question of beer for the patients is referred to, especially as a beverage which induces the patients to work, and Dr. Mercier again brings forward his scheme of tokens fully, which has already appeared in the Journal. The subjects of occupation and amusements are freely treated, and there are also chapters on suicide, accidents among the insane, and instructions concerning precautions to be adopted in the event of fire.

The last section of the book is devoted to the consideration of the staff and their duties, and Dr. Mercier rightly gives his adherence to the principle that the chief medical officer should be the superintendent of the asylum, as the legislature has enacted, and have the responsibility of office, while the steward and other officials should be subservient through him to the Committee of Visitors. The status of the assistant medical officers is fully dealt with, and the author is alive to their grievances, which we hope ere long will have attention. Some helpful rules for case-taking are laid down, with the method of mental analysis based on the system of Herbert Spenser, which the author has elaborated in a previous work. The duties of attendants are well considered, and a scheme for instruction is included. There is also a considerable amount of matter devoted to statutory duties, with a detailed explanation of the working of the present Lunacy Law.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.*

Hospitals for the Insane.

(*Continued from p.* 207.)

Barnwood House.—The retirement of Dr. and Mrs. Needham naturally forms the subject of remark in many parts of this Report, and cordial congratulations are offered to Dr. N. on his appointment to the Lunacy Commission. The recent history and progress of the institution have been so identified with Dr. Needham's name that his resigning its management might seem to threaten a blow to its success; but the worst compliment that could be paid to him would be to assume that he has built up and left the system on such a narrow and personal foundation; and we feel sure that Dr. Soutar will be found to be a competent follower in Dr. Needham's footsteps,

The Committee state that nearly £3,000 is expended in charity, and that no one can be aware, without seeing the books, who are recipients thereof. They further state that no distinction is made between those who are and those who are not paid for. The mental condition, not the amount paid, is the guide to the treatment which the patient receives.

Dr. Soutar says, "The most hopeless cases are as usual those who in the acute stage of illness were treated at home, or placed in private houses." He differentiates between "relieved" and "not improved" in discharging a patient on a consideration of the question whether a seeming improvement is the expression of a sane state of mind or merely the impression produced by corrective surroundings. Might we not add that a slight touch of dementia has a wonderful effect in "improving" cases?

Bethlehem Hospital.—Dr. Percy Smith, who takes accurate notes of matters arising out of the Lunacy Act, 1890, states that one-third of the certified admissions come in on urgency orders. To 96 of the admissions it was necessary to hand the notice of right to a personal interview. Of these 12 availed themselves of the right—none of them with success. The following figures respecting voluntary boarders are of interest. The Commissioners did not order the certification of any of them.

VOLUNTARY BOARDERS.

				M.	F.	T.
Remaining Dec. 31st, 1891						4 9 13
Admitted						18 24 42
Under care in 1892						22 33 55
				M.	F.	T.
Left the Hospital (refusing to remain)				1	1	2
Discharged Recovered				9	13	22
„ Relieved				1	4	5
„ Uncured				1	—	1
Placed under Certificates				4	4	8
Died				—	—	— 16 22 38
Remaining December 31st, 1892 ...						6 11 17

The Lawn, Lincoln.—We are glad to see the appended statement in the Committee's report:—

"The treatment of the patients remains unchanged, moral and intellectual "influence being found more efficacious than medical appliances."

Whilst thoroughly endorsing the great advantage of these influences the Committee see great benefit arise from medical treatment, both general and special, and they are conscious of an improvement in many of the most hopeless cases, more tidiness and less destructiveness, where the surroundings are bright and cheerful. It is with this view that decorations have been carried out, and objects of interest, such as flowers, animals, and more books, have been introduced.

St. Luke's.—No less than 23,706 patients have been admitted

since the opening in 1751. In a table given by the Committee the disposal of these cases is shown, and it is curious to remark that while of the cases deemed curable on admission 45 per cent. have recovered, of those deemed incurable 7 per cent. have also recovered. Prognosis is far from an exact science. We sincerely regret that the vast figures above given have not been turned to public advantage, and that the tables of the Association have not been introduced by Dr. Mickley, upon whom we would press their importance. After all the trouble taken by the Association in preparing these forms, it is regrettable that any institution should fail to make use of them.

