criminals, and while at the same time maintaining the principles of social defence and of intimidation by punishment, to isolate them until at least some notable improvement takes place in their condition."

The value of Thomson's work lay in the fact that he wrote from intimate personal knowledge of his subject, and he grasped in a remarkable way many of the fundamental problems of scientific criminology, and threw an interesting light upon their solution. J. R. LORD.

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5. Asylum Reports.

London County Asylums (continued from p. 142).—The late receipt of this report made it impossible to consider, in our last number, the most useful digest of the medical statistics, which Mr. Keene offers year by year. He does excellent service in so doing, and takes a good advantage of the information collected by his office. As he points out, there are now available the figures for a period of five years since the Association's new tabulation was adopted. Not only does the extension of gathering time add value to conclusions, but a series of five years enables a comparison to be made with the results of the Lunacy Commissioners inquiry into the results obtained in a similar series for all England. In addition, Mr. Keene has in several instances been able to compare London's more recent work with that of the whole period of its activities. He begins with a comprehensive table showing the broad movements of the last three decennia as well as those recorded since the first asylum was opened in 1831. This forms interesting reading, revealing as it does the changes in the tendencies of insanity. The percentage of recovery of London asylums during the critical period is 30·21; while that for the last ten years is 21·46. Since the admissions of the last ten years constitute nearly one-third of the total, the contrast in the recovery ratios is all the greater between the old days and the present time. The deaths tell the same tale, the percentage on the total under treatment for the full period being 34·68, and 27·36 on those cases during the last decennium. It is therefore not surprising to find that the number of cases of over ten years' standing tends to increase largely. The tendency to recover appears to be greater among the females, but that is discounted to some extent by the greater mortality among the males. As Mr. Keene points out, the number of females is still considerably larger than that of the males, but the disparity is waning. Compared with the sex-proportions of London generally, the residence-total shows considerably more females, but the proportion of admissions by sexes are nearly comparable with the general population statistics. This would appear to be a fact of some importance in the natural history of the disease. Dealing with the state of matters at the end of 1911, Mr. Keene puts it neatly thus: "Stated approximately, London contributed that year rather more than one-seventh of the total recoveries of England and Wales, while possessing one-fifth of the patients under detention, and showing one-sixth of the total direct admissions."

The combined "exits" by recovery and death, when stated in four-

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year groups from 1890 show a regular and continuous decline, they being now but two-thirds of the ratio in the first group, namely, 21·26 on the average numbers on the registers then, and but 13·61 now. The chief element of decrease is in the way of recovery, which has dwindled in twenty-one years from 11·06 to 5·32 *per cent.* on the average number on registers, the ratio for the last two years. Nothing could prove more effectually that, as is conjecturable from following tables, the resistance to the effects of mental disease is lessening from gradually increasing degeneracy. Of course, the truth of this, as relating to the total mental defectiveness of London, could not be assured without reference to the admissions into the Metropolitan Asylums Boards' institutions, but the recovery-rates in the latter, exiguous as they are, amply support the conclusion arrived at.

The analysis of the last five years appears to show that the number of first attack cases and of previous attack cases are slowly dwindling, while the number of congenital admissions tends to rise. The number of cases admitted with over twelve months' duration is gradually decreasing, but, as Mr. Keene points out, such figures must depend mostly on the precision with which the signs of oncoming disease are noticed, and are not of much account.

The age table does not supply information of value, including as it does transfers with direct cases; Mr. Keene points out that this inclusion makes a comparison with former years valueless.

The ages in first-attack cases at commencement of the attack (B. 4) are set out for the last five years. These, with the exception of one year (1908), are in declining ratio, being 40·16 in 1911 as against 41·9 in 1907. There has been a substantial decrease in cases occurring under the age of thirty, especially among the females. A little grain of eugenistic comfort can be drawn from the latter statement, especially as a comparison with the Metropolitan Asylums' Board figures, as far as it can be made, shows that the shortage has not been admitted to their institutions.

The civil state (B. 4) remains very much the same proportionally year by year.

Regarding the statistics given so far, one cannot help being struck with the fact that, though there is evidence in many directions of a changing tendency, yet the differences between year and year in short series are so minute as to be only just appreciable. There is something to think of and something to guide action, as far as it is possible, in the fact that, in spite of the complicated, numerous, and ever-shifting elements of environment, mental defect marches on in a measured and equal step. With but slight variations from the same walks in life practically about the same number are affected year by year, at about the same age, as many married as single, and, as we shall see, with very much the same mental manifestations. The steadiness of progress tends to hide the actual ætiology, and makes it more difficult to unravel the complication of factors. But it does indicate the great need for systematic study of general measures for drying up the springs of defect. It may be that heredity is the chief spring, but, seeing how many of us are *compos* in these days, it is idle to put the chief blame on heredity. The occupation table (B. 6) will no doubt in time afford considerable

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information, but, as Mr. Keene points out, value can only be obtained from an extended aggregation of such returns. As noted in former years, clerks and typists, of both sexes, appear to form a disproportional part of the admissions.

