on the perils of prostitution and of venereal disease. The veteran Fournier is devoting his immense energies in old age to popular propaganda in this direction, and the distinguished medical dramatist, Brieux, has written a famous play, *Les Avariés*, which is as remarkable for its salutary lessons as for its poignant dramatic art. But it is evident that, on the whole, France, though ahead of England on this question, is still far behind Germany, where the principle of instruction in sexual hygiene is not only widely accepted, but is now beginning to be carried out systematically in many great urban and educational centres.

HAVELOCK ELLIS.

Asylum Reports issued in 1907.

Some English County and Borough Asylums.

Carmarthen.—We read with considerable surprise some very trenchant remarks made by the visiting Commissioners in their report. They regret to find that many matters requiring attention have remained neglected for years because of the dispute that rages between the authorities contributing to the asylum. Among these is mentioned the absence of any proper system of drainage. The Commissioners record their opinion that by this neglect of the above and other things the interests of the asylum and the patients suffer to a considerable extent, and that the condition of things is not creditable to those responsible. But far more serious, in our opinion, is the record, "It does not appear from the entries of visits that two or more members of the committee have visited the institution on any one occasion during this year." Some of us think that the best chance of solving lunacy difficulties lies in relaxing some of the cast-iron precision of the lunacy law in favour of increased liberty of experiment and exploitation on local initiative. How this can be conceded when the Commissioners have to whip up committees to carry out the very first essential of their being it is impossible to see. The actual facts, however, suggest that the cast-iron precision of the lunacy law, inconvenient in many important matters, is not of much value where it is particularly wanted. We note that considerable use has been made of electric baths, but no report of the results is given.

Cumberland and Westmorland.—We entirely endorse the following remarks of Dr. Farquharson:

> In the case of patients who have been known at one time to be suicidal, it is always a grave responsibility to decide when to withdraw the special supervision, but the decision has to be made for two reasons; the number of suicidal cases is constantly being added to by fresh admissions, and if this class is allowed to increase in number indefinitely, the special precautions for suicidal cases lose their value; on the other hand, infinite harm may be done to curable cases, and their chances of recovery lessened if the idea that they are the object of constant distrust is kept too prominently before them, and if their personal liberty is too much restricted when improvement has set in. Risks have to be run sooner or later, and our immunity from accidents of this kind for several years is proof that they are not run unduly. Better many recoveries with an occasional accident than few recoveries with even then the possibility of accident.

Derby Borough.—Dr. Macphail finds that out of 660 cases discharged

recovered, 20 *per cent.* were relapses. The average period of relief in the cases readmitted during the year after discharge on recovery was six years and two months. We again express our opinion that it is a pity that this latter average is not more constantly worked out. Obviously in dealing on broad lines with the probable requirements of a district, it must be of value to know that the incidence of a given quantity of fresh insanity probably entails a reappearance after discharge of a proportion at any estimated time. From the scientific point of view, too, some forecast as to the probable amount of respite is necessary. It is a point that might well have received treatment from the Statistical Committee.

Dorset.—The incidence of insanity in this county appears to be at a standstill for the time. The fresh admissions were less in number than in the preceding year. The number of private patients increases, the rate of payment being between 10*s.* 6*d.* and £5 per week.

Glamorgan.—The sad death of Dr. Stewart naturally supplies the first subject of remarks in the reports of both the visiting committee and Dr. Finlay, the latter especially bearing testimony to his deceased friend in well chosen terms. It is fortunate that the Committee could call on yet another officer of over twenty years' tried service to take up the command. We wish Dr. Finlay all success in his heavy responsibility. Here, too, the rate of increase in population seems to be lessened, while the admissions are but three more than in 1905. Glamorgan as a county has 1 insane patient in each 415 of the population, against 1 in 283 for the kingdom. A decrease in alcholic causation is noted. The following figures afford food for reflection:

	Males.	Females.	Total.
General paralytics admitted . .	38	4	42
Venereal disease predisposing . .	1	3	4
,, ,, exciting . .	—	2	2

Hereford.—It was found by Dr. Morison that among the male admissions 29 *per cent.*, and among the females 40 *per cent.*, exhibited cardio-vascular disorder, accompanied in the latter sex by a large proportion of glycosuria or goitre. The latter existed in a third part. The question of ætiology is put aptly:

> Our strenuous endeavour to obtain on admission as complete a history as possible can only be forwarded by the intelligent co-operation of those whose duty it is to obtain facts correctly at the time and place the patient is seen, and where his antecedents are well known. Guardians, relatives, and relieving officers have in this matter a real responsibility to discharge towards the patient sent to the asylum. The complete family and personal history is a *sine quâ non* to the proper treatment of "insanity." Insanity is not a definite disease, it is a mere term; it does not describe the conditions or factors causing the disorder.

In connection with this we note that the Committee refer approvingly to the new registers of the Commissioners and to the Association Tables. Referring to the evidence of Mr. Davy before the Commission on the Feeble-minded Dr. Morison argues, correctly we think, that if unification between asylum and workhouse care of the insane is to lead to one body having the supreme charge, that body should not be the Local Government Board as desired by Mr. Davy, for the reason that the Poor Law entirely lacks the elasticity and enterprise which characterises the evolution of the asylum.

Kesteven.—We note with satisfaction that the committee arrange that in addition to the ordinary meetings two visitors shall attend, not only to inspect patients, but to discharge those who have recovered. It always has seemed to us absurd, if not indeed harsh, that a patient, if he misses the one monthly chance of discharge, should have to wait till another comes round. Why the discretion of discharge that is given to the medical superintendent of every other form of institution should be withheld from the heads of public asylums is not evident. In this direction, as well as in the power of sending patients on trial, even with the power of granting the allowance so often given now, much more elasticity is required.

Lancashire, Prestwich.—Dr. Percival speaks caustically, but not a whit too caustically, about the prevention of insanity by regulating Nature.

> In this, our own county of Lancashire, such attention has been recently strongly in evidence. So much so, indeed, that some members of the special committee appointed to consider the question were prepared to adopt the very strongest measures, such as castrating the males and spaying the females. After a considerable amount of deliberation and discussion by this committee and the medical experts from their various asylums, the difficulties only seemed to get greater, and some members were undoubtedly disappointed that a workable scheme could not be produced forthwith.
>
> Most people, I take it, would be thoroughly in sympathy with any measure or measures that showed a reasonable prospect of success. But this prospect must be definite. There must be no mistake about it. Not before can we expect the people to sanction laws that would place such extraordinary powers in the hands of those deputed to administer them. For instance, the regulation of marriage, that is, the restriction of unions between the unfit. Who shall determine the unfit? Children by unsound parents, whether mentally or physically so, do not always inherit their parents' defects, or suffer from allied diseases. On the other hand, children of sound parents may become afflicted. I am not at all sure that man has been particularly successful where he has taken selection into his own hands. Look at horses, cows, dogs, pigeons, etc. A sound horse seems a difficult thing to obtain, most of the cows are tuberculous, and the dogs, pigeons, etc., seem to have few added merits outside the artificial standard of the show.

He seems to think that Nature is not going to be baulked. She will see to plentiful reproduction, leaving it to elimination of the unfit to put matters right. We in our turn do our best to defeat elimination by succour and protection. We have always thought that one danger of regulating production by selection is that if any bar is put on the legitimate satisfaction of lawful desires among the great mass of the people, then these desires will be satisfied without authority, this occurring the more readily amongst those who come under the ban of unfitness. The offspring of such alliances will have superadded to heredity many of the worst risks of environment.

Leicester and Rutland.—Dr. Stewart anticipates the new statistical scheme in giving the causes of the insanity in those who have recovered. It is remarkable that while in the admissions six males and one female are attributed to alcohol, only one male appears in the recovery. Of course, it does not follow that the seven admissions will have this poor chance of recovery, but it would seem that drink in Leicester does not supply the evanescent attacks of insanity with which it is commonly credited. Writing of the unnecessary sending of senile patients to an asylum, Dr. Stewart instances a case, æt. 80, which was brought because

she bit the nurses in the workhouse. On examination it was found that she had not a tooth in her head.

