus thrown on the management. The amount so released will be available for increasing the already large amount of assistance given to the needy insane. The Committee refer in generous terms to the fact that Dr. Deas has now given them twenty years' splendid service. Referring to the large proportion of melancholia cases which he took in last year, he adverts to the unsatisfactory nature of the cases that are both insane and hypochondriacal. He had eight of them with suicidal tendencies. This is the chief difficulty; with purely melancholic cases we know where we are; they must always be treated as such. But with the other class, especially when we suspect that a good deal more than necessary is being made of the illness, it is quite easy to be deceived as to the reality of the tendency to self-destruction, attempts at which are generally the result of a fit of temper.

The Retreat, York.—Scarlet fever is always a most unpleasant visitor in an asylum, but is more so when the Medical Superintendent is taken with it. This was Dr. Pierce's fate, he and four others falling to it on the same day. Thanks to strict measures, all did well, and no other case followed. As usual, rigid inquiry failed to discover the source of infection. We are glad to see that Dr. Pierce has worked out his statistics for 1905 on the new lines. He produces an almost complete set of the tables lately adopted. Dr. Pierce, like Dr. Robert Jones, finds that strict training tends to improve the standard of applications for employment, but chiefly because it discourages those who are not serious in their intentions.

Some Scottish District and Chartered Royal Asylums.

Aberdeen (*Kingseat*).—It is, indeed, most sad that after the writing of this the first Report of a new asylum, Dr. Angus should have been cut off in his prime; but the numerous entries made by his Committee and the Commissioners show that he has left behind him, as a memorial, an institution of a novel character that apparently leaves nothing to be desired in efficient and easy management. It is true that much the same ideas that are found at Kingseat are to be found elsewhere. *Alt Scherbitz* has impressed itself in other areas as well as in this; but it is something for the Committee to say that this new asylum on a new principle will cost but £250 per bed for land, buildings, equipment, etc. To this end Dr. Angus must have helped much. Then it is recorded that the cost of the staff is less than the average for Scotland in spite of the presumed relative expensiveness of the segregational system. The secret of this no doubt lies, as is pointed out, in the larger employment of women, who are content with less pay than that which their male colleagues accept. The general cost for other matters is not above the average. The future of this asylum will be watched with much interest, as it is the first of the kind that has been opened. The principal building is, of course, the hospital, which holds fifty of each sex. It is intended for the physically sick as well as for recent cases.

It appears to be admirably designed for convenient working. The only point of criticism that we offer (beyond, perhaps, a suggestion that it would have been advisable to give a separate entry to the ward for excited cases instead of a passage through that for the depressed) is the attachment of small infectious wards on each side to the building itself. We know that this is a common occurrence in Scotland, but we cannot believe that any amount of disinfectants would form an efficient barrier to the passage of microbes, say of smallpox, at such close quarters. These wards are but 20 ft. distance from other wards or a main corridor. We note that one of the Commissioners recommends that they should be used for cases of phthisis till they are wanted for their special purpose. He adverts to the desirability of segregating all tuberculous patients. What would occur, then, if the phthisical inhabitants of the wards were to be suddenly dispossessed by a fever case? One would think that it would be better to keep these wards for phthisis and to erect a small isolation hospital in the grounds. To one remark of a Commissioner visiting the asylum we must take exception. While praising the rigid economy of the Committee who had charge of the building, he states that the main cost of asylums, as of other buildings, is in the external architecture, and not in the finishing or furniture. This probably is the case in the North, but it certainly is not so in England. We know several of the later asylums farther South which have a quite unpretentious outside, but have cost much per bed. As we have pointed out not long ago, the final cost must be settled by the amount spent for good reason on outside matters, such as cottages, by the sinking of capital with a view to saving yearly repairs. Without a full statement of all "associated conditions" the price per bed is likely to be somewhat fallacious for purposes of comparison.