In Table B. 5 the forms of mental disease show that those associated with physical factors tend to keep about the same proportion. Insanity with epilepsy and general paralysis stands much the same from year to year. But with regard to the more purely mental affections there is some appearance of acute insanity receding, while the degenerative classes increase.

Non-systematised delusional insanity has a larger incidence. Among the factors (B. 7) the principal matters to note are the gradually declining importance of alcohol, though, in its heredity aspect, there is no such decrease. On the contrary, it seems to have heavier incidence among the first-attack cases. Privation and starvation, together with injuries, are not assigned so frequently. Among the "recovery" statistics the most interesting table is that dealing with the ætiology.

Mr. Keene gives a table showing the proportion of total recoveries attained in the varying causation. Mental stress, alcohol, and insane heredity are far and away the highest of all. One or other was assigned as principal or contributory in over 90 *per cent.* of the recoveries. The two former supply fewer recoveries, but whether this is due to fewer coming under treatment, or fewer responding to treatment, cannot be known. The same may be said regarding insane heredity, which, however, has better fortune. We still think that this return could be made much more valuable if the number of cases admitted with the particular assignment of factors could be given, and the proportions of recovery struck on them, and not on the total recoveries. We acknowledge, of course, that such a comparison is open to the objection that the same persons are not dealt with in the admissions and in the recoveries. But seeing how few recover after five years in any form, the error would be almost inappreciable. Anyhow, we venture to suggest to an enterprising medical officer that he, with his knowledge of the actual persons from beginning to end of their course, could make a very valuable study of the question of the comparative recoveries from insanity assigned to various factors. We really do want such information, for the knowledge now possessed is but crude, and often erroneous. How often do we hear that such a person is a hopeless case because his people are so insane. Yet figures in the main point to the fact that insane heredity is one of the slightest bars to recovery from a given attack.

In dealing with the deaths, Mr. Keene gives some interesting figures comparing the incidence of tuberculosis as a cause in each of the London County asylums. These are stated, both when tuberculosis was returned as a principal cause and when it was returned as merely contributory. The former are stated, in the case of each asylum, for five years, ending 1911, while in another table the latter is given for 1911 only. Certainly there are striking differences in the incidence, but we cannot go as far as he does in suspecting the personal equation of the certifier. There is some room, of course, for doubt as to the disease being a principal cause, but the room for doubt is but small.

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We should not be inclined to pay much attention to the contributory instances. He cannot assign any reason for the variation in incidence between the various asylums, though he points out that to Claybury and Colney Hatch the majority of the patients from the east end of London are sent—to the latter the alien Jews. As noted before, we think that the question of soil and site may have a considerable influence in the incidence of tuberculosis.

He shows, by a special table derived from D. 2 and D. 3, that in the course of the five years 18·68 *per cent.* of the total deaths occurred at over sixty years of age, and 15·82 were over seventy years of age; 10·89 of the deaths occurred after twenty years of residence.

Among the residue (E. tables), of the 20,118 patients on the register at the end of 1911 no less than 4,694 were overy sixty, and of these, 1,513 were over seventy; while of the same number, 4,308 and 714 had resided for over twenty years and forty years respectively. Except in the last case, the females preponderated over the males.

We cannot conclude this sketch of Mr. Keene's work without renewing an expression of deep appreciation of his labours and the spirit which directs him. In conjunction with the similar work of the Lunacy Commissioners much valuable information and critical inquiry is being made available for future use. Mr. Keene's own statistics serve to set off the others, in so far that they relate to a purely urban area, thus helping to comparative consideration of the insanity in other classes of gathering ground.

Metropolitan Asylums Board.—Very considerable changes in the method of dealing with the imbecile children are in progress. The Board apparently is not to be stayed in its beneficent work by the imminent passing of the Mental Deficiency Bill. It seems determined to leave its system in the best possible condition should it be deprived of continuing the duty which it has so conscientiously carried out hitherto. A strong committee was appointed to consider the question as a whole. The result is that Darenth is being made entirely into an industrial colony, all unimprovables being removed elsewhere. Hitherto the administration of Darenth has been clogged by the presence of 1,000 useless imbeciles, who, instead of contributing to the general welfare, demanded an excessive amount of care and nursing. The transformation is being carried out, and the Association has recently had the opportunity of seeing for itself what can be done with a very unhappy class, if only skilled determination is brought to bear. We take this opportunity of congratulating Dr. Rotherham very heartily on the great things which he has done at Darenth, the inspection thereof forming a prominent part of a happy and instructive day. A material part of the new scheme is the transfer of the feeble-minded children, formerly under the care of the Children's Committee, to that of the Asylums Committee, thus bringing all grades of mentally defective under the control of one committee.