We have received an elaborate description of the new asylum at Narborough. This is being taken into occupation now. The plans show much evidence of careful thought, and we can see that in many respects the best points in successful asylums have been worked in here. We imagine that, in spite of the outcry in favour of economy, the day of the barrack asylum has gone. Plenty of room and a sunny aspect for all wards are good investments. These are to be found at Narborough, and we congratulate Dr. Stewart on having a first-class institution. The system of heating is by low-pressure steam. For ventilation, the patients' blocks are furnished with the Nuvacuumette system, the radiators being entirely inside the wall with access doors. There are thus no pipes, etc., in the rooms. In the hall the system is the Plenum.

London City.—Dr. Steen expresses his satisfaction with the assumption, for all but statutory purposes, of the title of "mental hospital." We agree with him. The private element is becoming of increased importance, this class of patient nearly equalling the rate-paid. We note that the payment is the same for all—£1 1*s.* per week. The receipts from the relatives are nearly double those received from the rates. As the weekly maintenance rate is about 12*s.*, the excess of 9*s.* would appear to be a very moderate sum to meet extra treatment and rent. Of course, the large number of such patients would enable things to be done with relative economy, but after making all allowances of the kind it would appear that all that a county can be called upon to do for its insane of the lower middle classes can be reasonably well done for one guinea.

London County.

For the first time in their existence the Committee are enabled to report an actual decrease in the number of patients under asylum treatment, there being thirty-seven less on April 1st than on January 1st of 1907. No great weight is attached to this, as it has been found before that a preternaturally large increase has occasionally followed a sensible decrease. The committee think and hope that, as the density of population and the area of the county have their limits, the time is coming when the high-water mark of resident population must be reached, and this must have some effect on the bulk of lunacy to be dealt with. In relation to the alleged increase in occurring insanity, the well-known conclusions to which Mr. Noel Humphreys has come in regard to all England have been applied to the county, where ample means of investigation are available. The results are in favour of the idea that actual increase of the disease as occurring cannot be substantiated, the increase in actual numbers being due to accumulation, a shifting of patients, who would have formerly been at home or elsewhere, into the asylum, and, finally, to an extension of the qualifications for admission thereto. As to the accumulation the evidence seems to be quite conclusive. The first three years and the last three years of the County Council's assumption of responsibility for the asylums were taken, and it was found that if the average rate of increase for the former

had been preserved in the latter 2,083 fewer beds would now be required. This state of matters was not confined to the county's asylums, but was found, though to rather less extent, in the patients taken to the Metropolitan Asylums Board institutions. The accumulation, of course, depends on the recovery and death-rates falling behind the admissions. Another fact in aid is that the mean age of patients at the end of the years for 1891–1894 was 45·8 years, while for 1903–1906 it was 47 years. Yet again it was found that of each 1,000 patients there were found on the average during the same period 271 over 55 years of age in the former and 307 in the latter. From the copious tables furnished it would appear that the opening of Long Grove Asylum would afford almost sufficient room for all the patients for whom the committee is responsible. Accordingly the committee propose to hold its hand in the matter of providing its eleventh asylum.

In view of the probable reporting of the Commission on the Feeble-minded, no further steps have been taken about the proposal to institute receiving houses.

Having found considerable difference between their asylums in amount and details of expenditure, the committee has instituted the plan of preparing each quarter graphic tables showing the variations, which are to be circulated among the medical superintendents. The latter are to take whatever steps may be necessary in regard to differences. This appears to be a most practical idea, which has the merit of defining the powers of those on whom the responsibility is fixed.

The scale of pay for attendants and others has been revised. The new scheme involves the abolition of the £2 good-conduct money. As a similar amount has been added to the wages there is not much to say, but we think that the committee are hardly justified in stating that the whole object of the grant was to provide means for dealing with minor offences. Our impression is that, in most places at least, the idea was to provide means for rewarding continuance of good behaviour solely. It is rather repugnant to the general idea of an attendant's worth that it should be assumed that he would go wrong in small matters.

Before going into details of the various asylums and departments we wish to renew our appreciation of the immense care and earnestness on the part of the committee and its superior officers that is evidenced by this huge report. Perhaps it would not be inappropriate to say that we noted with the greatest satisfaction that during all the recrimination accompanying the last County Council election not a word was uttered, as far as we know, in disparagement of the committee's work, and this notwithstanding the great demands made by the asylum on the ratepayer's pocket.

At *Bexley* the male acute hospital has been finished and brought into operation. One feature is the provision of a large solarium. There are no fences, the only boundary being a planted mound. As usual Dr. Stansfield furnishes an extensive sheet showing the correlation of causes in the admissions, to which we shall make reference again. He treats the principal and associated causes of death much in the same way. It is somewhat astonishing to read that among the male admissions syphilis was a principal factor in 37 *per cent.*, while in the females it appeared in 11 *per cent.* The general paralytics formed 13·6 *per cent.* of the male

and 2·1 *per cent.* of the female admissions. Evidence of syphilis was afforded in 91·8 *per cent.* of the males and 66·6 *per cent.* of the females admitted.

Claybury.—Dr. Robert Jones reports that a female patient, described on admission to be suicidal and under electrical delusions, was ordered by the Commissioners to be discharged after eighteen days of detention, the certificate not being considered to contain facts indicating insanity warranting detention. No more was heard of her. He points out that in his admissions the male clerks and persons of no occupation formed a disproportionately large part. On reference we find that this is the case in most of the other London asylums. In both the county average is much in excess of the ratios last published by the commissioners for the whole kingdom. The assignment of heredity was found to be justified in a high ratio, while alcohol appears in 29 *per cent.* of the histories.

Colney Hatch.—Dr. Seward mentions a heavy epidemic of colitis, sixty-eight patients being attacked, with a mortality of 27 *per cent.* He adverts to a veritable plague of flies which arrived and was prevalent during the two months of the greatest severity of the dysentery. There was a large collection of town refuse not far from the asylum grounds, and as the flies suddenly disappeared when the cold weather came on, the colitis subsiding at the same time, and as the disease was spread very widely over the wards he had a suspicion that the flies helped to disseminate the disease.

Hanwell.—Nearly 20 *per cent.* of the admissions were admittedly heavy drinkers. We assume that this way of putting the matter, which is practical, excludes the cases where drinking was an accidental or a symptomatic occurrence. If all returns of alcoholic causation were differentiated on this basis they would assume real value. There was a family history of drink in about 16 *per cent.* Syphilis was found in 44 *per cent.* of the male general paralytics, and in four out of the five female patients suffering from the same disease.

Horton.—After an interval of four months, during which Dr. Stansfield took charge temporarily, Dr. Lord entered into supreme command of this asylum, and we wish him all success. We recognise in his report yet another useful channel for the dissemination of valuable observations on the scientific facts which must pass before the eyes of the superintendent of a large institution. He maintains that the married people among the patients have much the best of matters. Fewer, in comparison with the population, stated according to the civil state, were admitted, while of those admitted the married were discharged recovered in the ratio of 22 *per cent.* as against 12 of the single. The similar proportion for all the London asylums was 34 and 27 respectively. We incline to think that Dr. Lord is right in the way he views the questions raised by increasing brain degeneracy:

> I cannot range myself with those who take up an extreme alarmist's view regarding the stated increase in lunacy; yet statistics show the situation to be one which calls for serious consideration. It should be remembered that insanity is not the only waste product of the social machine; there are others which complicate the problem, such as criminality, chronic alcoholism, epilepsy, vagrancy, etc. These have not given rise to such drastic proposals as in the case of the insane. As regards the latter, various remedies have been advocated to prevent

contamination of future generations; some crude, and morally bad, such as the lethal chamber; others more humane, like sterilisation, and segregation in colonies. All states of degeneracy are so much allied that a remedy which deals with one and not with all is of only partial benefit. The proliferation of degeneracy in its widest sense calls for some preventative measures. But it is practicable; and, if successfully undertaken, would the problem be solved? I am not too sanguine, though I should be sorry to discourage efforts in this direction. The real fault lies with the social machine generally, and, although by-products are always to be expected, yet much could be done by hygienic and educational reform.

