

bequests and donations, Dr. Pierce points out that if it were not for this kind of aid the finances of the institution might be threatened, in face of the ever-growing expense of maintenance. He relates that one lady was admitted at the age of 90, which he thinks to be a record; but he is beaten by the sister institution, as shown above. He has also a lady, æt. 94, who can be seen any day walking about the grounds unattended, and yet two others over 90, one being 95. Taken altogether, the hospitals in York seem to be healthy enough. Dr. Pierce is insistent on the benefits arising from giving patients, whose progress is arrested, a change to another institution. Wonders undoubtedly do occur from fresh environment. It would seem that it would be quite easy to try the experiment in his own county asylums, transfer between which would not entail the official trouble that would arise between county and county. He would much wish to see the provisions for the treatment of incipient insanity being carried out, and he would extend them especially to the poorer classes, who can never afford to have their sick relatives treated, except as *certified* inmates. The idea of such treatment was pressed hard on and accepted by the then Lord Chancellor (Lord Halsbury) at the instance of the Association. No doubt it will form an important plank in the Association's platform when lunacy legislation is about.

The Warneford, Oxford.—In dealing with heredity Dr. Neil rightly says that the truth, which is often concealed, is also often revealed in the temperament of the relatives when they visit the institution, and recalls a remark of Dr. Maudsley's that the insanity of the child is the pathological evolution of the parent's nature.

The following note may be useful in those cases, which sometimes trouble one, where there is any doubt as to the nature of an attendant's "employment," when associated with the recreation of patients and staff:

In the month of August an attendant suffered fracture of the patella while taking part in a competition of athletic sports which had been got up for the joint amusement of the patients and staff. It was considered that he was in the discharge of his duty, as an attendant, when the accident took place. He was seen by the consulting surgeon, and removed to the Radcliffe Infirmary for treatment. He returned to duty after a period of total disablement of three months. During his absence he was paid his full wages, and the asylum received from the insurance company the compensation to which he was entitled under the Workmen's Compensation Act, the amount of the compensation being less than his wages.

Some Scottish District Asylums.

Aberdeen, Kingseat.—This asylum, opened less than ten years ago, is crying out for enlargement. It had, however, been foreseen that such would occur when the asylum was built. As Dr. Alexander points out, the type of institution makes it somewhat difficult to say how enlargement can be best carried out, there being all the questions incident to classification to consider. The hospital section particularly is needing enlargement, and a new closed villa for males is wanted. We note that fifty cases are boarded out, this system having staved off, without doubt, the need for increase in accommodation.

The following is an important contribution to psychiatric science, and should the accuracy of the test be established, much credit will rest with the inquirers mentioned :

Drs. Tyson and Pierce Clark analysed the ocular signs and symptoms in 115 consecutive cases of primary dementia, and found that certain distinctive signs and changes were present as a syndrome in all cases of this disease, and occurred in no other. If their results are confirmed by others, the differential diagnosis of this disease from manic-depressive insanity—at present a by no means easy matter—should be simplified.

Ayr District.—Dr. McRae remarks on a much decreased male admission-rate. In default of other explanation he can only suggest that this may be due to extraordinary diminution in the vagrant class. He notes also that cases of insanity associated with the adolescent period of life show a 52 *per cent.* reduction in the last seven years. He says that, as the bulk of chronic and incurable cases which accumulate in asylums is derived from this class, the fact is not without hopeful significance. Alcoholic excess was also found in two-fifths of the admissions, a reduction on the previous year. Commenting on the enormous increase—300 *per cent.*—of cases in which suicidal attempts had been made, he writes :

If so-called education tends to inculcate a spirit of agnosticism and a capacity for acquiring an intimate knowledge of morbid morality from the daily press, man is bereft of everything but the mere animal instinct of love of life to support him in his hour of mental anguish and despair—an instinct not even as healthily developed as that of the lowest animal in its natural and independent state. The blood-curdling, revolting, and entirely unnecessary details of an act of violence in the most remote corner of any hemisphere are, in a few hours, the common property of all in the civilised world who read. If letter-press fails to appal the imagination sufficiently, this is supplemented by pictorial illustrations, often from actual photographs. It is inconceivable that this kind of thing can have any but the most harmful influence on immature and developing minds, and more particularly those over-sensitive and susceptible to morbid suggestion. When stress comes, as come it must, such minds, deficient in self-control and the victims of morbid suggestion, give way to morbid impulse, and so commit deeds of violence, with the direst consequence to themselves and others. Civilisation would seem to be developing a paradoxical state of affairs in which the keener the struggle for existence the feebler becomes the instinct of self-preservation!