"The second prominent feature in the work of the Board during the year 1911 was the adoption of a complete scheme for the systematic classification and treatment of the whole of the mentally defective persons, of whatever grade, for whose care they are responsible. The Board have been charged from their forma-

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tion with the duty of providing accommodation for such harmless persons 'of the chronic or imbecile class as could be lawfully detained in a workhouse,' and the control of the asylums for these cases has hitherto been the duty of the Asylums Committee of the Board. Since 1897, by an order of the Local Government Board, the Board have also been entrusted with the care of 'children who, by reason of defect of intellect, . . . cannot be trained in association with children in ordinary schools' (but who have not been certified as imbeciles). These cases, with other classes of children, have been provided for in homes under the control of the Children's Committee. The reports made by that Committee to the Board from time to time, as the result of their experience, have prepared the way for the recognition of the facts that, as a general rule, these feeble-minded persons can never be sufficiently improved, by the most careful training, to take a place in the outside world, and that the community must undertake the burden of their permanent care, and, further, that there has been much overlapping between the cases classed as imbeciles and the feeble-minded, by what has often been the accidental circumstance of certification. The strongest evidence on this point is that of the Medical Superintendent of Darenth (Dr. Rotherham), who has also, in the last few years, been responsible for the mental side of the work of the Bridge Industrial Home for the feeble-minded. Dr. Rotherham has no doubt that there have been at Darenth numbers of inmates classed as improvable imbeciles quite up to the standard of the feeble-minded at Bridge Industrial Home, and some even beyond the standard of a large number at that Home."

The record of the work done by the patients at Darenth is still most satisfactory, a balance of over £2,400 standing to credit after paying the cost of material and the wages of the teaching staff. The same success attends the Bridge School, which is also under the direct control of Dr. Rotherham. This is beginning also to show an appreciable profit on the same basis. The amount of money made, though not to be despised, is by no means the measure of the good that is done by the labour undertaken. The industry and cheery orderliness of the workers made a deep impression on all the members of the Association who travelled to Darenth in February, and must have been a revelation to many who had not been there before. We note that the Committee in their main report, and Dr. Rotherham in his report, quote passages from the report of the Medical Inspection of School-children Committee.

Cardiff City.—A striking feature in the statistics of the year's working is that, although the total number of patients under treatment was the largest since the opening of the asylum four years ago, and although the daily average resident was also greater than in any preceding year, the number of patients left on December 31st was well below the average of the four years. This is due mostly to a phenomenal recovery-rate, which reads: Percentage of recoveries in the direct admissions—males, 45·71; females, 82·60; total, 60·34. In addition, two males and two females were discharged as not insane. With regard to the recovery-rate, Dr. Goodall very sensibly writes, "Such abnormally high rates in institutions compelled to receive all cases, favourable for recovery or otherwise (including many hopeless), are due mainly to some unusually favourable circumstances, or combination of circumstances, not under control, and only to a lesser extent, in the present state of knowledge, to treatment."

He hopes some day that we shall learn how to arrest the development of cases of adolescent dementia. If such cases were sent out relieved in large number something appreciable would be done to obviate the

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accumulation of demented patients in these institutions. But would not such a wholesale discharge lead inevitably to the production of a still worse class of mind? He gives some concrete figures showing the economic soundness of the policy which fosters and hastens recovery, in spite of the expense of providing the most efficient treatment. He makes a calculation, which may be of service to those who aim at the highest possible scientific work done in their institutions. He calculates that when his research work is completely organised (we can guess at *his* standard) it will mean an addition of 5¼*d.* per head to the cost.

The record by Dr. Goodall of the scientific work done at Cardiff by Drs. Schomberg, Stanford, Harvey Baird and Barton White is striking, and we must refer the reader to the report itself for a full account of it. But we make the following extracts. Dr. Schomberg:

"The patients admitted suffering from general paralysis have been examined with reference to the qualitative and quantitative changes present in the structural elements of the peripheral blood. So far the result of these observations is to show that cases in remission have a well-marked qualitative change, termed a lymphocytosis, which disappears when there is a fresh onset of symptoms. It remains now to establish the degree of constancy of this change, which, if proved, will be of material assistance in giving a favourable or unfavourable prognosis in any given case. The cases of general paralysis have also been examined (by Dr. Barton White) when active symptoms are present, for the presence of micro-organisms in the circulation. Eleven such were investigated, and in all the blood was shown to be sterile."

