

*Some Scottish District Asylums.*

*Aberdeen City, Kingsseat.*—Times have indeed altered since, say, thirty years ago, when a general paralytic in high latitudes was a rare, if not unknown personage. Dr. Alexander writes thus :

“The most prevalent forms of mental disease among the direct admissions were acute melancholia, general paralysis, alcoholic insanity, and non-systematised delusional insanity. It is noteworthy that fourteen patients were admitted suffering from general paralysis, including a man and his wife, who were admitted within a few days of each other, an increase of eight as compared with last year. This disease, which picks out a person in the prime of life and generally kills him within a space of three years, is attracting a large amount of attention just now on account of the increase of the malady in the large towns. Although all the general paralytics admitted possessed the symptoms of the disease on admission, only three of them were what is usually described as typical cases ; of the others, three were acutely depressed and had attempted suicide prior to admission. The disease is very liable to be mistaken for alcoholism, as indulgence in alcohol is very often one of the symptoms.”

There were eighty-six admissions altogether. We observe that Dr. Alexander tabulates the disease as “insanity with general paralysis.” This nomenclature opens up a large field of inquiry. If the insanity is thus separable from the paralysis, why should the insanity be coupled together? Why not mania or melancholia with general paralysis? Could not most of the cases be included, for instance, under delusional insanity? However, this is a method far preferable to assigning general paralysis as a cause of the insanity, which was not unknown a few years ago. The experience of the “village” system of treatment is given :

“This was the first segregated asylum opened in this country, and asylums of a similar nature have been erected in Scotland at Bangour (Edinburgh District Lunacy Board), at Dumfries (the Southern Counties Asylum), and at Dykebar (the Renfrew District Board). As compared with the barrack system, the new village system has the advantage in external appearance as it looks less like an institution ; it allows of the patients being more easily classified and grouped ; it tends to diminish the effects of any noise or excitement among the chronic patients by localising the disturbance ; it minimises the risk of fire. On the other hand, it requires a larger staff, and it is perhaps less easy to supervise.”

*Glasgow, Gartloch.*—Dr. Parker shows by a table that there is a persistent tendency for the admissions at the period of maturity (thirty to fifty) to decrease, and for that of decline (over fifty) to increase in number. He obtained a recovery-rate of nearly 40 *per cent.*, in spite of many recent cases being stopped at the Observation Wards in Glasgow, on their road to the Asylum. Boarding out of patients being confessedly interesting, chiefly from the economic point of view, the following remarks are worthy of note :

“Thirty-four cases have been boarded out this year, while only

thirteen were boarded out last year. This is equivalent to the population of a block for chronic cases, and to that extent boarding-out has saved the providing account. It should be remembered that as long as there are enough empty beds in an Asylum, or as long as the Asylum population is stationary, boarding out increases the cost of the care of the patients by taking a cheaply kept, or possibly profitably kept, patient away and paying 7s. per week for him outside, while the profit on his work is lost, and the difference between the cost of his maintenance and the average cost of patients' maintenance is added to the cost of the remaining patients. Thus, if a chronic dement and fairly useful farm worker is boarded out the parish pays 7s. per week for him, whereas his board and care in the Asylum probably only cost 2s. or so, the Asylum maintenance thus losing the difference between 2s. and 11s., which went to reduce to 11s. the cost of the more acute cases."

Dr. Parker has always made a great point of alcoholic heredity. His figures for this year are noteworthy. In 138 admissions the history as to the sobriety or reverse of the parents was obtained reliably. In 55 *per cent.* of these there was history of inebriety in one or both parents. The cases in which this taint was shown came into the asylum far more frequently at ages under than over twenty-seven. It is somewhat remarkable that, among the causes, hereditary predisposition to alcohol is recorded in only 3 out of 300 admissions. Alcohol itself is marked down for 54, while, in combination with syphilis and adverse circumstances, it accounts for 19 more. Among the forms of insanity alcoholic insanity appears in 15 cases.

*Govan District.*—Dr. Watson has added a fresh table by way of appendix to his original register, which takes the place of Tables 10 and 11 of the old series. It shows the recoveries, other discharges and the deaths among the admissions in the period from May, 1904 (which we assume is taken as the beginning of his new departure) to 1906. This is quite good; in fact it was necessary to complete his idea, and we imagine that it will be kept up in each succeeding year. We note that the visiting Commissioner pays a high compliment to the great care bestowed on case-taking:

"The manner in which the medical records in the asylum are kept deserves a tribute of praise. In every instance in which the case-books were referred to for information regarding patients, the history and progress of each case was found fully detailed, and the copious indices made it easy to find each point of reference."

This system of registration does not, however, dispose of many of the difficulties that must be felt here as elsewhere. For instance, all cases, direct or indirect, appear together. The nomenclature of paresis differs again from that noted in the Aberdeen report. In the appendix to the male register, under the head of "form of mental disease," are set out five cases. Two of these are stated to be general paralytics, the other three are given as mania, melancholia and dementia. But under the head of "result" they are all returned as dying from general paralysis.

