

which may be regarded as congenital removed for special training, and if he is morbidly inefficient, sent to a suitable psychiatric institutions. Among those now remaining in the prison will be found the important group of recidivists who are physically and mentally little below the average level. These require careful study, for they are symptomatic of general psycho-social disorder, and demand a sympathetic understanding. In dealing with them, "the newly conceived need for reforming the convict and restoring him to society replaces in our interest the older idea of punishment." The secret of the social inadequacy of these criminals is largely to be found in their emotional attitudes, and therefore Schroeder urges the importance of a psycho-analytic department in every prison laboratory. If sexual taboos and ignorances are found influential in determining the emotional imperatives which lead to anti-social conduct, it becomes necessary "to establish a technique for the conscious reconditioning of the desires, so as to make them progressively more mature; this should be a deliberate part of the working programme of a prison laboratory." Beyond this is the possibility of a higher synthesis in unifying the measures for the improvement of all our educational systems, so that we may advance to the discovery of the factors in social psychology which determine the criminal mind.

There are other methods which could be efficiently applied in prison. Thus, for instance, a technique might be developed for class instruction, aiming to discover and eliminate emotional conflicts, and to adapt the desires to more mature aims. This involves a new sort of sex education, dealing with emotions rather than with physical factors, and is a kind of hygiene also needed outside prisons. As, indeed, we approach the treatment of criminals with a larger vision, we shall find ourselves anxious to help them, not alone for their own sakes, but in a still higher degree as symptomatic products of unhealthy and infantile stages in our psycho-social development as a whole. In learning how to deal with the criminal we are learning how to deal with society. We select the criminal in the first place simply because the so-called normal psyche can best be studied in its exaggerations. The criminal must in future be studied with the desire to find out what is immature or inefficient in the human factor of his larger environment. Thus it is that criminology leads on to social psychology. We have to "understand and acknowledge the criminal tendencies in ourselves." Some day, the author believes, we may perhaps be able to eliminate from healthy members of society all those impulses to anti-social behaviour, only a small fraction of which are now penalised, and which may be manifested even in our desire to inflict punishment. In these and similar ways a prison psychological laboratory may be performing a larger social service, even while merely carrying on effectively its own special work.

HAVELOCK ELLIS.

4. Asylum Reports for 1916.

Bethlem Royal Hospital.—The report of this institution is less curtailed than most of the annual reports, and it contains much interesting reading. Bethlem is fortunate in having started life some

hundreds of years ago with a correct definition as the "Hospitium mente Captorum Londinense."

Most of us entirely approve of the name hospital, but probably few approve of the reason for the name, and under no condition could the existing legal definition, based as it is upon the financial condition of the patient, be held as wise, good, or valid; it seems to us a very serious defect in the existing Lunacy Act that it should implicitly hold the view that because a man is poor he should be deprived of any privilege whatever to which a slightly richer man is entitled, and that the historically unpleasant name, of Greek derivation, of institutions for the treatment of mental disease, should be specially reserved for the poor—and that because a man is poor he is not allowed to place himself under treatment for mental disease when he himself feels he requires it. Few medical superintendents can have been in office long without feeling this hardship of the poor, suffering from mental affliction. Those institutions for mental diseases that have assumed an unofficial title of a more pleasant kind have invariably, we believe, discovered that a new and better atmosphere is created, which is much appreciated both by the patients and their friends; moreover, the name itself has some effect in inducing relatives to part with their patients at an earlier date—and thus the patients come under treatment more readily; for instance, in Bethlem we find that 76 *per cent.* of the patients are admitted within six months of the declared inception of the disease; whereas, taking at random two county asylums, the proportion varies between 29 and 45 *per cent.* only.

Dr. Porter Phillips makes some wise remarks on the subject of future research:

"I feel that I must again repeat, as I have done on former occasions, that for the physical basis of the actual causation in the greater majority of these cases, we must, in future, exert all our energies in the direction of biochemistry, and, to some extent, to psycho-analysis; with regard to the former suggested research I would like strongly to recommend that when more favourable opportunities present themselves, a pathological chemist be appointed on the staff of this hospital."

As regards causation, we note that alcohol was not a very prominent factor, and that masturbation was considered to be the principal factor in producing mental disease in two cases; but Dr. Porter Phillips agrees with most other mental specialists in holding the opinion that the war has played but a small part in the ætiology of mental disease.

The recovery rate for the year under review was 59·3 *per cent.* on the direct admissions, which compares very favourably with former years, but, of course, is not in any way comparable with other institutions for the treatment of mental disease, which have to receive all types of cases.

The causes of death include one due to senile dementia and one due to dementia alone—a somewhat unusual form of classification.

Beds, Herts, and Hunts.—Dr. Fuller has been fortunate in having been able to get carried out more structural improvements than is generally to be expected during war time, and most of these were urgently necessary for the convenient and proper administration of the

kitchen and stores, the more so as this institution has been generous enough to receive on the usual terms patients from the two temporary military hospitals established at Thorpe and Napsbury.