Dr. Stanford:

"The new methods of estimating indigotin and indirubin are colorimetric, and their elaboration led naturally to an examination of the principles of colorimetry and of the colorimeters chiefly in use, with the result that notable inaccuracies were discovered in the latter. A new colorimeter, free from these errors, was devised, and has been employed, not only for the above methods, but also for other colorimetric work. Occupation with this subject has also given occasion for the scrutiny of some colorimetric methods which are in common use for physiological purposes. Among these is Folin's method for the estimation of creatinin, concerning which some results will be ready for publication shortly."

Dr. Barton White:

"*Bacteriological examination of blood in general paralysis.*—In view of what has been stated with regard to micro-organisms circulating in the peripheral blood in general paralytics, I have examined eleven cases which at the time were showing marked symptoms of the disease. Blood was withdrawn under strictly aseptic conditions from the median basilic vein, and transferred to Pasteur flasks of broth, and to the surface of nasgar agar. After incubation for forty-eight hours at 37° C. the cultures were perfectly sterile.

"*Acute ulcerative colitis.*—With regard to the bacterial examination by Dr. Schölberg and myself of mucus from the intestine in cases of ulcerative colitis, all the organisms normally inhabiting the colon were present, but the dysentery bacillus was not found. As regards the treatment of the cases, the best results were obtained when enemata of silver nitrate: 30 gr. to three pints of warm water, were given at the onset, followed by another twice the above strength on the second day. In these cases the symptoms ceased almost at once, and in all cases the patients were convalescent in from five to seven days."

Dr. Goodall himself contributes some observations made by him in his Presidential Address at Birmingham in 1911:

"The outstanding pathological fact which indicates a toxic pathogenesis for some of the psychoses is leucocytosis. The condition is found very commonly in

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acute and recent mental disorder, and in states of exacerbation during chronic insanity. I believe the following statements are justified by much personal study of this question for the past three years, and by the work of other investigators. The total leucocyte count is increased in varying amounts from 10 to 30,000 per c.mm. in acute and recent mania and melancholia (senility excluded), and in the periodic exacerbations of chronic cases of the same. Should the count fall in the course of the disease it rises again to rather above normal towards the close of the attack in cases which recover, and remains fairly high on recovery. In acute mania and melancholia the percentage-proportion of the neutrophile cells is increased in the early phases of the disease, also towards the close of the attack when recovery is to take place. In these disorders a low total count, and a fall in the normal percentage of neutrophiles, if maintained, are of bad augury, and point to the onset of dementia. As regards dementia præcox, in the active phase there is some, but no considerable increase in the total number of leucocytes; neutrophiles are diminished, and lymphocytes, mononuclears, and eosinophiles increased. Cases of systematised delusional insanity do not exhibit leucocytosis.

"As a generalisation; in the acute and recent mental disorders there is leucocytosis with percentage increase of the polynuclear cells; in the subacute and chronic ones there is little or none, and the proportion of large mononuclears and lymphocytes is increased.

"In acute mental disorders absence of leucocytosis and a fall in the percentage-proportion of polymorphs goes with deficient reaction, and is an unfavourable indication, as is the case in those infectious fevers in which leucocytosis is observed. This, from the standpoint of toxæmia, is significant.

"In regard to paralytic dementia; in the first period, while still the patient is well-nourished and active, there is leucocytosis with proportional increase of neutrophiles; in the succeeding periods lymphocytes and mononuclears are increased at their expense, but it is to be noted that, even in these, exacerbations are accompanied by a rise in the neutrophile count. In eight cases of well-marked remission, recently and repeatedly examined by me, the lymphocytes, transitional cells and mononuclears (especially in the last two varieties) were notably increased at the expense of neutrophiles. (Incidentally three showed eosinophilia.) My friend, Dr. Schölberg, pathologist, of Cardiff, reminds me that in protozoal maladies (sleeping-sickness, syphilis, malaria) the reaction of the white cells towards infection is by lymphocytosis, not leucocytosis. If further experience shows that there is the same reaction in general paralysis, a point of great significance will have been made out. The Wassermann test shows that in general paralysis we have a disease which is syphilitic *au fond*; its essential cause becomes, I think, again operative under privation and stress; further evidence of this may be found in the mode of reaction of the white cells (lymphocytosis). We should then look upon the polymorphonuclear increase as merely a reaction to a secondary infection, such as would cause acute phases and exacerbations in the malady. If this line of reasoning proves correct, an explanation would be available for the favourable results reported by von Wagner and Pilcz, of Vienna, who prolong remissions, and ameliorate the disease, by injections of tuberculin; for by this lymphocytosis is promoted. There is no mention of the state of the white-cell count in the papers by Pilcz which I have consulted."