St. Andrew's, Northampton.—The sphere of usefulness here is being constantly increased. We are glad to see that this is brought about by purchasing and altering private houses and villas quite as much as by enlarging the parent institution. Size, whether highly decorated or not, may become rather overpowering even to an insane brain. We believe that the greatest advance to be made in the treatment of insanity, whether it be in a county or private asylum or a registered hospital, is in the direction of breaking up masses, and in the substitution of domestic surroundings (where possible) for hard machine-like routine.

When the Commissioners visited the hospital in February, 1891, they made the following entry in the visitors' book:—

> This hospital affords excellent accommodation, but the arrangements are so well adapted to promote the recovery of curable cases that the presence of many incurable and demented in the wards, to the exclusion of those whose mental condition is more hopeful, should not be encouraged.
>
> A large number of the patients are, we fear, now beyond appreciation of the comforts, and even luxuries which surround them, and when it becomes a question between them and those recoverable by such surroundings, the latter appear to us to have the higher claim to the benefit of the charity.

St. Ann's Heath, Virginia Water.—This institution is now nearly full, and though only eight years old is in point of numbers at the head of the registered hospitals. In "recoveries," too, it holds the same proud position of the year. We have always hoped for some workable definition of what a recovery is for purposes of comparison. It is obvious that with a shifting basis for comparison opinion is substituted for fact. Dr. Rees Phillips remarks that cases of general paralysis sometimes if treated in the early stages have sufficiently prolonged lucid intervals as to enable the patient to resume the management of himself and his affairs. "The organic disease still exists, but the mental symptoms have disappeared. Herein will be found the explanation of the recovery of two cases of general paralysis in Table XI."

A large amount of useful material is to be found in Dr. Phillips' report, but some may think that its excellent tone is a little discounted by the inclusion therein of such mundane matters as the admissions, discharges, and deaths among the pigs.

A very important branch of the work at St. Ann's is the reception

and treatment of voluntary boarders. About 30 per cent. of those admitted needed subsequent certification. Though the benefits of the system may be carried too far, there can be no doubt that much good has arisen from the extension of facilities by the Act of 1890.

Wonford House.—It is to be regretted that this institution should feel any doubt as to its finances; but the Committee has to point out that it may be a question whether, unless increased income arises, it will not be necessary to close the seaside house at Dawlish. It has been said that a debit balance, if not necessary, is yet good for the working of any place that depends on public support; but so many instances of success attending success are to be found in kindred institutions that it may be taken for granted that a good bank balance is a help to efficient working. It does seem a matter for reflection that while some hospitals are flourishing, others having exactly the same right of appeal to public generosity should fear the wolf at the door.

York Lunatic Asylum.—Dr. Hitchcock has the complaint so often made by public asylum superintendents that old paralytic cases tend to block up the hospital. He reviews his ten years' work, and claims a recovery-rate for those years of 55·16. As said above, a good recovery-rate is a source of comfort and congratulation; but comparisons with other institutions are—well, let us say, extremely uncertain. So many things have to be considered—luck in having curable cases, a fair percentage of hardy annuals, and so on. But Dr. Hitchcock is quite right in calling attention to the fact that this satisfactory rate has come about with a studied disregard on his part of all direct sedatives. He trusts to liberal diet, exercise, and baths. He uses no sleeping draughts for any cases, and finds that no extra noise at night results. *Tot capita, tot sensus.*

The York Retreat.—Note is made of Dr. Baker's retirement after 18 years' service, and of Dr. Pierce's succession. It is somewhat sad to read in the report of the Committee that there are financial fears and misgivings. This institution, which may in all sincerity plead for help from the public, resting its plea on the enormous advance in the treatment of the insane which has been brought about through its instrumentality in times gone by, finds that charity can be carried too far. The minimum rate is at the present time 14s. per week. But the need of donations is great, and an appeal has already been made for help for this charity.