We note that he, in common with Dr. Stansfield, regards general paralysis as an ætiological factor of insanity, and each returns a proportion of cases as having this relation. From time to time we have dissented strongly from this position, and we see no reason why we should alter our opinion on the point. There is this difference between them. Dr. Stansfield states the factor as general paralysis of the insane, while Dr. Lord uses the definition of "the lesion of general paralysis." We cannot see how a *paulo post futurum* symptom can under any name become a cause. If, on the other hand, general paralysis is regarded for this purpose as a symptom-entity, the cause and the disease caused are one and the same thing. If, once again, Dr. Lord's rendering is intended by both, why should we not talk of the cause of mania being the lesion of mania? We know no more of the exact lesion ætiologically of mania than we do of that of general paralysis. In any case the assignment of a lesion as a cause must commit one both scientifically and practically to an attempt to assign the cause of the lesion itself. We think that perhaps it might be defensible to assign the actual existence of paralysis as an associated factor if we could define and name a disease, having a morbid psychology of its own, which could be demonstrated to occur with or without paralysis. But then this, if it were possible, would be doing away with the one entity that promises some day to be capable of a reasonable pathology, and which might possibly in its evolution give the line to a reasonable pathology of other forms of insanity.

Epileptic Colony.—Dr. Bond makes his last report before taking his departure to Long Grove. We beg to heartily congratulate him on his preferment.

The following weighty words support the remarks of Dr. Lord already quoted:

Among the epileptic cases admitted, a family history of insanity was ascertained in 21 *per cent.* of epilepsy and alcoholism each in 26 *per cent.*, and a history of personal alcoholic excess in 16 *per cent.* But every occasion which affords an opportunity of obtaining a family history of any given case with any satisfactory degree of completeness impresses me the more with the pre-eminent importance of a faulty heredity. The truth of this is being more and more recognised, and in its light, with the laudable aim of prophylaxis, the desirability of legislative measures is from time to time urged. While to some extent in sympathy with them, a warning seems to me necessary that the advocates of such measures, should they succeed in obtaining them, may then find their cherished panacea much less effective than anticipated. Our clinical records, for instance, show either that a considerable proportion of the cases, both of insanity and epilepsy, rightly judged to be the offspring of a faulty stock, were born before the appearance of the diseases in the relative, or that an intervening generation of immunity had occurred and rendered the known warning note too faint to be practically effective, even upon the ear of a public educated upon these matters. Moreover, I believe that the *rôle* of heredity in filling our asylums is not limited only to the neuroses

but that, for instance, it largely accounts for the arterio-sclerosis occurring in early life, to the importance of which, as an associated bodily condition in some cases of insanity, I have alluded in previous reports.

Speaking of the question of recovery, Dr. Bond shows that out of the ten cases thus discharged four were well mentally, the fits continuing; in one the existence at any time of epilepsy was doubtful, in three the epilepsy and insanity depended on alcohol, and the reality of their recovery will depend on their abstinence. In the other two the epilepsy recurred at long intervals, bringing the insanity with it. Therefore relapse is to be looked for. He cannot, therefore, speak with optimism on the curative *rôle* played by the colony, though he insists on the large amount of alleviation worked by its ministrations.

Pathological Laboratory.—Dr. Mott deals at some length with both the dysentery and the tuberculosis questions. With regard to the latter, he is still of the opinion that in only relatively few cases is the disease acquired in the asylum. A large amount of obsolescent disease was found, in fact the average yearly percentage of cases showing obsolescent without active tubercle was 36·3 in the males and 31·2 in the females. These were found among all classes of insanity, but while in general paralytics and most chronic forms the mischief was limited, in dementia præcox, imbecility, epileptic imbecility, the tuberculous lesions were generalised and extensive. In about 13 *per cent.* of the cases a tubercular heredity of some sort was established. *Post-mortem* examinations were held in 1,415 cases in the county asylums during the year, and in 175 cases thus examined tuberculosis had been diagnosed *ante mortem*. The diagnosis was confirmed in 149, and the other 26 cases showed only obsolescent or no tubercular lesion. On the other hand, in 39 cases unsuspected and active tubercle came to light.

With regard to dysentery, Dr. Mott reports a marked increase over preceding years. The same applied to diarrhœa, and Dr. Mott insists from his observations that the only hope of eradicating the former disease is to treat and isolate the latter with the same rigour as dysentery receives. The contention of Ford Robertson and Macrae that the *Bacillus paralyticans* exists is not supported by the work done at Claybury Laboratory.

The Metropolitan Asylums Board Asylums.—The portion of the Board's report which deals with imbecility contains as usual much that is of interest. We learn from the Committee's report that success has attended the experiment of allowing female members of the staff to sleep away from the asylum. It has benefited the officers themselves, in that it enables them to get quite away from their depressing environment, and it has saved the provision of extra staff room. The Committee refer with deep regret to the death of Dr. J. R. Hill, one of our own members, who for many years had rendered it invaluable aid in asylum matters. A very useful department of the Report is that which deals with Defective Children (Appendix V). Miss Turner, the Medical Officer who visits and reports on the many homes for such children scattered in or near London, evidently takes much pains to forward amelioration by the now recognised methods of discipline and training. She, like others, has difficulties to overcome in carrying out wholesome treatment to a sufficiently prolonged extent.

The second boy could not be sent, as his parents wished his return, and he was therefore discharged to them. This, I think, is a matter for much regret, for although the boy was so much improved that I thought it highly undesirable that he should remain longer with children who are deficient, yet, on the other hand, I equally did not desire that he should return to his home, where he is sure to find those influences still at work which had helped to cause his defect. A course of strict discipline was, in my opinion, necessary in order that he should remain permanently at the level of mental improvement at which I found him in June; still more necessary was it if he was to attain the fullest mental development of which he was capable.

A typical family history.—It will be interesting to follow his case in the future, and see whether his mental condition improves or deteriorates. Personally, I am strongly of opinion that deterioration will take place, his being a typical case of bad family history. The family history is as follows; *Father* had phthisis and was insane; *paternal grandfather* died of phthisis; *paternal grandmother* is in an asylum with mania and religious fancies; *mother* was laid up for four months before the boy's birth with spasmodic paralysis, and afterwards lost the use of her legs for some months; *maternal grandmother* died of consumption; ten *brothers and sisters* (nine living) have all, with one exception, suffered from some nervous trouble. To give particulars of the last in order of age: No. 1 (brother) is strong. No. 2 (sister) had meningitis, and for the last few years has had fits, evidently of an epileptic character. She also suffers from frequent swellings of the knee-joint, which are probably tubercular in origin. No. 3 (brother) suffered as a child from severe headaches. No. 4 (brother) had a severe nervous illness, nature unknown. No. 5 (brother) had meningitis, and is paralysed. He is mentally dull, and at seventeen years of age could not spell "cat." No. 6 (the boy whose history is in question) has had chorea. No. 7 (sister) has had meningitis, is very irritable, and subject to headaches. No. 8 (sister) had paralysis, and was for two months in a hospital for nervous diseases. No. 10 (brother, who died) was paralysed in the legs.

This is one of those cases which suggest most forcibly the advisability of having the control of children of this mental condition for a fairly long period.