The admissions for the year were somewhat lower than what is regarded as normal for the contributing area, on account of agencies which appear to be common to all such institutions during the present stress. Amongst the admissions, the leading ætiological factor was considered to be moral, including domestic worry and adverse circumstances (and here we note that the older classification of causes is used in the letter-press, and the newer in the table), which appeared to be potent in nearly 27 *per cent.* of the total cases, and in twenty-three cases out of 149 this particular form of stress was deemed to be the principal, essential, or chief factor. Heredity takes only second position as the ætiological factor in about 21 *per cent.* of the cases admitted, and alcoholic excess accounts for a little over 9 *per cent.*

The recovery rate was 42·4 *per cent.* on the direct admissions, and of these recoveries it is particularly noteworthy that one case is indicated of recovery after a mental illness of nearly fourteen years, a case which might fairly give cause for serious thought to a Divorce Commission contemplating drastic reform in case of mental disease in one or other partners in marriage. Amongst the recoveries another interesting case occurs of recovery in a male general paralytic, and in this connection it would be interesting to know whether this was a case really yielding to active treatment by some of the newer remedies administered intravenously or intramuscularly, since we know that this treatment is in so many cases quite disappointing in such advanced cases of lesions of the nervous system and, so complete and deceptive are the remissions in these cases, that the greatest caution is necessary in deciding that recovery has actually occurred in any given case.

The mortality for the year was 11 *per cent.*, and of the total number of deaths 36 *per cent.* were due to some form of tubercular disease.

In the midst of all the troubles and administrative anxieties of an overcrowded and understaffed asylum, and all the other difficulties incidental to war time, Dr. Fuller was unfortunate enough to be hampered in addition by several puzzling and elusive cases of, fortunately, isolated foci of enteric fever and diphtheria.

Essex County (a) Brentwood.—Dr. Turner continues his very valuable record of the clinico-pathological and pathological work during the year, and it is to be hoped that this work, which represents the skilful and detailed observations of a highly-trained clinician and pathologist, will at some later date see light in a different form more accessible to pathologists generally. The work as reported is in itself so condensed that it hardly lends itself to review in an adequate form in the space at our disposal; a few points, however, may be referred to.

Sclerosis of one or other (in one case both), cornu ammonis. This was found in the proportion of 37·5 *per cent.* of males and 36 *per cent.* of females suffering from epilepsy, chiefly in the congenitally defective.

As regards his continued observations on the presence or otherwise of the sulcus lunatus and the stripe of Gennari, Dr. Turner remarks that—

"These results do not lend much support to the idea that a greater stretch of stripe on the external surface of the cerebrum and the presence of a sulcus lunatus are signs of degeneracy."

Subdural hæmorrhages were noted in only one male case, and they occurred in no single case of general paralysis (male or female). Pachymeningeal hæmorrhages certainly appear to be less commonly found at *post-mortem* examinations than they were years ago, and the reason may be attributable to some change occurring in the course of the disease.

As regards the presence of gliosis, the findings of which Dr. Turner shows in a table, he draws the following conclusions :

"These results, drawn from this year's findings only, are quite in accord with those of previous years. So that speaking from the study of a fairly wide field of cortex—from a large number of cases—there does not seem to be any warranty for the statement so frequently repeated in text-books, and generally given on the authority of Alzheimer and Mott, that gliosis is a pathological feature characteristic of dementia præcox."

Colloid bodies, which are so commonly seen in certain types of cases associated with degenerative changes, he found in a peculiar form, observed chiefly in cases of Korsakow's disease. This consisted in the deposition of an enormous number of these bodies in the immediate neighbourhood of the vessels in the white matter at the tip of the temporal lobe.

The pathological report contains much more that is both interesting and valuable, and excerpts, taken at random, give but a poor idea of the amount of work involved and the extreme and minute care taken in this laboratory ; the report should, however, be read by all interested in the pathology of mental disease.

The recovery rate calculated on the direct admissions was 21·6 *per cent.*, which suggests that Dr. Turner uses great discrimination in the use of the word *recovery* in mental disease. The death-rate was 17 *per cent.* on the daily number resident, and of the deaths about 12 *per cent.* were due to pulmonary tuberculosis.

The administration of the institution must have been during the past year no light task, seeing that ninety-nine members of the staff of all kinds have joined the forces, and this includes departures from the medical and clerical staff, one head attendant, two head nurses, and an assistant matron. We should like to congratulate Dr. Turner on maintaining his high standard of work under such difficulties.

Essex County (b), Severalls.—Dr. Turnbull feels, like many under similar circumstances, some of whom have even entirely suppressed their annual reports for the duration of the war, that it is difficult, and perhaps out of place, to present a report at any great length, but deplores the difficulties of administration under the conditions, in which, as he says : "The normal routine of asylum life has to be modified daily in process of adjustment to altering circumstances."

Having already suffered from the invasion of the military at an early date, his difficulties then became acute in finding accommodation for the influx of patients from Napsbury, Wandsworth, and Norwich City, amounting to 429 in all. How this was met is told in the Commissioners' report :

"Owing to the arrangement that had to be made in order to receive additional patients from other asylums it has been found necessary to use one of the wards on the male side for female patients, and to accommodate the displaced male patients a new ward has been formed containing thirty-nine beds. An annexe to this new ward has also been contrived by using the committee rooms and offices on the first floor over the main entrance as day-rooms and dormitories, etc."