Aberdeen Royal Asylum.—Further accommodation and extension is in progress here. In taking stock of what is required in this way Dr. Reid urges the necessity of dealing with as many chronic cases as possible *outside* the asylum. He supplies the following texts of fitness for asylum, poorhouse, and boarding-out respectively:—

The cases suitable for wards of poorhouses and for "boarding out" are mostly analogous, but with this distinction, that a patient unfit for any kind of employment, and destitute of any appreciation of liberty, is not a subject to be "boarded

out." All patients who are demented, or are labouring under harmless delusions, and who are cleanly and quiet, and not specially requiring asylum treatment, are regarded as best suited for the poorhouse or to be "boarded out." Patients who are so demented as to require special attention, or who, along with enfeeblement of mind, are subject to exacerbations of excitement or depression, or who are suffering from organic brain disease, or crippled by physical ailments, or whose disorder degrades them and makes their habits disagreeable, are not the subjects to be entrusted to poorhouses, or to the care of persons outside an asylum. Such cases require careful attention, both by day and by night, and this is obtainable only in a properly-equipped asylum.

Crichton Royal Institution.—Dr. Rutherford had two recoveries after 7½ and six years' treatment. He remarks that no case where dementia has not actually set in should be considered absolutely hopeless, to which we would add that oftentimes it is extremely hard to say whether dementia has or has not set in.

I think it right to point out the saving to the parishes in maintenance by the policy pursued during the last ten years of discharging every patient whenever he becomes fit for removal, either by recovery or by becoming harmless and no longer amenable to curative treatment. While, as a private asylum, numerous admissions and large numbers are a sign of prosperity, as the pauper asylum for the district, small numbers resident, and numerous discharges, are the tests of efficiency; for the smaller the numbers the better for the ratepayers. Insanity is a costly item in parochial expenditure, and asylum care is the most expensive.

In looking over the figures of the chartered asylums where large numbers of both pauper and private patients are admitted, one cannot help feeling a little regret that it has not been found possible to separate some of the statistics relative to the two classes. No doubt an enormous amount of trouble would be entailed, perhaps more than results would justify. But, seeing that, although insanity as a definite disease has its basis on physical circumstances common to all classes and ranks, yet circumstances moral, educational, financial, and so forth must have great influence in determining and shaping its course, it might be supposed that in such matters as causation, duration of disease before admission, form of disease, recovery rate, etc., it would be possible to find a suggestive divergence. We are aware that the English Commissioners in their Quinquennial Extra Tables do to a certain extent give some information of this nature, but such comparison as they may afford lacks the benefit of being made by those who have both classes under observation and under one idea of treatment.

Royal Edinburgh Asylum.—As is often the case there is so much to notice in this report that it is impossible to do it full justice here. Dr. Clouston has a happy habit of giving warning and instruction on matters that lie, chiefly as causes, between sanity and insanity to those laymen who have the courage to read asylum reports. If more read and followed up these words of wisdom, more would have the preparation and fore-knowledge wherewith to fight off the first beginnings of mental trouble.

Dr. Clouston cannot complain, as his English colleagues do, of his

asylum being choked up by chronics. His admissions are more than half the average population of the asylum. Of 882 pauper inmates chargeable to Edinburgh parishes, 486 are in Morningside, 299 boarded out, and 97 are in lunatic wards of the poorhouses. Comparing these figures with those for all England, there is great divergence. We believe that boarding out in England hardly exists under the same conditions as obtain in Scotland; but taking the nearest approach, *i.e.*, residence with relatives or others, as an equivalent, we have the following proportions:—

Edinburgh.			All England.		
In Asylum ...	486	per cent. 55·1	per cent. 72·08	53,258	In County and Boro' and Private Asylums & Registered Hospitals
In Poorhouses ...	97	11·0	20·86	16,878	In Workhouses
Boarded out ...	299	33·9	7·06	5,709	With friends & others

Even in London, where there is special machinery for housing chronics and imbeciles, there are still 62·8 per cent. in asylums, 35·6 in workhouses and imbecile district asylums, while the ridiculous proportion of 1·5 represents the number boarded out and residing with friends.