In a sense the department supervised by Miss Turner is unique. It is only a huge area like the one now under report that can arrange to deal with a whole class of children who are between the normal and the imbecile, or, in other words, between their own homes and Tooting-Bec or Darenth. Every district has such children, but few have them in numbers sufficient to justify systematic handling. The work that has been carried on so far in London justified the opening in 1906 of a Colony at Witham for feeble-minded boys. Miss Turner speaks cautiously of the good that it has already done. It is evident, she says, that very considerable classification will be required. Mentally, trade instruction is found to be efficacious, but needs careful organisation. She places much value on proper physical exercise, drills, etc. "It is very important for a variety of reasons that these boys should be worked as hard as possible." They seem to be very apt in drill. Musical instruction, leading to the provision of a band, is much desired since it tends to brighten the home side of life. On the moral aspect Miss Turner is somewhat unhappy, and this cannot be a source of wonder. She, knowing the tendencies, thinks that they are best kept in check by the good influence exerted by women in small homes. If the boys are to be taken from such homes into the larger institution it is absolutely imperative that the staff should be ample enough to keep up the closest supervision. At Brentwood there is a similar colony for girls. This seems to be of a more satisfactory type, consisting as it does of a group of small cottages, thus enabling the pupils to have the benefit of more

intimate personal control combined with the advantages of aggregation for teaching, recreation, etc. In both sexes Miss Turner finds a necessity for a well-regulated form of instruction in ordinary scholastic subjects, this, of course, being such as tends to exercise the brain rather than to impart special knowledge.

In his report of Tooting Bec, Dr. Beresford gives a useful table showing various heredities in his admissions to the children's part. Of 156 cases 62 had no such history, 41 had no known history, while 32, 14, 0 and 7 had heredities of insanity, phthisis, syphilis and alcohol respectively. In 7 cases the labour at their birth was returned as abnormal.

At Leavesden the efforts to seclude and neutralise the dangers of tubercular infection, to which we drew attention some years back, have been attended with considerable success. The death-rate calculated on average residence has dropped from 5·46 *per cent.* in 1902 to 2·24 *per cent.* in 1906.

At Caterham Dr. Campbell utters a strong protest against the want of facilities for proper nursing and care of the increasingly unsatisfactory admissions. This seems to arise from the wards, which were originally designed for one class of quiet imbeciles, having been gradually taken over for quite another class.

At Darenth Dr. Rotherham makes the same complaint as Miss Turner does about the removal of unfit patients. He says with regret that seventeen patients between the ages of five and twenty-three were discharged to the care of their friends by the order of the guardians, and in no instance was the patient fit in his opinion to be discharged from the asylum. Training in trades is made a great interest here, with good mental and financial results.

The statistics of all the asylums singly and summarised are worked out in a thoroughly conscientious manner, of course on the old system of the Association. It is to be hoped that similar treatment will be accorded to the new tables. One cannot help feeling that with all the immense care and labour, both in principle and detail, bestowed by the two bodies principally entrusted with the mass of London's insanity and mental want, great results would follow a cordial collaboration in exploiting in combination the immense masses of information tabulated. Separately the figures of neither class of institution represent the whole field of mental disease; together they supply materials for scientific inquiry which can hardly be equalled anywhere in the world. We might go further and say that the labour, of the Metropolitan Asylums Board in connection with the broad zone that lies between the normal and the abnormal have materially extended the scope of inquiry. The will to do the best work is evident; cannot the way to correlation be found?

Monmouth.—The figures about general paralysis at this asylum are very striking. It is not so long ago that this disease was comparatively rare in that part of the world. Now we find that of 336 admissions (less 164 transfers to the asylum) there were fifteen cases. Of these seven were females. This is all the more remarkable as it occurs after the withdrawal of the large urban population of Newport. Alcohol and syphilis were assigned as causes in very few instances.

Salop.—This report adverts to a matter in which the law might be well altered with good effect. The authority wished to combine with several others to lease Sandwell Hal lfor the purpose of an asylum for idiot and imbecile children. The Commissioners were compelled to say that this was *ultra vires*. It is said sometimes that the propinquity of an asylum has an injurious effect on the price of land. From the report it appears that the Committee had to give almost £180 per acre for an estate of 104 acres, with house, etc. This is pretty well for land two miles and more from a town that is not the largest in the country. The price for the land only without the house and appurtenances would have been double.

Somerset, Cotford.—To Dr. Aveline belongs the distinction of being the very first of county asylum superintendents to publish his annual statistics in the new form adopted by the Association. The scheme has come in for much criticism during the pre-experimental stage. No doubt further criticism will be bestowed on its appearance in concrete form, and we feel that it would be too early to attempt to review the results thoroughly from only one example. But a few ideas strike one. Accustomed as we are to looking over for the purposes of review many reports each year, we must say that the tables are somewhat bewildering at first. The amount of information is immense, and the re-arrangement in different form makes it difficult to find the usual particulars. But a little patience gets over such troubles, and then a certain amount of purpose is found to be behind the change. Just the same feelings existed in the 80's, we remember, when the last set was devised, though, of course, the bulk was then much less. They have been lived down, and we suppose that the same happy end will come again. The mere expense of putting all the matter into print must be considerable, but we do not think that it would in any case be found really an appreciable addition to the ordinary disbursements. Leaving general principles for the present and turning to the individual tables, the first one that calls for special notice is the one dealing with occupations in direct admissions, giving the ages at the commencement of the disease in the first-attack cases. We see that out of 6 domestic female servants 5 fell ill between thirty-five and forty-five. If such a fact as that should prove to be according to general experience, something fresh will be gained for the study of social conditions. The ætiological table (on admission) is certainly an improvement, as it allows minor influences to be stated with something like a valuation of circumstances attaching to the onset of an attack. But its principal use from the asylum point of view will be in relation to the table in which the admission ætiology is applied to the recoveries. In relation to alcohol the experience at Cotford is very different to that at Leicester as mentioned above. The recoveries are 14 as against 16 admissions. It was assigned far more frequently as a contributory than as a principal cause. The influence of heredity is especially notable. Of the 115 direct admissions 49 had this assigned against them as principals (congenital 2, first attack 30, and not first attacks 17). Of the 62 recoveries of all kinds 35 had the taint. Here again will be found information of the first value—information that took Thurnam many weary years to collect. The 49 cases having heredity are analysed as follows: Having

paternal taint without maternal 22, maternal without paternal 16. In both classes some, but not universal, fraternal taint was found. In the remaining 11 cases fraternal taint without discovered parental taint was found. The death tables allow of contributory circumstances being enumerated for the first time.

We commend to all asylum officials a study of Dr. Aveline's figures, feeling sure that this will reconcile those who may be alarmed by the apparent magnitude of the task involved in using the new scheme. Dr. Aveline himself does not make any remark as to the increase of labour in compiling his figures.

East Sussex.—Dr. Taylor reports that he found heredity to be by far the most common element in the ætiology of the admissions, no less than 47 *per cent.* of the males and 52 *per cent.* of the females having the taint. This large proportion is probably as much due to diligence in search as to actual excess over other districts. History could only be obtained in 4 out of 11 male general paralytics, but in each of these there was evidence of pre-existent syphilis. A death occurred from typhoid, the occurrence of which was quite inexplicable. The patient had seen no friends for a long time, had had no parcels, the milk and water were found to be perfect, and there was no other case before or after. Such events bring much worry to those who don't deserve it.

Wiltshire.—Dr. Bowes, in expressing a hope that the view that insanity is a disease requiring special treatment will grow stronger on the public mind, writes:

An adequate and efficient staff has led to more personal care and supervision, with the result that restraint and seclusion, which were necessarily freely resorted to in former years, have of late almost been abolished.

The following figures show the difference in the mode of treatment, with the results accruing from the change.