The Commissioners' report also contained some interesting suggestions. It is somewhat extraordinary to read recommendations in the case of an asylum so recently built as this of "outside staircases to west ward on the female side and 13 ward on the male side, which at present have no second exits for use in case of fire." And, again, as regards the recommendations of the provision of verandahs attached to all the hospital wards, it seems difficult to understand why they are not compulsorily embodied in all original plans nowadays, so that they would form part of a coherent scheme, rather than adapted excrescences of modified convenience; in addition, committees are apt to resent being instructed to add what are called essential structures to institutions almost immediately after the original plan is completed.

The admissions for the year numbered 724, including transfers, as mentioned above, and the percentage of recoveries on the direct admissions was thirty, the death-rate being as low as 9.5 *per cent.*, the deaths from tuberculosis not being high.

Dr. Turnbull, like many others, has not been able to escape the penalty of overcrowding, which showed itself in the form of an outbreak of scabies, and latterly of enteric fever.

In the financial portion of the report it is noted that, under the heading "Other payments," the details of which are set out in full, an item occurs showing payment of "fees for recertification of patients." Assuming that this refers to "lapsed certificates," it appears to establish a principle previously in doubt, and one frequently not admitted by local government auditors.

Royal Eastern Counties' Institution, Colchester.—The report of this institution shows an excellent record for the year. The average daily number resident was 498, a considerable increase, in part probably due to the incidence of the Mental Deficiency Act, and the greater activity of local authorities in these matters, 86 cases having been received during the current year under review; of these only 18 were under 10 years of age, and the average age was as high as 14½; it seems a pity that the more educable of these should not come under the care of the authorities at an earlier age seeing the excellent training facility here provided. An idea of the mental standard and qualities of those admitted is shewn by the classification which Dr. Turner gives:

Twenty-two high-grade cases.

Seventeen fair and promising cases.

Nineteen not promising, not containing material that may be improved with education.

Twenty-eight hospital patients incapable of education.

Giving the satisfactory proportion of some 67 *per cent.* capable of benefiting by the training school.

The above form of classification has the merit of being intensely

practical and indeed necessary, but one must confess that reading the report from a medical point of view one would like to hear some details of the fundamental types of idiocy and imbecility in each group.

Great praise is due to Dr. Turner for the personal and detailed care in which the cases are graded for educative purposes, a matter which requires a considerable degree of knowledge and experience. The following extract concerning the working of the Peckover schools and shops portrays something of the plan adopted :

"Undoubtedly we have striven to keep the school work and methods of training up-to-date; we have adopted new ideas wherever they seemed good, though it must be confessed the new ideas are sometimes only old methods revived or in a little different dress. The children who go to school are divided into four classes, though each class is subdivided at least once. In the upper classes ordinary school subjects are taught in the morning, combined with plenty of practical object-lessons and drill, and in the afternoon all classes do some kind of manual work. Girls and boys are mixed in the same class for the morning subjects. This has enabled us to grade the different patients much more evenly than if the boys and girls were kept in separate classes. A particular patient can be thus placed in the class to which he or she belongs by reason of their mental abilities, and no attention need be paid to the question of sex. For the afternoon session the patients are again regraded, some of those who are in the first class for manual work may be much lower for ordinary school subjects. The lower classes take manual work both morning and afternoon. Some of the teaching in these classes is very simple, but one is often surprised at the results. I have had a large number of blocks and bricks of all sizes and various shapes made in the carpenter's shop. These have been painted different colours, but each colour has been made as bright as possible. One of the drawbacks to the Montessori apparatus in my opinion is the absence of any bright colouring. There is nothing to strike a defective child's imagination. Any patient who improves sufficiently is at once put into a higher class."

That this education results in an improvement of real practical value is shewn by the following paragraph from Dr. Turner's report :

"The work in the training shops has fortunately gone on throughout the year without interruption. I have already mentioned how much the institution is indebted to the carpenter's shop for the furnishing of the new house on East Hill. The wood-carving shop has suffered more than most of the shops. Suitable wood cannot be obtained, and even if it could, people are not disposed to buy articles which may be called luxuries. Many of the best wood-carvers have been drafted into other shops where the work is more strictly utilitarian. The brush shop has turned out many hundred more brushes than in any previous year. In addition to private orders the brush contracts for two large asylums have been obtained, and the shop has had to work at high-pressure throughout the year. All the frocks, suits, and uniforms required for clothing the patients and staff have been made in the institution, as well as the greater part of the underclothing for the patients. We have been enabled to do this, because the girls' workroom now contains a large number of higher grade young women, who do good work in this way. When the new workroom is built we ought to make and repair everything that is wanted in the way of clothing. The number of jerseys, stockings, and socks knitted on the machines has increased by nearly 100 per cent. Five thousand five hundred pairs of boots have been repaired in addition to the new boots made. The mat shop has had plenty of work throughout the year. The excellence and durability of the mats made by the patients is now so well known that there are always plenty of orders. The basket shop is not so well known, and we could put through more orders than we receive for baskets and hampers. The elder girls have been of great assistance in the laundry, and have enabled us to do without that increase in laundry staff which would otherwise have been necessary; indeed, the number of paid hands in the laundry is now one less than when the number of patients was half the present figure. The farm has had an excellent year. The value of the

farm to the institution is very evident at the present time, and more land would be a great advantage, not only from the point of view of supplies, but because it provided good work for the stronger patients."

