

the Judiciary to take part in this scheme, which would surely rank as a philanthropic and educative achievement in the widest sense; and his final suggestion is that some of our wealthy men should follow the patriotic example of Mr. Carnegie.

Unfortunately we often find that the best advice is practically wasted unless it is enforced by action. Might it not be possible for our Scottish colleagues to convene a meeting in Edinburgh to make these suggestions a practical policy? They have established a joint pathological laboratory, which is already being developed in the sphere of bacteriology, in spite of the difficulties which beset its inception; and we look to them to inaugurate the new century with a bold and comprehensive scheme, which will at least bring psychiatry in Scotland to a level with psychiatry in Germany.

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*Centenary of Wonford House Hospital for the Insane.*

As told by the Committee in their report for 1900, the following resolution was passed at a meeting of Devonshire notables, held at the Castle Exeter on July 29th, 1795:

“That it is the sense of this meeting that a General Hospital for the Reception of Insane Persons should be established in or near the City of Exeter.”

At that meeting £2175 were subscribed. When this nucleus became sufficiently enlarged Bowhill House was bought, and formally opened for the reception of patients on July 1st, 1801. Thus has the hospital, which has since migrated to Wonford, in this year attained its centenary. As the Committee point out, the heavy work of starting the institution was carried through when England was experiencing the strain and stress of a great war. Beyond all questions of energy and unselfish contribution of time and money, for which the promoters can justly be lauded, there must arise in our minds unstinted admiration for the trustful bravery with which they broke away from what was then considered to be the normal method of treating insanity. Now-a-days popular indignation would sweep away such abuses as were then current without the help of any reformer. But a century ago it was very different. With one or two exceptions no one then knew anything of the brighter treatment. Private asylums get the

chief discredit for the existence of abuses, principally because there were few public institutions to take their share of reproach, and of the latter Bethlehem had yet to face at least two damning inquiries, while the iniquities of the York Hospital had already led to the revulsion of feeling which culminated in the establishment of the Friends' Retreat. If reports be true, even the Head of the State experienced treatment then which would now be the subject of prosecution. In fact, the ordinary course of lunacy treatment all round was utterly abominable, and this adds more honour to those whose more correct inner feeling led them to show the way to better things. The existing committee can be congratulated on having such brave predecessors, and it is now a suitable time to inquire whether subsequent work has done credit to that which was so well begun. If a good reputation, if a record of the successful performance of essential duties, and if financial ease after periods of stress and storm have any weight, then it may be claimed that the hospital in its present state has flattered to the full those hopes in which it was conceived, brought to the birth, and reared.

The statistical tables supplied allow some comparison of the work, ancient and recent, and this comparison is very interesting.

Though the average residence at the expiration of the first half-century was somewhere about 40 of both sexes, and is now 130, the admissions at the former period were absolutely as well as relatively more frequent, being from 1801 to 1850 1512 in number, or averaging 30 a year, whereas from 1851 to 1900 they were 1323. This tells a tale told in other places—permanent care being gradually added to curative treatment as a function of the institution. The ratio of recoveries also bears out experiences elsewhere. The first 1512 supplied 780 (51·5 per cent.), the remaining 1323 only 465 (35·1 per cent.).

Curiously enough, the death ratio does not give the usual indications of active and critical disease such as is suggested by the foregoing figures. In the first half-century they were 140, in the last 274. Of course the discrepancy arises from the larger average residence in later years; nevertheless, after discount for this and other considerations, a death rate, which may be roughly computed to have been under 6 per cent.

of average residence, is a light one for a period of active movements and high recovery rate.

There are no means of making a financial comparison between various periods in the history of the hospital, though, from a table given by the Committee, it is seen that the income in 1900 was not far short of three times that of 1871. There is no question that now the institution is in a highly satisfactory position. It has a fair annual credit margin, which, while not so brilliant as may be found in similar establishments, is likely to be constant, seeing that a moderate average charge is eaten up by judicious expenditure to that extent which will leave profit enough to carry on the work comfortably and no more. The Committee and Dr. Deas are to be heartily congratulated on the results shown in the 1900 report.

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*Recovery Rate.*

The recovery rate, according to the Report of the Commissioners in Lunacy, was 38·78 per cent. on the admissions during the quinquennium ending 1877, and 38·76 on that ending 1897, so that by this method of estimation the results of treatment remain practically stationary.

The proportions of recoveries, when calculated on the daily average number of patients resident for the same periods, are 11·54 and 9·99 per cent. respectively, showing a very considerable decrease.

The public, if impressed by these last figures, will probably begin to ask whether this is a satisfactory result for all the outlay and efforts that have been made in the treatment of insanity of late years. These statistics have even given one of our medical contemporaries a fit of the blues in regard to the alienistic outlook.

The report, fortunately, furnishes the *reductio ad absurdum* of these calculations, one asylum having a recovery rate for the year of 100 per cent. on the admissions, and a proportion of 1 on the total number under treatment. How is it possible for an asylum to be so successful and yet such an utter failure?

Statistics over prolonged periods show that of admissions to asylums between 30 and 40 per cent. do recover, and it is therefore certain that any statement regarding a recovery rate