Years.	Average No. of patients.	Proportion of attendants to patients.	Restrained.	Secluded.	Escapes.	Inquests.
1881 to 1886	620·4	1 to 13	48	258	13	14
1901 to 1906	963·7	1 to 9·4	16	20	8	1

We think that he might have fairly fortified this evidence by a refererence to the medical results of treatment. For the same periods, as we find on reference to Table III, the recovery rates were 31·7 and 34·5 respectively, the percentages of death on average residence being 10·8 and 8.

This county appears to have been more than usually successful in persuading boards of guardians to take back to the workhouse patients who are considered fit for residence there. Twenty-two were thus discharged, relieving the overfull asylum.

Yorkshire, West Riding, Wakefield.—The aperient treatment of patients in anticipation of colitis seems to be highly successful in keeping this scourge at bay, the incidence being shown by a table to have decreased in a remarkable manner. Dr. Bevan Lewis gives a table showing the results of work in the Electro-therapeutic Department.

Form of insanity.	Number of cases.	Recovered.	Relieved.	No effect.
Sinusoidal baths.				
Acute mania	7	4	2	1
Dementia præcox	3	—	2	1
Systematised delusional insanity	6	—	4	2
Exhaustion psychosis	3	3	—	—
Acute melancholia	8	4	2	2
Chronic melancholia	1	—	1	—
Stupor	7	5	1	1
Static baths.				
Exhaustion psychosis	1	1	—	—
Acute melancholia	1	—	1	—
Dementia præcox	1	—	1	—
Stupor	3	2	1	—

The results, as far as regards stupor, are most satisfactory. We presume that by the term is meant the heavier form allied to the so-called acute dementia. In comparing this table with the section of Table XI which deals with the form of insanity in those who recovered, we are much struck by the large number of recoveries that have taken place in forms that usually yield but poor returns. We imagine that Dr. Lewis does not read into the titles of the term "dementia" that amount of hopeless degradation that occurs to many in connection with it. We have always felt that sufficient provision in classification has not been made for the state not infrequently seen in which the intellect becomes clouded either as a passing episode in an attack of insanity, or as an independent manifestation of temporary loss of function—a state that might not unfairly be termed "benign dementia." Dr. Bevan Lewis speaks in high terms of the beneficial work done at Stanley Hall in training weak-minded and imbecile boys. Steps have been taken to found a similar institution for girls.

Some English Registered Hospitals.

Barnwood.—Here the admissions as between the sexes have differed immensely in number. The males have numbered 14 only, while the females were 30. In addition, too, the prognosis varied much. In the former only one, an alcoholic, presented any probability of recovery, while at least half of the other sex have either recovered or have a good chance of recovery. Dr. Soutar makes the following remarks on these facts:

> It is generally recognised that women recover in larger proportion than men do from mental disorders. This report is not the place to discuss the explanations given for that fact, but it may be mentioned that we have found in recent years that insanity amongst the male patients from forty years of age upwards has, in an increasing number of cases, been associated with ascertainable arterial degeneration. These early "senile changes" are still comparatively rare amongst the women. In the case of most of the men alcohol or syphilis may be excluded as a condition precedent to the arterial changes, but we find them amongst those who have struggled and striven, often successfully and with little relaxation, in arduous mental work. In other cases it would seem as if excessive devotion to athletic exercises, carried on beyond the elastic years of youth, led, in those predisposed, to old age arteries in middle-aged men.

Oxford, The Warneford.—Here, too, there is a notable falling off in the male admissions, while the female side has been overflowing. Dr. Neil makes the subjoined remarks about the dealing with "incurable" cases in registered hospitals. This is an old and burning question. No doubt, if it can be proved that the original intention of the founders of an institution was that it should be used more for the cure than the care of insane people, it is right that the incurable should be turned out to take their chance of admission elsewhere. It has to be remembered that such cases, if troublesome, always have an extra difficulty in finding a new home, while none need more the protection of an institution than they do. We think, too, that even in the absence of any proof of original design a committee may well consider that it has a large duty towards the curable, and seek to make room for them as far as possible. But, if such a principle must be pushed to the prejudice of some who might profitably remain, then logic would suggest that it should be applied indifferently to all after a given period of treatment, as is the case at Bethlehem. We know that some selection must be made in relation to payments, so that the less affluent should derive benefit from the surplus paid by the better-off. Beyond that, selection should in our opinion not favour the amenable at the expense of the troublesome, who, as said above, have as much if not more claim on benevolence.

A number of transfers from other care have always appeared in our yearly admission lists, although for 1906 they are fewer than usual. The reasons for the transfers are generally of a pecuniary nature, and few of the patients have much prospect of recovery. One of our transferred patients during the past year was a lady whose friends, to their great distress, had received an unexpected notice from the registered hospital where she was being treated that she must be removed as "incurable." They applied at another hospital, and on stating that the case was a troublesome and unfavourable one were told that her admission was "impossible." They then made application here, and the patient was admitted at a lower charge than they had been previously paying. The case proved to be an exceptionally difficult and trying one, and for a time taxed our nursing resources to the utmost. Some improvement has lately appeared, and the treatment is now easier, but the lady will probably not recover completely. I quote this case as an example of the advantages offered by this hospital to patients of the educated classes whose means are limited.

Exeter, Wonford.—This institution is full to overflowing. This may be partly accounted for by the remarkable fact that with an average residence of 131 there was only one death. This speaks well for the equable moral atmosphere pervading the hospital. Nevertheless, there were 26 admissions, of whom only 8 could be regarded as probably curable. Dr. Deas thinks that, speaking broadly, his belief is that physical causes exceed to a considerable extent the mental, and that in many cases the *modus operandi* is of a toxic nature. We are glad to note that financially the last year was unprecedentedly successful. A year or two like this are wanted to confirm the financial ease for which the Committee and Dr. Deas have strenuously fought for years past.

York, The Retreat. — Dr. Pierce has shown the way among the hospitals in first producing his statistics in the new shape, and we think that he and Dr. Mackenzie are to be therefore congratulated. The numbers are small, but the work must have been large. We do not propose to do more than make a casual remark or two on them. We

note that all the alcohol cases are entered under the "principal factor" column. It is a great gain that such cases can be argued about with certainty. We note that here all the heredity is treated as "contributory," whereas at Cotford it is treated in the contrary way. The rights of the matter would form a fine subject for debate.

The same remark applies to the causation by mental stress. Here perhaps the difference in social position may account to some extent for the variation in views. We do not find any return of the original causation in the twenty recoveries. This will always be of cardinal importance. We note in the very useful table giving the forms of insanity in the residue, that in the total of 169 residents on December 31st there are no less than twenty-eight cases of primary dementia. Under that fact must lie some principle of definition that is not usual. We remember that when the new nomenclature was published, some felt doubts as to the precise meaning to be attached to the term.

Dr. Pierce makes the bold, though not unwarranted, suggestion that the principle of detaining recent and curable cases under modified certification in private houses should be extended to treatment of them in institutions. Thus the stigma of definite certification and declaration would be held over for the time until failure of cure had been demonstrated. He had a case in which certification served *ipso facto* to lose the patient his business position. We very much doubt whether any such proposition would receive consideration, although Dr. Pierce contemplates magisterial inspection of each case.

Some Scottish District Asylums.

Aberdeen, Kingseat.—This being the only asylum report at present dealing with an absolutely discrete system of accommodation, the record of a second year's progress must be of much interest. That record is certainly satisfactory. The ratio of recoveries is high, well above average indeed; the death-rate is normal; there has been the average amount of accidents. The patients are reported by the Commissioners on each occasion to be comfortable and free from excitement, and the weekly maintenance rate is quite reasonable. These are the points by which the scheme and management must be judged. No doubt there must be much advantage in breaking up population into items that can be treated with varying liberality. We note that 80 men and 79 women, a total of 159 out of 412 patients, are on parole. This large ratio no doubt is to some extent rendered possible by the segregation of the asylum itself. Some plates supplied in the report suggest miles of open country round the institution.