What is there in the Scotch lunatic that allows of his less expensive treatment out of an asylum? One can hardly say that a tendency to dementia is a special characteristic of the country, nor can we say, in the face of the national motto, that a lamb-like acceptance of interference with liberty is likely to be a solution of the question. The truth is that a good deal of the English system of dealing with pauper lunacy wants burning. It is too old, too much tied down by a network of Acts. Scotland suffered long, but had the advantage of fresh ground to build on.

We note that in reference to Mr. Corbet's article on the increase of insanity, Dr. Clouston, in giving battle to him, makes use of a curious argument, viz., that if the undoubted increase in the officially recognized pauper lunatics were due to increased production of lunatics rather than, as we all contend, to increased recognition and greater longevity, a similar increase in private lunatics would be found, which is not the case. We must confess that hitherto we have taken pauper lunacy as the standard and have endeavoured to account for the undoubted proportionate shortness of private lunacy by the official recognition of the latter being circumscribed, unreported residence with relatives and *others* bearing a large proportion. However, it is a point on which many opinions may be held.

Dr. Clouston enumerates three "insanities," popular, legal, and medico-psychological. The definitions of each are excellent. Dr. Clouston says that all are changing in the direction of being more inclusive. Is this quite so with the legal variety, especially that sub-variety, "certifiable" insanity?

In remarking on three cases admitted whose grand-parents were formerly patients of his in the asylum 30 years ago, Dr. Clouston states, as a proposition, that in each succeeding generation where there is strong heredity the disease appears at an earlier age than in the preceding generation.

Glasgow Royal Asylum.—Paupers are slowly but surely being displaced by private patients, it being the intention to ultimately have none of the former. Dr. Yellowlees complains much of the character of the admissions, which were all (except two) of private patients. He has been, in fact, "sweeping in the accumulations of chronic lunacy from this great city, for which no such accommodation was previously obtainable." He says that the result is disastrous as regards the recovery rate. We have so frequently alluded to this in connection with the English asylums that we should not again refer to it here, were it not that as far as we can see this is the only institution where the complaint is made as to private patients in an official report. Not even Dr. Yellowlees can make his tale of bricks without straw. A debased recovery-rate may mean many things; in most cases, however, it means bad material. So, too, an inflated recovery-rate may mean many things, but chiefly good luck in getting cases that will respond to treatment.

An interesting case is noted, that of a woman who, under insane impressions, refused to take food, and was fed by tube for the last three years of her residence of ten and a half years. One day she drank a glass of beer when thirsty, and from that time got rapidly well; but she never could or never would give an explanation of her obstinacy.

A country house at Stirling has been hired for the purpose of giving a change to those patients who can be accommodated there from time to time.

Royal Montrose Asylum.—Dr. Howden has no very great faith in statistics, chiefly because, though they may be right as far as they go, they are so incomplete as not to permit of any accurate deductions being made. But he has made a study of a number of cases of general paralysis. He considers that figures point to debauchery being a prolific factor in the causation of the disease.

Murray's Royal Asylum, Perth.—Change of asylum for the chronic bad patient and for the unsatisfactorily convalescent is insisted on by Dr. Urquhart. He has during the year temporarily exchanged such cases with other asylums. He is of the opinion, which we heartily endorse, that this practice should be instituted as between county asylums in the matter of their paupers. In private practice there can

be no question that a change of surroundings often rescues a patient from chronicity. No doubt a certain amount of trouble and expense would be entailed, but what a lot of expense might be saved if only a small proportion of cases recovered by means thereof. Assuming that what with maintenance and establishment charges a patient costs £26 per annum while in an asylum, every patient who becomes a chronic resident therein becomes an annuitant to that amount. In other words, the authorities have to provide for a yearly payment which, if capitalized on the basis of post office annuities, would be represented by a sum of about £550 for a person 30 years of age. There is undoubtedly money in this. Dr. Urquhart likewise insists on the necessity of fighting against the spread of neurosis by timely education and preparation of the products of neurosis. He laments that so little has been done in this direction.