Argyll and Bute.—Here there is a steady fall in the admission rate. This has been going on since 1898. There does not seem, however, to be any notable decrease in the average number resident. Sixteen were readmissions after an average period of absence of four years and one month. It is not stated how many of these were recovered on the first discharge. In no case is alcohol assigned in any form as a probable cause.

Crichton Royal Institution.—The directors do the honour to Dr. Rutherford of stating that in his absence on account of severe illness they were unwilling to proceed with the important work of completing the new pauper asylum. No less than 10 *per cent.* of the admissions were those of voluntary patients, whom Dr. Rutherford encourages, while setting his face steadily against dipsomania cases. He asks himself the question whether the large number of patients that he sends out recovered are likely to remain well. He takes inheritance as the chief guide in that matter. He lost one old lady, æt. 96, after sixty years' residence. She was the last of those nominated by the original foundress of the institution. The recently provided sanatorium for tuberculous cases is held to have done good work in reducing the amount of that disease in the asylum. Dr. Rutherford finds that recovery among the pauper admissions is not only promoted but expedited

by the reception hospitals, into which the majority of cases go direct. There are only ordinary handles to the doors in these houses, no locks being used.

Royal Edinburgh Asylum.—Dr. Clouston, after a period of critical hesitation, announces in his Report his entire acceptance of the microbe theory of general paralysis evolved by Dr. Ford Robertson and Dr. M'Rae. Since he has had every opportunity of inspecting the work of these two pathologists on the spot, his adherence to the new belief will be taken as a valuable support to it, for many men who have neither time nor opportunity for examination themselves will be quite content to rely on Dr. Clouston's deliberate judgment. What a vista the theory opens up! Dr. Clouston with all justice claims credit for the work carried on for some years now by the Scottish Asylums Laboratory. He states that 20 *per cent.* of his pauper and 10 *per cent.* of his private admissions are traceable to alcohol, and he asserts that education is the best remedy for the evil. He recommends that children should be taught more of the effects of alcohol as a branch of knowledge that will help in future life. One has only to see the immense good done by voluntary bodies working among the young, such as Bands of Hope, to feel sure that the recommendation of a routine instruction in this matter is absolutely sound. The total of general paralytics admitted is very heavy—64 in 428, but the fact that females number 38 to 26 of the males must be a record.

Glasgow (*Gartloch*).—Fifty cases have been boarded out, and to that extent accommodation has been saved. But Dr. Parker points out the fact that this discharge of the quiet and harmless removes so much useful padding which would obviate much friction between irritable and excitable cases. He advocates the trial of a system of boarding out in village groups under proper supervision, so that a due proportion of these latter cases should be sent out for the good of themselves and their irritability as well as for that of those whom they would leave behind. The number of cases with active tubercle have diminished so much since the institution of a sanatorium that this building has been devoted to general paralytics and other such folk, while smaller isolation wards have been found elsewhere for the phthisical.

Govan.—A very noteworthy matter in this Report is the abolition of Table X of the old series and the substitution of what is practically a modified admission register devised by Dr. Watson. Though Dr. Watson states in his Report that these new registers (there being one for each sex) are intended to take the place of the etiological tables, they go very much further than this. Against the serial number of each admission are given, in the following order, age, date of admission, date of discharge, and death (if it has occurred before report, together with in the case of discharge the state of mind on discharge), social condition, form of insanity, heredity, associated conditions—(1) existent, (2) pre-existent. We have no hesitation in saying that this is a very great step forward. It is admitted that for purposes of scientific inquiry the ideal is a register giving certain information about each of a