Both the ordinary death-rate and the tubercular death-rate was comparatively low.

City of London.—This report, like so many more, is so seriously curtailed that a great deal that is generally interesting in it fails to come under review.

This institution has given accommodation to a considerable number of patients from Napsbury and St. Luke's Hospital, but nowhere do we find Dr. Steen complaining of overcrowding, nor in the report is there any sign indicating a condition prejudicial to the general health of the community; indeed, except for a small outbreak of influenza, the year under review appears to have been remarkably free from epidemic disease. Forty-five members of the staff were absent on military service, but the remainder of the staff appear to have risen to the occasion demanded of them, and the Committee are able to express their high appreciation of their work.

The admission rate for the year was 169, but owing to the absence of the ætiological table there is no information as to causation. The average for the previous ten years was 143, and the previous five years was 135; there was, therefore, some enhancement in the admission rate for the year, though Dr. Steen clearly is of opinion that the war and its concomitant conditions do not at present, at any rate, produce any appreciable effect on the community in this direction.

"To sum up: there are so far no evidences that there has been any increase in insanity during the past two and a half years, and it is highly probable that there has been an appreciable decrease,"

and this is the conclusion gained from a perusal of most of the asylum reports in the country.

The recovery rate for the year was 32·4 *per cent.*, and the death-rate as low as 7·4 *per cent.*; the usual death-rate, however, of this institution is lower than the average of the counties generally, which we understand Dr. Steen attributes partly to the excellent site and subsoil, partly also no doubt to the very extensive use of the verandah system.

In the farm balance-sheet, we note that although "cartage done for the asylum" is represented, and "value of pig-wash" is charged for, for some reason there does not appear to be any charge made for the labour of patients, which in many institutions, at certain times of the year particularly, is an important item, and in these days of increased wages still more so. It is difficult to assess this really accurately on account of its fluctuating quality and quantity; it is generally considered, however, that an approximate estimate should be made to give greater correctness to the farm account for comparison with non-asylum farm accounts.

Borough of Middlesbrough.—The Borough admissions for the year 1916 were 66, which showed a decrease of 13 as compared with the previous year; the total direct admissions were 83 and the indirect 6, and from a table shown by Dr. Geddes, the proportion of certified

insanity of the poor class, to the population of the Borough, has risen from 1 in 517 in 1894 to 1 in 408 in 1916, the population itself having risen from 75,532 in the former year to 125,718 in the latter.

The recovery rate is stated to be the "very satisfactory one of 49.4" calculated on the direct admissions. It is very remarkable to notice in the different annual reports what each medical superintendent regards as a satisfactory recovery rate; at the one end of the scale we find Dr. Whitwell referring to 15.8 as a satisfactory recovery rate, and from this, through the whole gamut, culminating in a recovery rate of 50 *per cent.* and over. The question really is, are we to do our best to achieve a scientific standard to represent recovery in mental disease, or are we to accept the lay or legal view, namely, that a man is recovered when he appears to be, according to the understanding of the uninitiated? The public, though they may be stupid in the matter of mental disease, cannot help noting the large number of "recoveries" that are continually coming back to asylums (for instance, in one series of asylums during a period of sixteen years the returned "recoveries" amounted to nearly 30 *per cent.*), and the result of these observations made by the public is that many of them are beginning to think that they are quite as well able to form an opinion in this matter as the mental expert. On the other hand, we have the remarkable and curious fact that according to the existing Lunacy Law there is not anything called "recovery" of poor (pauper) patients, but only according to Sect. 83, of patients in hospitals or licensed houses. Again, it is very seriously implied by that Act that after all, the final court of appeal as to a man's mental condition is not the doctor but the layman. If, then, we are to accept the idea that a man is recovered, the moment he has ceased to be certifiable, not only by the doctor but by the layman (Sec. 38 (6) *b*), then a high recovery rate is not only inevitable but dreadful; but if we are to accept the undoubtedly more scientific, and probably more correct, view that though many patients appear to the uninitiated to be well mentally, much fewer really recover, then the high recovery rate must go, and the low one rule, which to some people would seem appalling.

The death-rate for the year was 10.3, and the deaths included one unusual case from shock following the reduction under an anæsthetic of a dislocation of the hip-joint sustained in an epileptic fit.

County of Salop and Borough of Wenlock.—Although the dissolution is now complete between the counties of Shropshire and Montgomery so far as mental disease is concerned, the Asylum at Bicton still continues to receive Montgomery cases, the current receptions under contract at 21s. per week and some of the residual cases at 14s. per week, it seems probable that the general increase in cost of everything will shortly render the latter figure untenable from a business point of view. The number of patients at present in the Asylum, owing to the dissolution of the Counties, is practically the same as obtained thirty years ago, as is shown in an interesting table of the population movements since the year 1876. Dr. Hughes also shows the ratio of the insane to the population in the various contributing Union areas taking the 1911 census as a basis, from which it appears that the more purely agricultural areas, such as Drayton for instance (1 in 588), tend to have

the smaller proportion of mental diseases ; this seems to suggest the absence of that serious depletion of the country for the supply of the urban areas, which sometimes occurs. The borough of Shrewsbury shows the highest ratio, namely 1 in 280, the corresponding figures for England and Wales being at present 1 in 266.