We venture to take a subdued and respectful exception to the substitution of the term "paralytic dementia" for general paralysis of the insane in the foregoing and in other parts of his report. Putting aside the fact that this is a departure from the authorised terminology adopted by the Association, we submit that it has disadvantages, while it secures no appreciable advantage. It cannot be expected that we shall ever have any name for the disease which will lead the mind to the comprehensive recognition of the components of its pathology; we must rest content with conventionality. General paralysis of the insane is such a conventional term, which has the advantage of never being misunderstood. Paralytic dementia does run the chance of being misunderstood,

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since there are conditions, not uncommon, to which the term can be applied, and to which it is very often applied. On reference to *Tuke's Dictionary*, we find much the same objection taken to the disease being termed "paralytic insanity"; no doubt the objection would be still stronger to the more restricted mental base. After all, *cui bono?*

This year, again, we mildly protest against being tumbled from a state of interested pleasure, arising from the study of first-rate science, into banal domesticity; from the count of leucocytes and polymorphonuclears into counts of gas, units and bunches of thyme. Quite a cold bath at an inappropriate time. Should not the really medical report be cut right away from worldly affairs—Mary from Martha? Dr. Goodall might create a good precedent by thus boldly dividing his information into separate reports—the medical and the superintendent's. There is one good reason for this. He himself laments that the ordinary assistant medical officer has the time for gratifying his scientific instincts overlaid by routine of a purely clerical nature. How can he, the *fons et origo* of successful research, support his demand for more purely medical assistants, if it is open to the critic to say that he himself is so successful in teaching and practising science, and at the same time shows such a good result from his superintendency of the cows and hens? This is no mere querulousness, but the expression of a hope that such work as he reports from his laboratory shall not be belittled by intimate admixture with things of the earth, earthy.

Dorset County.—Dr. MacDonald reports that the excited cases continue to exceed the depressed cases by a large proportion, the ratios to the admissions for the past year being 54 and 11 *per cent.* respectively. He has found during the year that the better hopes of recovery from the former have not been fulfilled, especially among the females. He has provided basins, at the rate of one for each four patients, in practically all the dormitories, thus obviating the use of the lavatories for the purpose of ablution. He finds the change popular and satisfactory in working. The private element is now quite an important part of the asylum population. It actually contributes a good sum in excess of that paid for the public patients. Perhaps some day he might give some points of comparison between the two classes, such as the relative readiness to resort to the aid of the asylum. Other points such as heredity, the abuse of alcohol, etc., might afford useful study.

Glamorgan County.—This area appears to have lost its reputation for general paralysis, which used to make such inroads on the health of its population, after the disease had once commenced to attack the Celtic inhabitants. Now it furnishes a bare 5 *per cent.* of the admissions, two only being females. It is possible to suppose that the opening of other asylums near has relieved this asylum from some of its sea-faring constituents. The discovery of only four cases among 352 admissions, having positive evidence of syphilis would seem to support such an idea. Heredity of insanity was found in about 22 *per cent.* of the direct admissions, and alcohol was assigned in 20 *per cent.* Upwards of two-thirds of the alcohol cases were first attacks. Nearly 5 *per cent.* of the total and a proportion of 11 *per cent.* of the females were puerperal cases. Of the fourteen cases in which the puerperal state was the principal factor, four had insane heredity, one had alcolohism, and one

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epilepsy as contributory causes. It is curious to read in these days that thirty-eight patients belonging to one union had to be discharged and readmitted because they had not been seen by the justice who signed the admission orders.

Kent County, Barming Heath.—Speaking of the inconvenience that often arises from the discharge of recurrent cases, Dr. Wolsely-Lewis puts the matter well and tersely.

"61·9 *per cent.* of the recoveries took place within a year from the commencement of the attack. In 56·3 *per cent.* the form of disease from which recovery resulted was recent melancholia or recent mania. 48·5 *per cent.* of those discharged had a neuropathic family history. 76·5 *per cent.* of the women discharged were within the child-bearing period of life. 22·5 *per cent.* of those discharged suffered from recurrent insanity. The difficulty of dealing with these cases is a very real one; when mentally well it is illegal and seems unjust to keep the bread-winner of the family in an asylum or the mother from her home; on the other hand, a wife who has a husband subject to attacks of recurrent insanity, with intervals of mental health, is obliged when the attacks are coming on and before the law can intervene to endure the misery of living with him as his wife, of seeing daily the evil influence he exercises on the home, and of watching his reason tottering to its fall—perhaps in constant dread for the safety of her children and herself; or, again, a husband whose wife suffers from recurrent attacks—finds his home and children neglected while he is away at work, well knowing from past experience what harm can be done before his wife again becomes certifiable."

