

is made evident by the subjoined extract from the Commissioners' report :

The staff of attendants is sufficiently strong, and they seem of a respectable class. No fewer than 60 per cent. of the men and 30 per cent. of the women have lived for many years in the asylum service, whilst the number of men under one year's service would be reduced by one half had it not been for the calling out of the Reserves.

Suffolk.—We commend to notice Dr. Whitwell's method of showing statistical facts by chromatic plans. On one sheet the additions, subtractions, and remainders of patients at the end of each year are thus contrasted. A second sheet brings before the eye in a forcible manner a division of patients, union by union, into five classes—acute recoverable cases, those who are chronic but must be detained, those who are chronic but might be treated elsewhere, those who are chronic but whose removal would mean expensive increase in staff, imbeciles and idiots. As Dr. Whitwell remarks, the table shows the population of the asylum in terms of the money value of its elements to the community.

The following pregnant table shows from this year's admissions the tendency of cases to recover or otherwise in relation to the period at which they come under treatment :

Patients who came under treatment before termination of the	Percentage of recoveries.
1st month after inception	90 per cent.
2nd " "	73 "
6th " "	20 "
12th " "	—

The admission of a child of 5 years old suffering from mild imbecility suggests that the ordinary Poor Law arrangements in Suffolk have not attained a very high level of efficiency.

West Riding.—The wages and hours of service are under the consideration of the committees on the representation of the staff.

At *Menston* a new Homestead has been built and taken into use. It accommodates 40 farm patients, with 4 attendants. It is found to be very useful.

At *Wakefield* the Acute Hospital has been opened, and so far has been found to answer its purpose admirably. Stanley Hall has been purchased and adapted for the reception of imbecile and idiot lads suitable for the treatment to be provided there. A specially trained attendant and his wife from the Royal Albert Asylum have been engaged as chief attendant and schoolmistress. Further development of the principle of segregation in this asylum consists of new epileptic blocks and two cottage homes.

Some Scottish District Asylums.

Glasgow, Gartloch.—This report is the last which Dr. Oswald will issue. His translation to Gartnavel, on which we congratulate him, will be dealt with in another part of the JOURNAL. Though it is only the fourth report of the asylum, it tells of a proposed increase of 240 beds

in the shape of separate villa pavilions for chronic cases. Dr. Oswald has carried out the training of attendants to the full, and has added practical and theoretical instruction in sick cookery and massage by competent teachers from Glasgow. We notice, with regret, that several important tables of statistics are omitted. Those dealing with past history (Nos. 2, 3, and 4) do not appear. The admissions were more than 50 *per cent.* of the average residence.

Govan, Hawkhead.—The Visiting Commissioners both speak highly of the work of the hospital section of the asylum, and, indeed, of the whole of it. Mention is made of the efficacy of rest in bed for several days after admission. We are sure that in suitable cases experience will confirm the teachings of Dr. Rayner at Hanwell on this point some years ago. Dr. Watson can show the satisfactory ratio of 48 *per cent.* of admissions, excluding transfers. We find no table showing the form of insanity on admission. This is a regrettable omission. Nearly 20 *per cent.* of the deaths were attributed to general paralysis, which, indeed, formed the prominent factor in causation of death.

Lanark, Hartwood.—We sincerely regret to read in various parts of the report mention of Dr. Campbell Clark's severe indisposition. For some months he was absent on leave, and his duties were taken over by his senior assistant, Dr. Kerr, and performed by him to the expressed satisfaction of the Committee, Commissioners, and Dr. Clark. In this asylum, too, the statistical tables do not include any dealing with the history of the place. We look to these institutions, with so many progressive ideas and practices tending to increase recoveries, to justify evolution by results, and of such results a complete record should be kept from the commencement. For the past year we find, by working out the figures for ourselves, that the recovery ratio is so satisfactory as 55 *per cent.*⁽¹⁾

Lanark and Govan, Kirklands.—There is much truth in the following remarks of Dr. Skeen :

Most of these recoveries have been good—cases which, with fair chances given both by themselves and their surroundings, ought to do perfectly well in the world. Unfortunately there is perhaps nothing so hard in the life of a person who has been confined in an asylum for the insane, especially if for any lengthened period—say over the twelve months—as the going out again into the world. Such a person, unless backed up and assisted by friends, is naturally very diffident; and without friends, and feeling his own position, unable to explain his absence from the world for a lengthened period in a manner satisfactory to a would-be employer (for a residence in an asylum does not as a rule form a recommendation when applying for work), such a person is very apt to become despondent and still more uncertain of himself; and such cases, even if, in fact more so, their insanity has been due to their own misconduct, are apt to fall back.