Fife and Kinross.—Though it had been hoped in former years that the average population would not increase, this hope was not realized in 1892, for the admissions were 13·8 per cent. higher than the average. A building of the hospital character is progressing. Dr. Turnbull notes that the excavations for this, which involved a good deal of heavy cutting through rock, were efficiently carried out by a party of patients.

Inverness.—This, the first report since the death of Dr. Aitken, contains the following extract from Sir Arthur Mitchell's report of March, 1893. We feel sure that the opinions therein expressed will be endorsed by all members of the Association.

> It is recorded with regret that, since the asylum was last visited, Dr. Aitken, the Medical Superintendent, while travelling on the continent, died, after a short illness, on the 11th of September, 1892. He had superintended the asylum since it was opened, and for the long period of thirty years had done his work most faithfully and zealously. He was identified with the whole history of the institution, which had been greatly changed and enlarged while under his care. At the time of his death a further extension of the buildings was under consideration, and he was then devoting his earnest attention to the character which this extension should take. Of late years he had not been in robust health, but, in spite of this, he was constant and unfailing in the performance of his work. He was held in much esteem and respect, and is greatly missed by a large circle of warm friends.

Dr. J. C. Mackenzie, formerly A.M.O. at Morpeth, has taken Dr. Aitken's place, and commences his report by paying a tribute to the memory of his predecessor.

We note that the tables of the Association are not adopted in their entirety. We hope that they may be in future.

Lanark. Kirkland Asylum.—In discussing the question of discharging patients, and the responsibility involved therein, Dr. Campbell Clark says:—"I am free to admit, however, that faith in the patient is sometimes more justified in its results than one would dare to expect." He, however, points out that much depends on after-care, and insists on the necessity for an After-Care Society in Scotland such as exists in London.

There is a very interesting table showing the workings of the asylum for twelve years.

Of 1,486 admissions 633 (42·6 per cent.) recovered; 19·1 were eventually boarded out—about half with friends and half with strangers. Of these 46 have been returned on the hands of the asylum authorities. Similarly 58 were sent to lunatic wards, and of these only eight have been returned.

Midlothian. Rosslynlee Asylum.—We note with regret that no statistical tables are appended to the report.

Roxburgh. Melrose Asylum.—No case of general paralysis occurs among the admissions, nor, indeed, in the asylum at all, the admissions being 68 and the population 236.

The report of the Board states that the charge for paupers is £25 per annum, it having been £29 ten years ago.

(*To be continued.*)

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2. *Retrospect of Criminal Anthropology.*

By Havelock Ellis.

Criminal Anthropology at Chicago and Rome.

At the session of the International Medico-Legal Congress at Chicago last autumn some twenty papers bearing on various aspects of criminal anthropology were brought forward. They were nearly all by Americans, and for the most part have not yet been published. It is announced that they will appear in subsequent issues of the "Medico-Legal Journal." Dr. G. H. Hill dealt with the disposal of the criminal insane; ex-Judge H. M. Somerville with their improved condition in relation to the law; Dr. W. B. Fletcher with the establishment of houses of detention for the alleged insane prior to commitment; Dr. F. C. Hoyt dealt with sexual perversion from the medico-legal standpoint; Dr. F. E. Daniels read a paper advocating the castration of habitual criminals and sexual perverts, a proposal not accepted by subsequent speakers, who advocated hypnotic treatment or isolation; Dr. N. O. B. Wingate dealt with journalistic "suggestion" as a factor in the production of crime, arguing that those persons who sow the seeds of contagion of mental diseases should be treated in the same way as in the case of physical contagion; Mr. G. T. Davidson, a New York lawyer, read a paper on the criminal aspect of suicide, protesting against a recent law in the State of New York which has made attempted suicide a felony, punishable by fine and imprisonment, and pointing out that confinement (unless accompanied by skilful medical treatment) can only intensify the moral misery and physical disturbance of would-be suicides; Dr. E. S.