Glasgow, Gartloch.—Dr. Parker deplores the character of the majority of his admissions; 66 *per cent.* of these were ill over a year, were congenital imbeciles, or had been previously ill. Of course this high proportion would be expected after Dr. Carswell had paid his attentions to the bulk of fresh insanity in the district. As Dr. Parker points out, these attentions must have some effect on the number of patients admitted into asylums and thereby vitiate the calculations of the Commissioners when they seek to estimate by admissions the yearly incidence of the disease. It is claimed and admitted that several short cases that

would formerly have come under the notice of the Commissioners are not now returned to them. A table put forward by Dr. Parker shows how the proportions respectively of young, middle-aged, and senile cases have gradually shifted since 1898. The first named are now 32 *per cent.* of the admissions, tending on the whole, though not markedly towards increase. The centre group, thirty to fifty years of age, however, have decreased by regular stages almost from 60 to 36 *per cent.*, while those over fifty have increased from 14 to 31 *per cent.* He suggests that boarding out might be increased in efficiency if those subjected to it could be grouped, so as to be within easy supervision of some individual inspector—a medical man for choice. The influence of parental inebriety on the production of insanity in offspring is becoming an accepted fact in spite of some disinclination to accept any evidence as conclusive on any point connected with ætiology. The figures given by Dr. Parker again this year are striking enough to be reproduced here. In 112 cases with a definite history, parental alcoholism was established in 70 and excluded in 42. Of the same 112 cases 49 commenced before the age of twenty-six, and in these there was parental alcoholism in 41, or 83 *per cent.*, while in the other 63 the percentage was 46 only.

Govan, Hawkhead.—Govan has followed the lead of Glasgow in establishing observation wards apart from the asylum itself. Therefore not only are the admissions into Hawkhead reduced by straining off several mild and evanescent cases which get well inside of six weeks, but the ratio of recoveries is naturally reduced. In spite of that the latter is quite respectable. The chief item of interest must be Dr. Watson's new system of ætiological record, to which we adverted last year. In spite of his further remarks in this year's report, we still think that we are correct in holding that the public has a right to expect an expression of opinion on the causation of insanity from those to whom it gives the best chance of forming that opinion. Dr. Watson says that ætiology ought to be regarded as in the collecting stage. So it may be, but how long is collection to go on? For ever? If not for ever why should not a man with the experience of many years digest and use his own collection of facts. If, on the contrary, this process is to be perennial—*medicus expectat dum fluviet amnis*—surely time and opportunity are being wasted. Particularly in regard to the effects of alcohol on the human race Dr. Watson is very averse to anyone giving an opinion. Of course some men may be of a slovenly way of thinking, but there are others whose logic is unassailable, and some of these may claim to found a logical opinion on long and trained observation of facts. He himself has made use of experience in classifying three males and two females under the head of alcoholic. We presume that a careful weighing up of known facts has enabled him to state positively that these cases have fallen victims to the toxine. Why may not others be equally positive? The same arguments may be applied to the use by him of the term "puerperal insanity." If no attempt is to be made as yet to assign definite causes, classification needs revision. But whatever argument or difference of opinion may arise over these questions we shall always think that Dr. Watson has done a great thing in producing his valuable collection of facts, in the form devised by himself.

Inverness.—Dr. Campbell shows that the average number of admissions for the last ten years exceeds the number actually admitted in the year under record. He thinks, therefore, that there has been no increase of insanity of late years in the district. It is curious to read as a possible explanation that the public is more tolerant of insanity than formerly, the obverse being one of the stock allegations made in the south for the purpose of discounting a very obvious increase in totals. Yet it may be true in a neighbourhood like that of this asylum, where boarding out is practised to a large extent.

In dealing with the high ratio (34 *per cent.*) of readmissions, Dr. Campbell points out that this depends in great measure on the strong efforts that have been made to relieve the asylum of cases entitled to have a trial of outside life. Some of these must inevitably be failures in course of time, but in respect not only of them, but also of those who still remain boarded out, credit has to be taken for the relief produced by their absence. He also points out that such a high rate is the best proof of determined attempts to weed out cases not requiring asylum control. In considering the influence of alcohol in particular cases, he frequently finds that when an abstemious man becomes mentally indisposed he takes a little alcohol under the belief that it will help him to do his work, and then of course the progress of events is hurried on. It is proposed to remodel a house on the asylum estate, on which being done forty-eight beds will be added at the rate of £40 each. We note that a second assistant medical officer has been appointed—not before time, seeing that there are nearly 700 patients.

Roxburgh District.—Now that the accommodation has been so much increased arrangements have been made for taking private cases at £40 from the district and £45 from outside. Dr. Johnstone makes an energetic protest against the asylum being made use of by the law.

> A woman, charged with the wilful murder of her two infant children by drowning them in the Tweed, was sent to the Asylum under the 15th Section of the Act 25 and 26 Vict., cap. 51. Twelve days later she was removed to Edinburgh Prison by order of the Sheriff. At her trial she pleaded guilty to culpable homicide, and was sentenced to six months' imprisonment. No opinion is expressed here as to the regularity of the legal procedure followed in this case; but a protest must be raised against what appears to be a growing tendency to make use of asylums as convenient houses of detention for dangerous criminals. The modern asylum is essentially a hospital; its arrangements are not designed to meet the requirements of a gaol, and, in so far as its conditions are made to resemble those of a prison, its efficiency as a hospital must suffer. It is most unfair that respectable members of the community sent to the institution for medical treatment should be forced into association with malefactors and murderers, and the presence of such persons in the wards is keenly resented by the patients.

A comment we may add is that sentence of six months' imprisonment for two murders seems to be so inappropriate that some idea of irresponsibility on the part of the offender must have been in the mind of the judge. The peculiar grievance that is felt by district asylums in regard to the absence of any power for the granting of pensions is discussed at some length, and we consider that Dr. Johnson has put the arguments for such power being given in a particularly clear and convincing manner. Perhaps if the Scottish officials keep on pressing the matter on their members, they may in the end get a compulsory instead of a permissive scheme such as England has to put up with.

Lanark District.—After seven years of constant moaning and lamentation, kept up to the annoyance of all around, a female patient suddenly got quite well, and has kept so. She is so grateful for her treatment that she wishes to devote the remainder of her life to nursing mental patients. If we remember right it was in regard to the statistics of this asylum that several years ago, in the time of Dr. Campbell Clarke, we first raised objection to general paralysis being assigned as a cause of insanity. We should not wish to add anything to what we have said on this matter on a former page had not we seen another table supplied by Dr. Kerr. This shows the bodily condition on admission of the patients admitted. Under the head of the nervous system there are two patients returned suffering from this disease. We find, however, that in the cause and the form of mental disease tables, five cases are entered. This increases the difficulty we find in ascertaining the principles on which general practice is departed from.

Stirling District.—Dr. Robertson points out that his admission ratio for last year is exactly the average for the last eight years. As the total population of the district supplying the asylum has probably increased by 40,000, his belief that the volume of occurring insanity is gradually decreasing receives support. He thinks that this might be expected. Insanity is a symptom of physical disease, and he is of the opinion that with the increase in physical improvement insanity must be expected to lessen. He considers, too, that the amount of so-called alcoholic insanity in a district can be taken not so much as a measure of alcoholic excess as a test of the amount of degeneracy. In mentioning the rapid decrease in the tuberculosis ratio, he states that systematic spraying with formalin solution of the whole interior surface of the asylum is practised. Dr. Robertson sets great store by having in charge of all the departments, male and female, an educated and trained assistant matron. The staff on the male side is composed of eleven nurses and twenty-five attendants. This replacement of men by women is worth a trial, no doubt, and it will probably succeed under the energetic care of Dr. Robertson. But it will have to go very well indeed to go at all. As soon as the least laxity or laziness creeps in there will be serious risk of abuse and failure. The criticism that is bestowed by Dr. Robertson on Lord Rosebery's Bangour speech is very much to the point. Touching the comparison of the patient's comfortable surroundings with the opposite conditions found in their relatives' homes, Dr. Robertson suggests that the latter should be asked which they would wish to have —the comfort for themselves and the discomfort for their insane friends, or the reverse. He says that whenever he has asked this question the answer is at once for the patient. The one consolation that friends have in giving up their mentally sick is that nowadays the State, when it takes the charge, does so in no niggardly manner. This is most true, and the feeling is at the root of that change in public opinion which has pressed and will continue to press for the best treatment, in spite of all cry for economy.