Of course a beneficial and not uncommon method of giving such help is for the patient to be sent out on trial for a time with an allowance from the asylum.

Roxburgh, etc., Melrose.—Serious overcrowding on the male side is the prominent feature in the report, and it is proposed to build fresh accommodation for 60 men. This is to take the shape of a hospital

similar to that which successfully dealt with the surplus female population. Dr. Carlyle Johnston roundly but very properly tells his committee that "the male patients do not, in fact, receive that consideration, that quality of care and treatment, which their friends and guardians have a right to expect."

(¹) Since the above was written announcement has been made of Dr. Clark's much regretted passing away.

Notes and News.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

The GENERAL MEETING was held in London at the Rooms of the Association, 11, Chandos Street, Cavendish Square, W., on Thursday, November 21st, 1901, at 3 p.m. Dr. Blandford presided.

Present—*Members*: Drs. G. F. Blandford, C. Mercier, H. A. Benham, H. H. Newington, T. B. Hyslop, H. Rayner, H. T. S. Aveline, C. H. Bond, G. S. Elliot, P. W. Macdonald, C. H. Hitchcock, A. Boycott, H. A. Kidd, E. B. Whitcombe, W. D. Moore, S. R. Macphail, D. Fleck, W. Kingdon, H. E. Haynes, A. Turner, J. R. Whitwell, L. French, E. Daunt, W. S. Kay, S. Edgerley, W. C. Sullivan, R. C. Stewart, J. C. Johnstone, E. D. O'Neill, F. O'Mara, C. Clapham, F. Edridge-Green, S. J. Gilfillan, C. Caldecott, F. H. Edwards, H. N. Cappe, G. H. Savage, G. E. Shuttleworth, J. Chambers, T. O. Wood, F. R. P. Taylor, H. G. Hill, H. C. MacBryan, H. N. Kershaw, H. Corner, B. Pierce, R. H. Steen, R. N. Paton, C. T. Ewart, R. Pugh, D. Bower, R. J. Stilwell, W. Rawes, W. Douglas, T. S. Adair, A. Miller, J. Baker, J. B. Spence, and Robert Jones.

Visitors: Sir T. Lauder Brunton, Dr. T. Brunton Blaikie, Messrs. H. Barnell, A. H. Bostock, G. L. Craik, Louis French, Alfred Nutt, J. Danvers Power, W. A. Stansfield, A. Wallace, and Hugh H. Weir.

The HON. SECRETARY read a telegram which he had received from the President, Dr. Oscar Woods, regretting his inability to be present at the meeting.

Dr. MERCIER proposed that, owing to the absence of Dr. Woods, the senior ex-President, Dr. Blandford, be asked to take the chair.

This was seconded by Dr. RAYNER, and carried unanimously.

Apologies for non-attendance were received from Dr. Urquhart, Dr. Lloyd Andriezen, and Dr. Wigglesworth.

The CHAIRMAN said he thought the meeting would agree that the minutes might be taken as read, in order to economise time, as they had already appeared in the JOURNAL. Agreed.

The following candidates were elected as ordinary members:—Barnett, Horatio, M.B., B.C.Cantab., M.R.C.S., L.R.C.P.Lond., Medical Superintendent, Stretton House, Church Stretton, Salop (proposed by Theo. B. Hyslop, Maurice Craig, and W. H. B. Stoddart); Barwell, Francis B., M.R.C.S.Eng., L.R.C.P.Lond., Assistant Medical Officer, Darenth Asylum, Dartford, Kent (proposed by F. R. P. Taylor, E. H. Beresford, and Robert Jones); Cleland, William Lennox, M.B., B.Ch.Edin., Park Side, South Australia (proposed by J. Murray Lindsay, C. Mercier, and A. R. Urquhart); Cooper, K. D., M.R.C.S.Eng., Assistant Medical Officer, The Lawn, Lincoln (proposed by A. P. Russell, H. Hayes Newington, and A. R. Urquhart); French, Louis Alexander, M.R.C.S., L.R.C.P., Bethlem Royal Hospital, Lambeth, London, S.E. (proposed by Theo. B. Hyslop, Maurice Craig, and W. H. B. Stoddart); Harding, William, M.D., M.R.C.P.Lond., Medical Superintendent, Northampton County Asylum, Berry Wood, Northampton (proposed