The admission rate for the year was lower than usual ; owing, however, to the great reduction in the statistical tables, and as in other asylums the general volume of the report, there is nothing to be gleaned as to the relative value of the causative conditions in operation. The recovery rate was 41·4 *per cent.*, calculated on the direct admissions, which must be regarded as a high one from an institution which takes every kind of case without selection. The death-rate is remarkably low, namely, 8·9 on the average daily number resident, 17·9 *per cent.* being due to some form of tuberculosis.

Dr. Hughes is to be congratulated on the loyalty of his subordinate staff who so readily assumed the extra work thrown upon them by war conditions, since he is able to report that married men, artisans, and tradesmen willingly and readily consented to take turn to sleep in the asylum if and when necessary, artisans and tradesmen in addition volunteering to undertake ward duties after their working hours, an unassuming and useful form of patriotism which might to advantage be emulated in other walks of life.

Warwick County.—Dr. Miller received during the year 224 patients of both sexes, from Rubery Hill, Hollymoor, and Northampton Asylums, which had been converted into temporary military hospitals ; the normal number, for which accommodation is provided, is not shown in the report, but it is readily seen that this great influx caused considerable overcrowding, which had indeed already been in existence, as it was referred to in the report of the previous year. At Warwick County Asylum they are unique to some extent in having such a considerable area of covered airing-court which they were able to use successfully as a dormitory for male patients, ninety patients having been comfortably housed there for the past one and a half years. The great diminution of the staff (seventy-six of whom are on military service), together with the sudden great increase of patients, necessarily, as in other similar asylums, limited the freedom and liberty of the patients, though judging from the very satisfactory and healthy state of the farm account, the patients must have been fully employed in farming operations, and Dr. Miller was even able to assist neighbouring farmers by the loan of patient labour.

Amongst the admissions we note there was a larger proportion than usual of congenital cases ; this is a thing which is disappointing to most medical superintendents, who had hoped that with the advent of the Mental Deficiency Act they would have been relieved of this particular class of patients for which they, as a rule, have no suitable accommodation, and for whom they have no means of training. It is, of course, true that under present circumstances the provisions of the Mental Deficiency Act cannot be carried out, and to all intents and purposes it is in abeyance, but in many counties the medical superintendent of the county asylum is not in such close touch as he should, in our opinion,

be with the Mental Deficiency Committee, whose official adviser, we believe he undoubtedly ought to be (and sometimes is). The result is that the Mental Deficiency Committee in some cases deliberately and of intention takes advantage of Sec. 30, ii, of the Act, to shirk any responsibility of dealing with cases that have been touched by the Poor Law, although in the summary of the report of the Royal Commission upon the Care and Control of the Feeble-minded it is definitely stated that "we have come to the conclusion that intervention by the Poor Law in the case of mentally defective persons should be based on the principle that such persons are suffering from mental incapacity," and in the Mental Deficiency Act it is clearly intended that the county asylum should not be utilised for the disposal of inconvenient imbeciles in the workhouse, since provision for their removal or transfer occurs in Sec. 16 (II) to an institution for defectives. Unfortunately, however, under Sec. 341 Lunacy Act, 1890, the term lunatic means "idiot or person of unsound mind," and thus unless proper direction be given to the actions of Mental Deficiency Committees when the Mental Deficiency Act comes into actual being and force, there would appear to be a possibility (if nothing more) of a repetition of some of the defects of the Lunacy Act of 1890, in that the poorer class of cases will be deprived of opportunities of education and treatment to which they are justly and rightly entitled. Warwick County Asylum has already resident 200 congenital cases.

The total admissions for the year were 230, and as to causation, "stress either sudden or prolonged" is assigned as the cause of the attack in a large percentage of cases, though owing to the necessary shortness of the report there is no table to show whether this was regarded chiefly as a principal or contributory factor. Alcoholic excess as a factor of either kind only occurred in a little over 5 *per cent.* of the admissions. The recovery rate was 33 *per cent.* on the gross number of admissions. The two largest factors in the death-rate were senility and tubercular disease, the latter accounting for 19·8 *per cent.*, and of this Dr. Miller observes :

"The deaths due to tuberculosis and pneumonia are more numerous than in previous years. This will no doubt be found to be the case in all overcrowded asylums. There has been much inevitable overcrowding in this asylum, a factor which in my experience has had marked influence on the incidence of the diseases mentioned, and our dietary has of necessity been considerably reduced, which also has no doubt tended to diminish resistance in constitutions already enfeebled and prone to disease."

Royal Edinburgh Asylums, Morningside.

There is much to be learned from the Scottish institutions as regards the grading of patients, so that a man may not necessarily become what is called "a pauper" from the mere fact of losing his earning power through mental disease, any more than he does by entering a public hospital for bodily disease, unless in fact he really is poor to the degree of practical destitution. Thus at Morningside we find accommodation for private patients providing their own clothing at a sum as low as 15s. 4d. per week, for intermediates at 19s. 9d. per week, and rate-paid at 16s. 1d. per week, and it is certain that many of these former classes in an English county would of necessity be classed as rate-paid or—

unfortunate word—pauper patients. Moreover, in order to maintain these figures as low as possible, consistent with the high cost of living, the Board of Managers resolved to suspend in the meantime the operation of the Sinking Fund, so far as repayment of debt is concerned, and to increase the rates of board only to such an extent as to provide an income sufficient to meet ordinary expenditure. But Morningside is fortunate in having excellent charity and benevolent funds for the assistance of the less fortunate. On these, however, in the year under review so great was the call that the expenditure exceeded the income.