The table of the restraint and seclusion used in Scottish asylums for five years is reproduced in this report, having been taken from the Commissioners' Report of the preceding year. We are enabled to congratulate Dr. Robertson on his exceeding good luck in not having

had during this space of years to deal with a case calling for either mode of treatment. We are not quite sure that any very good reason can be shown for the appearance of this table here, except as a peg on which to hang thankfulness. As to its publication by the Commissioners we are also more than a little sceptical. Looking to the character of the men in charge of Scottish asylums, and to the extremely moderate use made of the tabulated items, the only lesson to be learned is that in spite of aversion to either restraint or seclusion there are from time to time a few patients who must be treated by such means. This we all, or most of us, know, but the public does not know. It occurs to us that such a table might easily be misread; its purpose might appear to even the instructed public *pour encourager les autres*, like the lists of names sometimes placarded in railway stations. If such an idea got about immense mischief would be done. In a case in which restraint might seem to be almost imperative, a superintendent might well be excused for reflecting that if it was applied then his asylum might be at the head of the published restraint averages, and for deciding the matter in favour of his own reputation, but not necessarily in favour of the patient, other patients, or the staff.

Some Scottish Royal Asylums.

Dumfries, The Crichton.—Dr. Rutherford having retired, the present report is the last that will be signed by him. This is not, of course, the place to attempt to deal with the services to the cause that have been rendered by him, but we feel that we shall be losing an old friend whose progressive liberality of view generally provided something in his report to think over and annotate. The near completion of the wholesale re-organisation of the rate-paid accommodation must be a satisfaction to him. The very last items are a reception house, an infirmary, and two closed villas. The number selected for the first, that is to say twelve beds, seems to be rather on the small side. It may be enough for those who will actually get well, but for the considerable fringe of doubtfully curable cases the opportunity of the treatment that will best solve the doubt would seem to be too small. One objection sometimes taken to these truly mental hospitals is the effect on patients of removal from them to those other premises where hope is admittedly less. Such an objection, if true, would have greater effect where the margin of room is so small. The closed villas will be for thirty patients each. We quite recognise that the provision for places where the violent, noisy, and dangerous must be gathered together is an essential element of the segregation method. But it is undoubtedly a very weak point in all these schemes. In discussing the differences between rate-paid and private discharges without recovery, Dr. Rutherford writes:

> When the cost of maintenance is defrayed from private sources, and when the family of the patient is in straitened circumstances, a powerful inducement is held out to them to remove the patient as soon as the malady has assumed a manageable form. On the other hand, when the cost of maintenance is defrayed by the parish, the pecuniary motive for removal ceases to operate, and as the family of the patient is relieved of all trouble and responsibility, a great inducement is held out to leave him where he is. A very large number of pauper patients are thus unnecessarily detained in asylums. In the two houses of Brownhall and Maiden-

bower there are twenty-eight female patients, nearly all of whom could be boarded out, and the same might be said of many of the men in the farm annexe.

Lord Rosebery's speech at the opening of Bangour attracted Dr. Rutherford's attention as being unnecessarily alarming. He himself thinks that there is no increase of insanity among the class that pay over £60 of board. The same he holds of the well-to-do artizan classes, while from a most interesting table it appears that the actual number of the insane at the present day in the purely rural parts of the whole of the district served by the asylum is less than it was in 1831, which was the year of inception of the asylum. In this district, as is the case everywhere, according to Dr. Rutherford, the increase in the number suffering nowadays comes from the very lowest classes to be found chiefly in the large towns.

Edinburgh, Morningside.—Dr. Clouston, in discussing the prevalence of general paralysis (35 males and 20 females admitted) naturally adverts to the work of Drs. Ford Robertson and MacRae. He confirms the claim of these physicians that improvement has followed treatment on their lines in early cases. But, as he points out, the first thing is to improve diagnosis, so that the cases can be caught when in their earliest stages, before the brain is seriously damaged.

I have for many years believed, and have written, that the disease has really begun in most cases long before it is even suspected or its known symptoms have become recognisable. There are certain changes in conduct and in the higher faculties of mind, such as the will, which may occur several years before the speech becomes affected, that being the common diagnostic sign that enables us to say that the disease is there.

On May 27th, 1907, Morningside completed its hundred years of usefulness. A short history of those years is supplied by Dr. Clouston. The institution appears to have had but three physicians—Dr. Mackinnon to 1846, Dr. Skae from that time to 1873, and Dr. Clouston from then onward. The present sketch, beyond being short, deals with a considerable variety of matters, as was bound to be the case seeing that it is intended for the many classes into whose hands the report annually falls. The subject is worth treatment from the purely medical side, and we would suggest that Dr. Clouston could not find a better subject for a contribution to the journal of which he was so long editor than the scientific good that Morningside has done. It would appeal to the very large proportion of our members who have in one way or another an intimate knowledge of Morningside and its ways. We are glad to note that the removal of the rate-paid patients to Bangour enables the institution to receive all cases that can afford to pay £32 10*s.* It will thus be able to resume the benevolent work for which it was thought out and established.

Glasgow, Gartnavel.—We take the following extract from the speech of the Lord Provost of Glasgow, who was in the chair of the Governors' meeting at this asylum. It is encouraging to find from a layman such an extensive appreciation of the truth that underlies every particle of care and treatment of the insane. We think that perhaps the second sentence somewhat strains the logical application of the first, but if prominent citizens like his lordship are imbued with the idea, much assistance can be looked for in quarters where too often the medical has to yield place to the financial interest.

It is a hopeful feature about the mental illnesses of recent times, the growing belief—a belief justified by experience—that the symptoms in connection with such cases arise from physical causes—from some disorder of the organs; and that goes to show plainly that the mind is affected by the condition of the body, and that, if such physical symptoms were taken in their earlier stages, the mental symptoms might be prevented altogether. It also fosters the belief that such cases could very well be dealt with, in their first stages at any rate, in the general hospitals of the country rather than in the special hospitals for mental diseases, and the friends of patients in the earlier stages of the disease would have far less objection to have them removed to a general hospital than to such an institution as that in whose interest we have met to-day.

The finances of the institution are such that it was possible to admit twelve acute cases for £25 each per annum. In none of these cases could the regular minimum of £40 be paid.

Perth, The Murray.—Dr. Urquhart, in his report, quotes some particulars that he worked up for the Morison Lectures for this year. As he says, we have to do with a disease profoundly affecting bodily nutrition and secretion, mainly originating in hereditary defect, and issuing in a liability to repetition of attacks. Thus insanity is brought into line with other diseased bodily conditions, and the mystery of madness is left on a par with the mystery of rheumatism, which also is of a cyclic character quite different from those maladies which, like smallpox, appear to confer immunity upon the individual. Of 809 *persons* admitted, 1880–1904, 45 *per cent.* had the heredity of insanity, and 72 *per cent.* that of neuropathy.