Lancashire, Prestwich.—An extensive epidemic of typhoid fever marked the year's working of this asylum. Thirty cases in all occurred, and these were entirely confined to the main asylum. We append some remarks of Dr. Percival, who had the good fortune to obtain the aid of the county medical officer, an officer of much experience in such epidemics.

"Apart from the typhoid outbreak, the general health of the community has been good. This outbreak commenced on January 1st and ended on March 16th, thirty cases occurring during that period. These were confined entirely to the main asylum, none occurring at the annexe. Elaborate precautions were taken to prevent the spread of the disease. All the cases as diagnosed were isolated, their motions were burnt, their urine mixed with disinfectants and allowed to stand for some hours before being poured down the drains. All the linen, clothing, bedding, etc., of these patients were marked with their names and taken to the Foul Linen Laundry in a special skip, treated separately from all other washing and disinfected by people specially instructed. They were returned to the same patients. The staff of attendants dealing with these cases had special instructions regarding their hands, etc.

"With a view to the early detection of cases, the temperature of all the patients in the main building was taken at least once daily. Any case with rise of temperature, headache, or malaise was examined, and if considered suspicious was isolated pending confirmation of the diagnosis. The motions, etc., and clothing of these suspects were treated as above noted. The staff was also under observation as regards temperature, etc. All closets were thoroughly scrubbed out with disinfecting fluids.

"We were unable to discover the cause, although fortunate enough to have the assistance of Dr. Sergeant, the County Medical Officer of Health, whose experience and knowledge of these matters is, of course, immense. However, there is nothing very unusual in this, for, except in those cases due to water or milk (both eliminated in our case), it is the exception for the cause to be traced. Generally, of course, it is easy to state confidently enough a likely cause, although not susceptible of proof."

Dr. Sergeant's report was as follows:

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"The County Medical Officer of Health reports that on January 30th, 1912, in compliance with a communication received from Dr. Percival, dated January 25th, he visited the County Asylum at Prestwich, with respect to an outbreak of typhoid fever, a subsequent visit taking place on the 19th of February. The cases and deaths which occurred are given in the appended Table A. Of thirty cases which came under notice, seven died. The first seven (six males and one female) were attacked from the 1st to the 4th of January—six of these were notified as suffering from enteric fever on the 11th and 12th, and the other on the 21st. The subsequent cases broke out at varying intervals to the 16th March, when the last case occurred. The disease was confined to the old portion of the asylum, and of the total attacks four were among women—two in No. 6 ward and two in No. 2 ward; these occurred in the early days of the outbreak. In certain cases, including the infirmary attendant attacked January 30th, the two infirmary ward cleaners, and possibly other cases, infection was obtained from the typhoid patients undergoing treatment, and it is difficult to say when the primary source of infection ceased to act. The wards most seriously affected were Nos. 2 and 3, and three of the earliest cases were men engaged in barrow and spade work.

"The suddenness and extent of the outbreak suggested a general cause, such as contaminated milk, impure water, food infected by a 'carrier' case, or by rats which may have been disturbed during drainage operations.

"The first two possibilities Dr. Percival was able to dismiss, as a result of a special investigation he initiated. One of the asylum patients (W. H—) who had suffered from two attacks of enteric fever, the first during March, 1909, and the second in January, 1910, was found to be a possible typhoid carrier. He had been sent to No. 6 male ward on October 27th, 1911, and put to work in the closet gang. There is no mention, however, of his having had to deal with the food. The 'rat' theory(1), cannot be altogether dismissed, as it is known that the old kitchen, in which the food was cooked, is frequented by these rodents, and during some recent drainage operations it is possible that a colony of the disturbed animals may have invaded the kitchen and contaminated the food. A further source of disease he attributes to the earth-closet system, now in use in the old part of the Asylum. This system has become obsolete, and ought to be discarded with the least possible delay and water carriage substituted, and, at the same time, the existing lavatory arrangements might be made up to date. The presence so near the wards of excreta liable to be infected at any time from the possible admission of patients who may also prove to be typhoid carriers is a danger which ought to be abolished, nor should patients acting as barrow-men be allowed to remove and dispose of such excreta.

"I may say that the precautionary measures for staying the spread of the disease, as described by Dr. Percival, seemed to be sufficient, and as far as could be observed were carefully carried out, but it must be remembered that the state of the patients treated in the Asylum adds much to the difficulties usually encountered in sanitary administration, and it follows that obviously insanitary conditions should not be allowed to continue."