class of individuals and letting those who care to do so elaborate the recorded facts. But to make the ideal generally convenient there must be use of certain terms of a certain individual value and meaning, all agreed upon generally. Now, Dr. Watson pointedly rejects "cause" and "etiological factors" and adopts "associated conditions." The Statistical Committee seems to have been more chary of rejecting all idea of etiology, but it apparently recognised that there were several "conditions" often accompanying insanity, which, though they might not be classifiable under strict etiology, might be taken to have some possible influence. A middle course is taken in the Association's tables therefore. It is possible that as Dr. Watson's register stands one might work its contents out on the lines of the new table B 8, but it would not be possible to adjust it to B 7, in so far that Dr. Watson avoids putting any etiological pre-eminence in value to anything, whether factor or condition. Can an expert never say that in any case a given factor—alcohol for instance—has been the chief element in a breakdown? We fancy that Dr. Clouston, for instance, has strong ideas on this point. If no attempt is made to confer a pre-eminence it follows that any given term must acquire a fixed value wherever it appears, unless specifically qualified. Dr. Watson has evidently felt this difficulty, for he almost invariably qualifies alcoholism as being excessive and continuous, moderate but continuous, and so on. As a fact, in looking over his long lists we note that in the great majority of alcoholic cases drink, in one or other degree, stands by itself as an associated condition. Does not this invite a reader to regard drink as being responsible for the breakdown in these cases? One would say that no other conclusion is possible. Then why should not the medical man who makes the return and has the facts and history before him take the responsibility of declaring that drink did in a certain number of cases act as the determining factor? And it is the same in all other directions; if no prepotence in individual cases is to be assigned to a given factor or condition, it must assume a constant value. It will follow that sooner or later all factors or associated conditions will have the same value in relation to each other—lowered health and drink for instance—one condition, one value. The only point for determination will be the frequency with which associated conditions recur in examining a series of cases. Taking the two conditions mentioned above, which is to be found more often in our patients, alcoholism or lowered health? And which is really the more important factor? Some differentiation between conditions is implied by the use of the terms "existent" and "pre-existent," but this does not seem to extend beyond the idea of time and cannot be of any service in the elucidation of causation, unless some non-natural meaning is to be read into the terms. Even this differentiation must lead to some confusion, because it would be difficult to say that the effect of, for instance, syphilis, mental worry, etc., began or ended at such a date as to be pre-existent and not to be existent, or the converse. We imagine that if these two terms were withdrawn the register would be at least as useful, and possibly less open to misreading. But still we venture to say that the register does not help to answer fully the question, How does insanity come? That is a question which will very properly demand from each and all of those who have knowledge

and opportunity every endeavour to find an answer. After all no one pretends that any answer of absolute accuracy can ever be given, but the world does think that asylum superintendents can get a bit nearer truth than it can itself, and looks for something like a definite opinion from each of us according to our lights. Few are more fitted to express such an opinion than Dr. Watson. One sympathises a good deal with those who find a conscientious difficulty in making an attempt with insufficient or questionable material to supply each case with a cause. But it is possible, we think, to begin at the other end and take causes or factors or associated conditions and endeavour to see how many fell under their influence and in what degree. If Dr. Watson, then, were to add to his register a simple statement that in such or such a proportion of admissions he believed that a particular condition, or event, had appreciable influence in bringing about attacks of insanity, then we think that his registers, plus such a statement, would very nearly approach the ideal. We are, indeed, very anxious that none of these remarks shall be considered as carping or depreciatory, for such an attitude would be highly improper in view of the thought and trouble which Dr. Watson must have given to devising and working out this, the most important private addition that has been made of late to our statistical inquiries.

James Murray's Royal Asylum.—The statistics of insanity are perhaps more lacking in precision of terms than are those relating to any other human affairs. Chief among the elastically uncertain stands the term "recovery." Yet on it depends the true history both in the positive and negative sense of our fight with the disease. Dr. Urquhart gives his interpretation of the term, and we consider that it is as fair and accurate as can be looked for:

"The number of readmissions (15) was unprecedented in the history of the asylum, and the number of those suffering from recurrence of mental disorder (22) was also disproportionate. In these observations the word 'recovery' is used to indicate those in whom there is re-establishment of mental soundness permitting of the return of the patient to his place in the world without requiring the care and supervision of others. The 'lucid interval' may prove to be of lifelong duration, it may last for years, or only for months. Doubts have been expressed regarding the propriety of liberty in many of these cases. It has been represented as a wrong to the lieges. This is a new phase of opinion. For many years we have been accustomed to accusations of undue detention in asylums, elaborate safeguards have been devised to protect the insane from that evil, and now the tide of opinion seems to be setting in the contrary direction. As the law stands there is no longer authority for the detention of a person after he ceases to be insane; and, in the great majority of cases, it would be an intolerable hardship to be detained indefinitely because of a possibility of untoward remote consequences. No doubt there are those, including many who have never been under custodial care, who should be limited in liberty of action under revised legal enactments; but the advocates of extreme measures will have to be content with less Spartan remedies than they formulate. The practice of discharge on recovery, or even on

improvement, may entail occasional hardships, but on the whole it is appropriate to existing conditions."

Roxburgh.—Dr. Carlyle Johnstone is to be congratulated on the completion of his male hospital, which with smaller additions and alterations on the other side will finally relieve him and the Committee from all the drawbacks of overcrowding. The hospital will contain ninety-five patients. Its cost, including furnishing, works out at about £216 per bed. The infirmary, designed for eighteen patients, will be staffed by night as well as by day with female nurses. The readmissions were fifteen out of sixty-six admissions. The average period of respite was nearly eight years, a longer absence than usual.

Part IV.—Notes and News.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

A QUARTERLY MEETING was held at 11, Chandos Street, London, W., on Thursday, November 15th, 1906, Dr. Robert Jones, President, in the Chair.

Present.—Drs. H. T. S. Aveline, Fletcher Beach, G. Fielding Blandford, C. Hubert Bond, David Bower, A. N. Boycott, F. St. John Bullen, James Chambers, W. C. Clapham, R. H. Cole, Maurice Craig, Thomas O'C. Donelan, F. W. Edridge-Green, F. H. Edwards, J. Alfred Ewan, C. H. Fennell, Bernard Hart, W. H. Haslett, H. E. Haynes, C. K. Hitchcock, G. H. Johnston, Robert Jones, Richard Legge, W. H. C. Macartney, P. W. Macdonald, A. MacDougall, T. W. McDowall, W. F. Menzies, C. A. Mercier, C. S. Morrison, H. Hayes Newington, E. S. Pasmore, R. N. Paton, M. Eden Paul, W. Rawes, G. M. Robertson, J. Scott, H. Smalley, R. Percy Smith, P. C. Smith, J. G. Soutar, R. H. Steen, W. C. Sullivan, T. Seymour Tuke John Turner, Frederick Watson, L. A. Weatherly, E. B. Whitcombe, T. Outterson Wood.

Apologies from Drs. J. F. Briscoe, T. S. Clouston, A. R. Turnbull, and A. R. Urquhart.

Visitors.—Drs. Purves Stewart and T. A. Williams (Washington, B.C.).

The minutes of the last meeting, having been printed in the *Journal*, were taken as read.

The President made feeling reference to the loss by death of the Association's former President, Dr. Oscar Woods, of Cork. He would be remembered as a distinguished and able past-President of the Association, and one who conducted its affairs with dignity. He was very friendly, and would be missed very much at the meetings. He (the President) had taken upon himself the responsibility of writing to his widow, on behalf of the members, to convey their sympathy with her in her sorrow. Mrs. Woods, in her letter of acknowledgment, said the death of her husband was an irreparable grief to her, coming as it did so soon after the loss of their eldest daughter, which occurred just previously to her husband's decease. The Association, he said, had lost also by death two other members, namely, Dr. Craddock of Gloucester, who was the President's old fellow-student at St. Bartholomew's Hospital, and was well known as an excellent asylum superintendent and administrator; and Dr. R. S. Stewart, of Glamorgan, one of the most promising of the younger members of the Association and a very ardent student of social science. The Council had decided to convey to the relatives of those gentlemen the Association's sympathy with them in their sorrow. The President said that he was also reminded that Dr. Spence, a former President, had met with great grief in the loss of his wife, who was personally known to the

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