An examination of the families of insane parents, however, showed that 47 *per cent.* of the children of insane fathers were alive and sane, while 29 *per cent.* were insane; 42 *per cent.* of the children of insane mothers were alive and sane, while 39 *per cent.* were insane; 33 *per cent.* of the children of insane fathers and mothers (both parents) were alive and sane, while 44 were insane. Mr. David Heron calculated that this morbid heredity falls heaviest on the eldest child, and rapidly diminishes with the number of children. There is, even in the most disastrous class, an effort towards regeneration, and a curability which does not greatly differ from that of insanity, which is not hereditary in the first instance, although hereditary defect is apparent in depressing the *final* recovery rate and raising the death-rate.

Some Irish District Asylums.

Clare, Ennis.—We have made the following extracts from the reports of the Commissioners in 1905 and 1906. They tell, indeed, a remarkable tale. It is refreshing to find, however, whether in the Committee's reports or in those of the Commissioners, or in the figures bearing on restraint, accidents, and so forth, ample recognition of the method in which Dr. O'Mara manages the institution in the face of appalling difficulties. It would appear, too, that the blame for what is happening cannot be attributed with justice to the Committee, as plans for remedying much of the mischief had been passed by them.

1905.—The Commissioners write:

The Committee have recognised the necessity of providing further accommodation, and have had plans for the work prepared. These plans received the statutory approval of the Lord Lieutenant, under the 9th Section of the Local Government (Ireland) Act, 1898, in November, 1904, but, when the action of the Committee came before the County Council for confirmation, that body postponed the consideration of the matter, pending the issue of the report of the Commission which is at present inquiring into the working of the Poor Laws.

This, having regard to the great overcrowding of the asylum, was a very serious step, and I cannot help thinking that the Council can scarcely have considered the matter in all its bearings before arriving at their decision.

Having regard to the constitution of the Poor Law Reform Commission, I feel sure that its recommendations will be both important and valuable; but I may point out that it does not come within the scope of its functions to deal with the wants of the large body of acute cases of insanity for whose treatment provision is required in County Clare.

There is, as has been frequently stated, scarcely any proper day-room accommodation in the asylum, so that the present surroundings of the recoverable cases tend to aggravate and perpetuate their mental derangement rather than afford them the means of treatment towards recovery which the law and humanity alike demand.

It would be little exaggeration to say that the old and barbarous method of smothering maniacs between feather beds was, in a sense, more humane than placing them in conditions which tend to intensify the mental agony from which so many of them suffer.

Enteric fever was very prevalent, and no wonder, for, as the Commissioners report, the drain was built of rubble masonry with little fall, and is now riddled by rats, and ventilating into the wards:

1906.—From the Commissioners' report:

In order to meet the daily increasing demand for additional accommodation temporary sleeping rooms have been provided in the airing courts by converting the old sheds into dormitories. By this means sleeping room has been obtained for twenty patients of each sex. This has, in some degree, lessened the crowding at night, but it is inadequate to meet the exigencies of the case, either as regards the want of dayroom space, or room for fresh admissions. Nor, indeed, did it afford sufficient room for the patients at night, as at the present time six men have to sleep on the floor through want of room for their bedsteads.

Owing to the want of suitable accommodation, the acutely insane, the suicidal, the sick, and the epileptic have to be treated in the same ward. It is needless to point out out how disastrous it is to the hopes of recovery in the newly admitted cases that they should have to pass their days with those whose malady must be a source of terror and repugnance.

The overcrowding in the dining-hall renders the service of the meals a matter of very great difficulty and of some danger, but, nevertheless, on both sides the quiet and regularity which prevailed was certainly astonishing.

Having regard to the great difficulties which must daily arise in the administration of this asylum, owing to the excessive overcrowding and the inadequacy of the various departments, every credit is due to Dr. O'Mara for his careful management of the establishment, under circumstances which are not encouraging.

Down., Downpatrick.—This report is garnished with some excellent photographs of the wards and rooms in the asylum. From these it is apparent that in the matter of furniture and general cheerfulness the asylum is in no way behind the best examples in other parts of the kingdom. Dr. Nolan states that, while the average incidence of insanity for all Ireland is 1 in 178, in his district it is no more than 1 in 216. This he attributes to freedom from dire poverty and the state of unrest that accompanies failing prosperity, and from the wearing strain of agrarian agitation, all combined with a sense of a fairly prosperous state of things. He is very anxious that the Association's new tables should be made statutory in Ireland. "It would be a genuine pleasure to record well-considered facts; to be compelled to dump down a yearly quota of unsifted generalities is an uncongenial task." We think that the following extract from the evidence that he gave to a special committee is quite as appropriate to other parts of the kingdom as it is to Ireland:

In a poor country, such as Ireland is, it would appear to me that the most expensive way of dealing with the insane would be to set up several classes of asylums adapted to treat the supposed stereotyped clinical forms of insanity, as differentiated by a Parliamentary draughtsman, when one knows and considers that the clinical features of such cases are so very variable. On the other hand, an auxiliary asylum, which would be a department of an existing district asylum, offers all obvious advantages to economy and efficiency.

Limerick.—The Commissioners, if they can speak with vigour as at Ennis, can also utter some nice words, as here:

During the inspection of the wards the patients were wonderfully quiet and well behaved. The Limerick Asylum is an object lesson in this respect, as showing the effects of modern and humane treatment in restraining the violence and excitement which, in old days, characterised insanity. Forty years ago it was reported that in no district in Ireland were the insane so noisy and extravagant in demeanour as those belonging to Limerick, and thirty years ago, in going through the wards, one could recall the pictures of Hogarth—the patients rolling on the ground in rags, shouting, fighting, and attacking all who came near them. Now in no institution could one see better conducted and more orderly people.

When dealing with alcohol Dr. O'Neill strongly advocates teaching in schools the perils and dangers of intemperance. We are with him in this entirely. Reformed drinkers are satisfactory when found, but prevented drinkers are the hope of the future. The establishment of temperance societies for the young has done more good than all the regulations affecting the conduct of drinking places, even throwing in the Habitual Drunkards Act.

Part IV.—Notes and News.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

An ORDINARY QUARTERLY MEETING of the Medico-Psychological Association was held at 11, Chandos Street, Cavendish Square, London, W., on Tuesday, November 19th, 1907, under the presidency of Dr. P. W. MacDonald.

Present:—Drs. T. S. Adams, A. J. Alliott, H. T. S. Aveline, W. H. Bailey, C. H. Bond, D. Bower, A. N. Boycott, J. F. Briscoe, C. Caldecott, J. Carswell, J. Chambers, C. Clapham, A. Corner, M. Craig, J. F. Dixon, A. C. Dove, P. L. Down, W. Ewan, H. E. Haynes, J. H. Higginson, G. H. Johnston, W. S. Kay, D. Ker, P. W. MacDonald, T. W. McDowall, W. J. Mackeown, M. E. Martin, W. F. Menzies, C. Mercier, A. Miller, C. S. Morrison, W. F. Nelis, Hayes Newington, A. Nobbs, F. W. Nutt, M. E. Paul, J. P. Race, H. Rayner, G. H. Savage, J. Scott, G. E. Shuttleworth, P. C. Smith, R. P. Smith, J. G. Soutar, T. E. K. Stansfield, R. H. Steen, R. J. Stilwell, W. C. Sullivan, F. R. P. Taylor, D. G. Thomson, T. S. Tuke, J. M. Turner, F. Watson, E. W. White, T. O. Wood, and Albert Wilson.

Visitors:—Drs. W. J. Attwater, E. C. Bunch, H. C. Burt, D. G. G. de Clérambault, H. Fagan, Eliot Howard, A. P. John, A. Lamont; Sir Ralph Littler; Dr. Jay Smith; Rev. J. G. Stevenson; Commissioner R. J. Sturgess; Miss G. Toynbee, Drs. A. Wallace, A. White, and R. Wiglesworth.

Apologies for absence were received from Drs. J. L. Baskin, T. S. Clouston, C. H. Fennell, Robert Jones, H. Wolseley Lewis, Bedford Pierce, J. Stewart, and A. R. Turnbull.