Glasgow, Gartloch.—Dr. Parker continues to show by a useful table the proportions of admissions in broad age-groups. Those under thirty show a steady tendency to decrease, while those above sixty show the opposite tendency. This is satisfactory, for though the senile cases may give much more trouble, yet they count for little in the estimation of fresh insanity, which the occurrence of fewer juveniles affects in a satisfactory direction. Dr. Ronald Stewart contributes important news when he states that he has found by testing almost all the admissions with Wassermann's reaction that 66 out of 213 react positively. All the 27 general paralytics responded, 25 *per cent.* of the manic-depressives, about one-fifth of dementia præcox, nearly one-third of chronic delusional insanity, more than one-half of the organic dementia, and about one-fifth of confusional cases likewise answered the test positively. The positive reactions occurred in 40 males and 26 females. We note that syphilis heads the probable causes with 34 in number, 4 of whom were females.

Glasgow, Gartnavel.—Dr. Oswald refers to a considerable increase of female admissions over those of the males. This is a departure from history, for until ten years ago the preponderance was much in the opposite direction. Even including the results of the last ten years, the admissions from 1814 to the present time show a large excess of male admissions—9,724 against 8,452. He offers no explanation :

I do not advance any explanation of this, but, drawing our patients as we do from the middle classes, it is interesting, as possibly pointing to some stress to which women—many of whom earn their living at the same occupations as men—are now exposed, and which leads to a nervous or mental breakdown.

We find the same change at Barnwood, though the figures are not so large. It is possible, of course, that the presence or absence of vacancies at the time of application must have some effect, but anyhow there must be some undiscovered reason for the change. Unfortunately the question cannot be studied in the English registered hospitals or licensed houses as given in the Blue-book, since idiot establishments are included therewith in the totals. Referring to the prevention of insanity before it develops, Dr. Oswald writes :

During the past quarter of a century the most marked advances in medical science have been in the direction of the prevention of disease, and the problem of the prevention of insanity is probably not essentially different from that of the prevention of other diseases. A department of mental hygiene, having for its objects the after-care of discharged patients, the nature of the conditions—social, economic, and otherwise—in which insanity develops, and which would also educate the public as to the nature of mental diseases, the recognition of their early symptoms, and their prevention, would, in the charge of skilled workers, yield valuable information. Such a department might with advantage be affiliated with the Public Health administration of a large city.

Roxburgh District Asylum.—Dr. Johnstone, following his frequent practice of late years, devotes a considerable part of his own report to the current lunacy legislation. We know no place where a more careful and thoughtful survey of this legislation can be found. Indeed, what with Lord Wolmer and Sir J. Jardine with their Superannuation endeavours, with Mr. Lloyd George and his Insurance, and Mr. McKenna with his Mental Deficiency, there has been and is a surfeit. Dr. Johnstone inveighs against the shelving of the old District Boards of Lunacy :

Many persons and many circumstances have assisted in bringing about the betterment ; but it is very largely due to the humane and enlightened policy, the unselfish labours, and the practical common-sense of the county and burgh members who compose the district boards of lunacy, that the treatment of the insane in our district asylums has been raised to a standard of excellence unsurpassed in the institutions of any other country. No explanation or reason has as yet been vouchsafed for the extraordinary changes proposed by the authors of this Bill ; but their enactment would appear to involve the reversal of the policy approved by two generations, the relegation of lunacy administration to the domain of the Poor Law, the conversion of our asylums into poor-houses, and the branding of every poor subject of mental disorder as " in all respects " " a pauper."

Stirling District Asylum.—Dr. Campbell gives a useful table showing the forms of insanity on admission of the 29 cases in which suicide had been actually attempted. Of course the great bulk were melancholic,

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