The total number of cases admitted during the year was 424. Owing to an unfortunate printer's error in Table I it is not quite clear exactly what proportion of these were first admissions, but approximately 344 is the number, therefore the figures do not show any increase of insanity in the contributing area.

On the subject of ætiology, Dr. Robertson speaks strongly of alcohol as an exciting cause amongst the admissions for the year, but concludes from the figures that during the year under review there has been slightly less drinking to excess amongst men and slightly more amongst women, but, on the whole, less than during the past few years.

“There is no doubt whatsoever that the amount of alcoholic insanity admitted has been decidedly less since the war began than in previous years, and there is no evidence in the statistics at my disposal that women since then have been drinking more.”

This is an observation of considerable importance, having in view the great prevalence of loose statements on this subject and especially calling to mind the fact that the above result has been achieved in an area which has not been under that strict Government control which is said to produce such beneficent results. Syphilis seems to have been a definitely determined cause in 14.7 *per cent.* of the cases of insanity occurring amongst men.

“In other words, one in every seven men suffered from irrecoverable insanity produced by a preventable cause and by a very curable disease, provided that the remedies which medical science has discovered were made use of at an early stage by those who became infected with it. At last, however, something is to be done for its organised treatment. I would impress upon the public bodies concerned that they cannot do too much. The return, so far as the prevention of this incurable form of insanity is concerned, would not be immediate, for it does not develop as a rule till twelve years after infection, but in the end the country will be amply repaid for all outlays, whatever these may be. Leith provides a higher percentage of this form of insanity, in comparison with its population, than any other district in Scotland, and Edinburgh comes third on the list. The Inverness district, including the northern counties, comes last, with only one-eighteenth of the percentage, at the head of the list.”

In the ætiological table we note that the older form of the Medico-Psychological Association is used, so that the convenient term “ætiological factor” with all its latitude is replaced by the more exacting phrase “probable cause.” There are several interesting points in this table, to two of which we would draw attention, namely, a case of mental disease in which the “probable cause” assigned was masturbation as a predisposing factor, and another of cancer of the breast, in a similar relationship. By predisposition, one generally means not really

a cause but an initial and sometimes innate condition resulting in less resistance to a stress which we may call exciting or precipitating; predisposition to an end is thus a state of equilibrium of less stability than normal, but of varying degree. It is not, therefore, easily conceivable that an act such as masturbation, or a condition such as cancer of the breast, should be a predisposing cause; in each case there must have been a chain of events preceding them, of which this particular event is but a terminal incident of comparatively small import. Such incidents may, of course, be terminal factors, or in the one case a mere symptom—whether they ever rank as “predisposing causes” is certainly open to doubt.

Dr. Robertson gives some well-timed and temperate remarks on the subject of spiritualism and its relation to mental diseases; he regards the publication of *Raymond* as lamentable, a view accepted by many, and shows how dangerous spiritualism may be to those of neurotic temperament.

“I would remind inquirers into the subject that if they would meet those who are hearing messages from spirits every hour of the day, who are seeing forms, angelic and human, surrounding them that are invisible to ordinary persons, and who are receiving other manifestations of an equally occult nature, they only require to go to a mental hospital to find them. It is true that the modern physician, by a long study of these phenomena, has come to regard them as symptoms of disease, and has renounced the doctrine of possession by spirits, though it had the double merit of simplicity and of antiquity to support it. If honest mediums do exist who hear inaudible messages or feel communications without words, or see forms invisible to others, the mental physician accustomed to ‘symptoms’ is inclined to regard their ‘gifts’ as being, if not morbid, at least as closely related to the morbid, with no element of anything ‘occult’ about them.

“I desire to warn those who may possibly inherit a latent tendency to nervous disorders to have nothing to do with practical inquiries of a spiritualistic nature, lest they should awaken their dormant proclivity to hallucinations within their brains. I have known such a person who had lost her son following the procedure in vogue at present, under advice, first hearing of him through mediums, then getting into touch with him herself and receiving messages from him, some as impressions and others as audible words, then increasing her circle of spiritual acquaintances and living more for her spiritual world than for this, to the neglect of her husband and household, till finally God conversed with her in a low musical voice at all times, and confided His plans for the future to her. I would ask spiritualists where in this case does spiritualism end and mental disorder begin? Do they overlap? Do they exist? Or is there such a state as disordered mental function at all? Or is it that spiritualism was wholly absent from the case?

“While inquiries into spiritualism sometimes lead to insanity in the predisposed, I have found more frequently that to persons suffering from the simple forms and early stages of mental derangement, the theory of spiritualism has a great fascination. It is simple—a child can understand it—indeed, it is the explanation of the primitive savage for all the actions produced by the mysterious forces of nature. When, therefore, a person suffering from the early symptoms of insanity hears imaginary voices, or experiences strange feelings and impressions, he finds in spiritualism a ready and a comforting explanation of these phenomena, and he becomes interested in the subject. However injurious spiritualism may be to these persons in retarding recovery, it would be wrong to say that it was the cause of their derangement.”

