

but there were three with acute and two with chronic mania, four with confusional insanity, one paralytic, and one congenital deficient. The sexes were divided as seventeen males and twelve females. These figures serve as a useful warning not to look for suicide only in melancholics. As to the means whereby the attempts were made: cut throat, 2 males, 2 females; drowning, 7 and 5; hanging, 1 and 0; mutilation, 1 and 0; poison, 0 and 3; precipitation, 2 and 1; stabbing, 1 and 0; and 1 of each sex by strangulation. Among the 54 cases in which the suicide was only meditated, we find no less than 8 general paralytics, and the same number of confusional insanity. Both these latter are alarmingly suggestive, in the one case because that amount of desire to die and of determination to die is not usual, and in the latter because apparently the state of mentalisation would be against the forming of such desperate plans. But, after all, one wonders what is included under "confusion." We note that, though 17 cases of primary dementia were admitted, not one of these, or of the previous admissions of the same kind, recovered.

Some Scottish Royal Asylums.

Edinburgh, Morningside.—Dr. Robertson's own interesting address forms the only part of this report that has reached us. It may be called an address, as it is read each year by the Superintendent in public at the Annual Meeting of the Governors. It gives him an opportunity of contributing to public knowledge from his own stores of science and experience in matters psychiatric, and has undoubtedly been in past years the means of instructing and advising the public in facts and deductions which would have otherwise been more or less latent. This year Dr. Robertson has touched upon a subject that needs more close attention from our psychiatric point of view than almost any other. We refer to militant suffragettism. Dr. Robertson introduces the subject by the statement that in consequence of the rubbish which has been uttered in the press about forcible feeding, his own practice and that of others has been sadly troubled. Parents and friends raise objections on the ground of the alleged cruelty, and some would go so far as to let the patient perish for want of this feeding. Of course such a wicked decision might affect patients at home or under the direct care of the next of kin, but in the asylum it could not prevail. In either case the direct responsibility of a medical man may be unexpectedly questioned in a court of law, in view of feeling existing in a portion of the public. We apprehend, however, that in the case of a certified person, at all events, there can be no doubt as to the right and the duty to adopt any course of treatment, generally accepted, that may be thought necessary to the discharge of the responsibility cast on the medical man to whose care the law has committed that person. Dr. Robertson advances an opinion as to the cause of the bodily failure of suffragettes under forcible feeding in comparison with the insane when subjected to the same pressure.

During 1912, more than a fourth (66 out of 240) of the suffrage prisoners in England were liberated for reasons of ill-health, which, with few exceptions, was due, wholly or in part, to their refusal to take food. I concluded at one time that

the process of artificial feeding must have been resorted to in these cases much too late, when the strength had already failed from want of nourishment, for I find this is the mistake the inexperienced most commonly fall into in treating the insane, and I warn my students of this danger. We are all more inclined to defer feeding too long than to begin too soon, but it is safer to err the other way. I now understand that what differentiates "the hunger-striker" from the insane person who refuses food, and is an important factor in the injury to health she occasionally sustains, is the purposeful and violent way she resists and struggles until utterly exhausted. After she is fed she voluntarily ejects the meal. The patient, on the other hand, is frequently confused and even apathetic, and may be a mere passive resister, or else is intelligent enough to realise that whatever he may do, he will be fed in the end. He is also aware that no unnecessary inconvenience or indignity will be offered to him in the process to which he quickly becomes accustomed. It is probably not so much the feeding as the struggling that injures "the hunger-striker," and if she struggled to the same extent on an empty stomach in having her face washed, or her clothes put on, the consequences might be similar.

All this, no doubt, is quite true as far as it goes, but it cannot be considered to exhaust the subject. Have we not in our asylums women who are as fractious and resistive as any suffragette can be? Is not the voice of God or the Devil quite as compelling as any idea that can find entrance into the suffragette brain? Of course, no question of the skill and experience used in the prison can be raised, for we know that the treatment is in the hands of thoroughly efficient officers. Speaking from memory of the figures given by the Home Secretary in an interesting statement in the House, the results were more satisfactory than given above. If we remember aright, he said that at the time, which would be closely near the time of Dr. Robertson's report, there were over 100—we think about 140—women being fed forcibly, and of these only eight had been discharged in consequence of danger to health. Of these eight, four had cardiac disease, and the remainder had other physical affections of a threatening nature. The fact remains that the great majority were being fed safely and effectively, the others being exceptional cases. We, too, know that in asylums exceptional patients do die even after effective feeding, failing possibly, nay probably, from the great desire to die, and the consequent want of that natural determination to live which helps the human being to exist in circumstances of great trial. The insane often start with this determination towards death, whereas death is the last thing desired by the suffrage prisoners who only wish to defeat the law.

Some Irish District Asylums.

Belfast.—Dr. Graham gives his authorities a large quantity of sound advice concerning the chief causes or factors in the production of mental disease. In relation to the lessening of the opportunities for handing down the taint, he writes:

And in regard to the prevention method, perhaps the greatest legislative effort ever made to apply it in a large scale is that of the Mental Deficiency Bill. By its means a standing menace to the welfare of the social body will be destroyed; the hitherto unchecked liberty allowed the feeble-minded to propagate their kind and hand down their malady to unborn generations will be no longer permitted, and posterity will be the gainers. Unhappily, this beneficent measure is not applicable to Ireland, though if ever there was a country in need of it, it is our own. In Great Britain private philanthropy can endow, and has endowed, homes