The institution of observation wards in Govan itself has had the natural result of considerably lowering the recovery-rate. We note that

no less than 165 out of 237 admissions were first-attack cases entering within three months of the commencement of disease.

*Inverness District.*—Referring again to boarding out of patients, in which this asylum has always been an energetic agent, we note that Dr. Campbell, since translated to Stirling, has the following remarks in his report. The warning at the end especially should be noted by those who may be disposed to hurry on this system, without due regard to local conditions. Undoubtedly it would be very agreeable to be able to plant out a large quantity of chronic patients, so as to avoid the need for building expensive accommodation. But there are many contributing factors to take into consideration before success can be looked for in any given case :

“The efforts to send suitable cases out of the asylum on probation, with the view of their being ultimately discharged and boarded out with suitable guardians, have met with success. The Inspectors of Poor in our districts are now anxious to co-operate in obtaining suitable guardians and homes. During the past ten years 252 patients have been liberated from the asylum on probation. Of this number 189 were discharged at the end of their probationary period, 53 were returned to the asylum, having been found unsuitable, 4 died, and 6 patients, at the end of the year, had not completed their term of probation. The number of patients suitable for disposing in this way is limited, and becomes less each year. It is only after a patient has been an inmate of the asylum for a considerable time that the risk of sending him out on trial can be taken.”

There seems to be a very marked departure from normal in the civil state of those admitted into the asylum. The number of single was 103, of married 43, and of widowed 18. The single seem to recover oftener, but the percentage of recoveries on admissions is in favour of the married. The deaths also are in a less proportion among the married. But the residue at the end of the year is composed of 519 single, 121 married, and 42 widowed. The numbers of single and married in the admissions in all England are almost identical with each other. We wonder whether poverty has any hand in this striking disproportion in the admissions.

*Lanark District, Hartwood.*—A very extensive epidemic of scarlet fever was an important factor in the year's work here. It began in May through a male attendant. On June 14th there were 87 males and 29 females, 6 male attendants and 1 nurse in isolation. One can imagine nothing but a similar epidemic of smallpox, perhaps, much more disconcerting and worrying than such an occurrence as this. Luckily the type was mild, though very infective. No change was noted in the mental condition of those attacked. The extremes of age of those suffering were 18 and 76. We are not quite sure whether this asylum has the small additions to corridors that, with very slight segregation, are relied on for isolation. We have adverted to these before as being quite unreliable, at all events according to general experience. Two hundred yards is a minimum of distance in any institution.

We note that both the visiting Commissioners speak pointedly of the excellent food and clothing provided. Each describes the dinner seen by them. We also see that 96 attendants are on day duty, a proportion of 1 to 9½ patients, with 19 on night duty. Much open-air treatment for mental troubles is practised, this entailing a good deal of extra attention. It is a matter for surprise and congratulation, then, to read that all this is done for a maintenance rate of £20 19s. per annum, or a weekly rate of about 8s.

*The Egyptian Government Hospital for the Insane.*

The re-modelling of the old hospital buildings being now practically complete, Dr. Warnock takes the present opportunity of giving a fuller account than usual of the great work accomplished under his direction during the past thirteen years. The beds now number 877, but in spite of substantial increase in accommodation there is still overcrowding to a considerable extent. He has been at last able to thoroughly divide the women from the men in a separate annexe. Among the quite recent work is the provision of workshops for fifty patients, and new admission-rooms for each sex, photographic room, and dormitories for attendants. The provision of electric light, telephones, fire-alarm, and electric-clock system brings this asylum into line with our own institutions. At first there were only 2½ acres comprised in the grounds, with two gardens for the patients' use. Now there are 91 acres, over 39 of which the buildings, courts, etc., are spread, while there are 28 gardens. The staff has increased from 4 senior and 69 junior in 1895 to 26 and 245 respectively. During the same period the death-rate has been decreased from 33 *per cent.* to 9.56 *per cent.*—a shade lower than the rate for English asylums in the last year. The single rooms have a cubic capacity of 1,272 cubic feet, as against the 756 required by the English Commissioners. This, of course, is necessitated by the climate. The cost of the asylum now, including equipment, works out at about £107 of our money per bed. Dr. Warnock submits his proposals for increasing the asylum in the future. He is enabled to do this by the gradual rearrangements of the whole *ménage*, not an inconsiderable item being the removal of a railway from the premises. One thorn in Dr. Warnock's side is the number of criminal patients, who have been usually sent to another asylum at Tourah, but are now to go to him. We shall have more to say about these later. But the fresh arrivals necessitate higher walls and many more single rooms, the latter to prevent combination. Dr. Warnock recommends the institution of temporary observation sections in all the larger towns. A new asylum is being built at Khanka for quiet chronics who are not fit for discharge. We thus see in this distant land the genesis of ideas that are forcing themselves on us at home.

The maintenance rate works out at about £30 per annum, including clothing. A sum of £3,285 was received from the friends for the maintenance of patients in three classes. This brings down the net cost to the Government considerably, but Dr. Warnock doubts the justice and the policy of obtaining this money against the will of the