In another book on spiritualism recently published (*The Dangers of Spiritualism*, Raupert), we notice that several of the cases there set out in detail were obvious cases of crude mental disease familiar to all mental students.

Of the admissions, the melancholic form of manic-depressive insanity was predominant, the difference in the proportion of the cases in different areas is very marked, and appears at present inexplicable. Another noteworthy feature in the admissions is the somewhat large proportion of cases of "infective-exhaustive" insanity (presumably confusional insanity), namely sixty-four in 424 admissions.

The recovery rate for the year was 30 *per cent.* calculated on the admissions. In some quarters much capital has been made out of the fact that, on the figures as published of mental disease, there has been no increase in the recovery rate during the past fifty years; we would go still farther, and claim that there has been an actual diminution in the recovery rate, as shown in statistics, for this period, as almost any asylum tables will show. The fact of the matter is that our knowledge in these matters has increased, and we are now better able to differentiate between true and false recovery than we have ever been, and instead of the deduction being that the study and knowledge of insanity has not progressed, the deduction should really be that it is because the study and knowledge of mental diseases has progressed, that the recovery rate, as shown by statistics, has not increased or even become lower. In the tables before us, showing the history of the annual admissions since the opening of the asylum, it seems clear that in the earlier years, some forty years ago when the recovery rates soared to 48—55 *per cent.* on the admissions, a large number of these cases were made up of non-recovered cases; in one year the relapsed cases formed 38 *per cent.* of the total admissions, and in the preceding forty years they formed 31 *per cent.*, while in the year under review they only formed 23 *per cent.* While discussing the subject of recovery rates in mental diseases over a period the very pertinent question might with justice be asked, has the recovery rate in *any* disease of the nervous system increased greatly in the same period? The answer is in the negative, but there are keen and earnest men working at both nervous and mental disease, and those who cavil at results have forgotten Tennyson's line: "Science moves but slowly, slowly, creeping on from point to point," and clamour for immediate and dramatic developments. As regards the "ill-considered advertisements for subscriptions for hostels," which disfigured a well-known daily paper, Dr. Robertson makes some sound remarks; we ourselves challenged each statement in the paper as it was published, and were perhaps to some extent responsible for their modification in the later issues.

"In connection with the care of neurasthenic but not insane soldiers, I observe ill-considered advertisements for subscriptions for hostels, which are doing a public disservice by contrasting unfavourably the useful and excellent work done in asylums, in the advocacy of their own schemes. Practically all asylums in this country have large farms, gardens, and grounds attached to them, yet there recently appeared the suggestion, by a *suppressio veri*, that 'work on the land' is the distinctive feature of these places. There is no antagonism between hostels and mental hospitals, as both varieties of establishments are necessary for appropriate cases, and, so far as I know, no case of neurasthenia only has been sent to an asylum. The converse, however, does not hold good, for a neurasthenic officer recently sent to a home found the patient on one side of him suffering from convulsions, and a deranged patient making trenches of his bedding on the other. He would rather have been in a well-appointed mental hospital provided with ample resources of every kind and good classification."

LXIV.

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Both the ordinary death-rate and the tubercular death-rate were low for the year.

Roxburgh District.—We miss Dr. Carlyle Johnston's hand in this year's report, and regret that his unsatisfactory health compelled him to resign an office which he had held with great credit to himself and marked advantage to the institution under his control for thirty-one years. We hope that the removal of his responsibilities will allow him to regain his health and enjoy his well-earned pension for many years.

The admissions for the year numbered seventy-one, a somewhat lower admission rate than that of recent years, which Dr. Steele points out is largely due to the diminution in the civil population by the operation of the Military Service Act. Of these admissions twenty were re-admissions consisting of patients who had mostly been intermingling with the ordinary community for periods varying from one year or less up to thirty-five years.

As to aetiology, alcoholic cases do not appear to assume large proportions, and in no case is this regarded as a predisposing factor. Adolescence and senility Dr. Steele regards as predisposing causes, an attitude we are strongly inclined to think may be the correct one if this nomenclature is used, but in one case senility is regarded as an exciting cause, and this is due doubtless to the dilemma in which the former tables of the Medico-Psychological Association continually landed us, which is avoided by the use of the terms "principal" and "contributory," which are more elastic, and give more latitude in apportioning the relative values of the factors in causation.

Dr. Steele, like most other Medical Superintendents, speaks with considerable caution as to the effect of the war and its concomitant conditions on the production of mental disease in the community.

"The admissions included two soldiers from the Army. The question as to what influence the war is having on the causation of mental disease is a difficult one, and cannot be satisfactorily answered until the number of men who have become insane whilst on active service is known. The likelihood is that there may be some, though possibly not a very marked, increase in the numbers of the mentally affected. It seems only reasonable to expect that some men of a neurotic temperament and with hereditary predisposition, who, under the comparatively quiet and uneventful conditions of peace, might have avoided a mental breakdown, may succumb to the physical and mental strain of service in the field."

The recovery rate for the year was 30.9 *per cent.* The mortality rate was 10.7 *per cent.* of the average number resident, and 20 *per cent.* of the deaths were due to some form of tuberculosis. Amongst the deaths we note the case of a female patient between seventy-five and eighty years of age in whom the cause of death assigned was purpura, we assume this was not a case of true purpura, so rare at such an age, but a case of cachectic purpura, so common in senile debility, but so rarely the actual cause of death.