He laments having had to deal during the year with ten criminal lunatics, some of them habitual criminals. A valuable discussion was started by him at the February meeting on this matter. A good deal more will probably be heard of it in the immediate future.

Northumberland.—This county, after a respite from building for many years, has now to undertake enlargement. As to the nature of such additions, Dr. MacDowall supplied his committee with a full report, and in accordance therewith it is to take the shape of new detached buildings to accommodate the sick, infirm and recent cases. This seems to be far better than to attempt to remodel existing buildings. It gives the opportunity of providing the most improved and up-to-date accommodation for just those who require the greatest amount of care and nursing. Dr. MacDowall supplies a large scale

(1) This cause of infection is being subjected to investigation at Professor Delepine's bacteriological laboratory.

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map of his area, divided into unions. Against each is given the number of general population and the number of the asylum patients coming from each area, and the *ratios* arising therefrom for each decennium starting with 1861. We commend the idea to other superintendents. This information is an essential to any systematic inquiry into the relative local incidence of insanity, which inquiry itself is an essential to forming any general conclusions as to the natural history of the disease. Why should one area have fewer insane than its neighbour? There must be some answer to the question. Doubtless some influence in increasing or decreasing local *ratios* must he exercised by shifting of boundaries and so forth, but beyond that it is reasonable to think that there are questions of social and racial factors, with environment. As he says, to deal adequately with these questions would demand an expert to devote himself to the task, if any useful results were to be obtained. We have always taken the view that the Association might well take this matter in hand and provide some financial inducement to such an expert. Bacterial inquiry and estimation of indigotin are, after all, not the only things needful to discovery of that which we all want to know.

West Riding, Wakefield.—Dr. Bolton draws from his statistics certain convincing conclusions, which tend to increase the gloom that many experience in studying the prospects of sanity of the nation in years to come. He points out that out of 468 admissions, no less than 118 are relapsed patients, most of whom have had since their first attack the opportunity of propagation. Of the 431 direct admissions a minimum of 149 had a hereditary history of psychopathy, neuropathy, or alcoholism; a minimum of 58 had a personal history of mental instability; a minimum of 66 had a personal history of intemperance. Of the recoveries, which numbered 166, 71 had suffered before, thus making a great addition to the dangerously undesirable propagators, while the balance represented so many new additions to those possible parents who have suffered from disability. All the single-attack men and 34 out of the 48 single-attack women were of breeding age. Further, of the 166 recoveries, 69 had a history of psychopathy, neuropathy, and alcoholism; 30 had personal histories of mental instability and 29 of alcoholism. He adds—"A large proportion of the recoveries thus constitute as grave a menace to the community as did the previously insane admissions before their advent to the asylum, and to these recoveries I might add the considerable number of cases who have been discharged to the care of their friends." He points out that the method to be adopted for meeting this terrible menace is in the province of the social reformer. To us falls the more humble duty of saving as large a proportion of the brain power as the methods of treatment at our disposal will permit. The foregoing figures and remarks are extracted from the report of 1910.

In his later report Dr. Bolton announces the engagement, as a whole-time pathologist, of a bacteriologist of repute, who has charge of all the *post-mortem* examinations. The out-patients department appears to thrive remarkably well; 90 new cases came for advice. During a large part of the summer over 1,000 patients left the wards after breakfast, only returning to go to bed. We note some remarks on colitis. Dr.

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Bolton considers this to be endemic in Wakefield Asylum. He certainly has had a remarkable series of grave cases, no less than 18 out of 35 affected succumbing to it. He finds the magnesia system not so efficacious as stated, and is inclined to disbelieve in it. Nevertheless, upon looking back on our remarks on previous reports, we find indisputable evidence of the disease dwindling and finally disappearing under the treatment, which has become so associated with the name of the asylum. The progressive improvement and the beneficial results noted were too conspicuous to have allowed of any suggestion that the success was due to accident, *post hoc* and not *propter hoc*, which conclusion is strengthened by the standing of the recorder of those results. After all, colitis is colitis, and both it and deaths from it are facts that cannot be discounted or lost to sight. The absence of either cannot be accounted for by the imperfection of bacterial investigation.

Some Registered English Hospitals.

The Retreat, York.—Dr. Bedford Pierce puts an old question so well that we think it right to give some extracts from his remarks on it. These are anent the running of risks for the benefit of the patient.

"The physician has to decide the amount of liberty to be allowed to each individual patient, and sometimes the course of action which is absolutely safe is not that most likely to promote recovery. When the patient is profoundly depressed there is little difficulty, but in doubtful cases it may easily happen that the prospects of recovery will be hindered if strict measures to ensure safety are prescribed. There are also wider issues to consider. It would be a retrograde movement to take away the sense of freedom, or to reduce the facilities given to follow ordinary occupations and amusements.