Glasgow Royal Asylum, Gartnavel.—The number of patients resident in this institution shows but little increase at the end of the year compared with the number at the commencement, in fact, the average number resident has only shown minor fluctuations for many years back. The admissions for the year were slightly higher than in the previous year.

which was, however, an unusually low one. There is a very striking difference in different asylums in the United Kingdom in the proportion of male and female cases, and various explanations are given of this in different areas. Dr. Oswald points out, firstly, that the male admissions to Gartnavel have always been fewer than the female; and, secondly, that the excess of females over males, both in admissions and in "number remaining," applies only to private patients:

"for in the rate-supported class the admissions of males to the asylums of Scotland in 1915 was considerably in excess of the females, and at the close of 1915 there were four hundred fewer women than men resident. The difference is to be explained by the fact that the man is usually the bread-winner, and when he becomes ill there is no one to support him as a paying patient, whereas in the case of a woman becoming mentally affected she can be maintained, for a time at all events, by her wage-earning relatives.

"Apart from this class distinction, the admissions into all Scottish asylums in 1915 show that insanity was nearly equally divided between the sexes, the increased frequency of general paralysis and alcoholic insanity in men being balanced by the greater number of women who suffered from melancholia, or who broke down at the climacteric period."

That some slow-acting agency is gradually producing variations in the type of mental disease occurring in the community is clearly shown in many cases, though its varying degree is very striking in different areas, and it would appear to be a corollary to the proposition that evolutionary changes are occurring in the race type, and its mentality, and on this subject Dr. Oswald remarks:

"It is believed by some that mental disorders are changing in type, and that states of depression are becoming more common, and states of mental excitement less so. Acute mania—excluding that due to general paralysis or alcohol—is certainly now less frequently met with, and, among the poor at all events, melancholia, due often to an impaired physical condition, is the most common of all the psychoses. Among the educated classes delusional insanity is, however, very often the form the illness takes, and such cases are among the most troublesome of all to treat."

Of the causes of insanity amongst the admissions for the year, the largest single cause appears to be alcohol; with or without the addition of predisposing causes it accounted for 14 *per cent.* of all the admissions. Stress of various kinds is regarded as the "determining factor," with or without predisposing cause added, in another 14 *per cent.*, and here Dr. Oswald explains that in cases where more factors than one seemed to operate, he tabulates the illness as being due to the cause which, having regard to all the circumstances, he believed to be the determining factor. The table of causes which he shows is somewhat different in arrangement to the older form of that adopted by the Association, and an improvement on it—it is doubtful, however, whether the new table of ætiological factors would not be better for showing the probable relationship in the ætiology when more than one factor appears. We certainly confess to some diffidence in accepting without qualification or modification the view that senility and adolescence are in themselves the causes of mental disease, since it argues that the effect of the incidence of the adolescent period and that of senility is to produce mental disease, a somewhat difficult thesis to hold.

The death-rate was the unusually low one of 5.3 *per cent.* on the

average number resident, and the tubercular disease death-rate was practically negligible.

Aberdeen Royal Asylum.—It is probable that there are greater possibilities of refinements in classification of patients in some of the Scottish Asylums than exists in the majority of English County Asylums; the fact that this institution of a total population of 885 at the time of writing has four distinct divisions, namely,—Main Institution, Hospital, Elmhill House, and Daviot Branch is evidence of this, and possibly the relatively larger number of female nurses employed in the male division compared with the average English County Asylum is thus explained. Possibly also national temperament and type of case affect this question. In many parts of England, however, at the present time there is to be found a greater difficulty in filling female than male vacancies on the nursing staff, owing to reasons that are frequently called patriotic, but are more commonly financial and social.

“There have been many changes in the nursing staff, caused, for the most part, by the war. Every endeavour has been made to release men for military purposes, and, as far as possible, to replace them by female nurses. There are now sixteen nurses in the Male Division, occupying such positions as are considered prudent and desirable. For long it has been found that, with the aid of male attendants, they are admirably suited for the care of the sick, infirm, and debilitated patients. The unfortunate circumstance is that, at the present time, the limit to this system has been reached in this institution.”

The admissions for the year, both private and parish, show a decrease of five in the former case and forty-one in the latter, but, in spite of this, Dr. Reid points out that the admission rate is the second highest since the opening of the District Asylum in 1904, and the incidence was highest between the ages of 40 to 55.

As regards causation, alcoholic intemperance does not appear to form a prominent factor, and syphilis occupies a similar position. In the ætiological table we notice with some interest that puberty and senility are regarded chiefly as factors of an undeterminable position as regards importance, while adolescence is frequently promoted to the position of a predisposing cause. The difficulty of correctly placing these factors in their proper relationship is very great, as is shown in report after report—it seems safe to regard them as contributory factors without necessarily committing oneself to their degree of potency in each case.

Of the deaths, tuberculosis of all kinds showed a death rate of about 11 *per cent.*, and it will be remembered that in previous reports Dr. Reid has on occasion shown extremely low tubercular rates, which he attributes to the extensive use of the verandah system, and free exercise in the open air in all weathers.