"Although the problem under consideration is not the risk of injury to others, but the protection of patients against themselves, it is essentially of the same nature, and it is possible in our own day to cause great suffering to patients by paying undue attention to the question of safety. We shall always have under care uncertain and doubtful persons. Many of these recover under judicious treatment, and practically all of them are very sensitive as to their surroundings.

"A perplexing dilemma, therefore, continually confronts those who are engaged in the treatment of mental disorders. It affects all our dispositions, from the structure of premises to the smallest details of daily life. In spite of our limitations and the impossibility of foreseeing what may happen, the choice must be made. One road is the comparatively easy path of safety, involving few risks: a path bounded by walls and fences, wearisome but secure. The other road is less defined: it leads to the open country. Many of those who tread it at once respond, and show that liberty is justified, even though unfortunately, now and then, one may wander and be lost."

Two female cases were discharged recovered, having been mentally affected for seven and a half and eleven and a half years respectively.

Barnwood Hospital.—In dealing with the statistics of this institution, Dr. Soutar says that, in his experience, there is no reason to believe that there is an increase of "occurring" insanity as regards private patients. With exceptions, the same would probably be said by most who have to deal with institutions for the private class. The reason obviously for any apparent absence of increase is the gradual withdrawal, in increasing numbers, of patients from institution treatment, in favour of aggregated or individual residence in private houses. The daily papers not infre-

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quently supply occasion for doubt whether this latter form of treatment is always in the best interests of the patient, whatever may be the interest of others. The dangers attending unrecognised detention will surely be minimised by the proposed legislation for temporary treatment of incipient insanity without formal certification in private houses. When this is passed, there will be less temptation to take steps which now tend to hide up matters which should be officially known to someone, if risks, which have been held great enough to demand a rigorous lunacy law, are to be avoided.

He also makes some remarks of importance about the classes of melancholia. May we substitute the term "melancholy"? It comprises those who suffer from the least serious and most curable of all departures from mental health; those who are overwhelmed by mental pain and terrifying delusions which will only be calmed by the advent of dementia; and yet others whose melancholia is but the early stage of types of illness which bear the brand of chronicity. The differentiation of the last from the former is most uncertain, and yet most important, not only for treatment but also for prognosis. We may hope at least that the strenuous bacteriological study now carried on will eventually devise some test for this differentiation. Close clinical watching for the known signs of true melancholia goes some way, but is not seldom unsuccessful.

Holloway Sanatorium.—This report contains considerable information about the new Branch at Canford Cliff, Bournemouth. It appears to be a well-designed, comfortable house, which no doubt will be a most useful adjunct to its parent. The recovery-rate maintains its high figure, the female cases yielding a far greater proportion than the males. No doubt the incidence of general paralysis, to which we shall advert, accounts for this. The death-rate is very low—3·76—the males here also being at a great disadvantage in comparison with the females. The number of not-first attack admissions is very high—31 out of a total of 82. General paralysis supplies some remarkable figures. Ten out of the 45 male admissions were of this form; no females suffered from it. The deaths of paralytics were two only, among the males; while, as to the residue, 17 remain out of the 152 males resident.

Comparative statistics for *males* only are:

	Admissions.	Deaths.	Residue (Dec. 31st).
Commissioners' Report for England and Wales .	1166 (1)	1360	—
London County Council .	285	275	348
Holloway Sanatorium .	10	2	17

These ratios amply confirm the generally received proposition that the expectation of life in a general paralytic is greater in private care. Two reasons can be suggested for this. Firstly, the life is prolonged to a certain extent by the greater repose obtainable in private care, than is obtainable in a bustling place like a county asylum. We have always held the opinion that the life of a general paralytic may, under average

(1) This number is that shown as the average of four years to 1910, the other figures being those for 1911 only.

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circumstances, be regarded like gas in a gas-holder. It can be burned up slowly or fast as external excitements may dictate. Secondly, that among the upper classes some ameliorating influence is brought to bear in the early stages on the most rapidly deteriorating pathological elements by treatment, such as private patients are able to command. The question of nursing and treatment of the developed disease does not of course enter into the question, since it is now of the best under all conditions.

Scottish District Asylums.

Ayr.—Increase in occurring insanity evidently is not an existing fact in this district. Dr. McRae writes :

"With regard to the vexed question of the alleged increase of insanity, the following figures may serve to support the views of those who believe that no increase exists :—

	From 1881 to 1891.	1891 to 1901.	1901 to 1911.
Men (*a*)	+ 3·9	+12·9	+4
(*b*)	+19·6	+36.	−4·4
Women (*a*)	+ 4·2	+12·1	+6·9
(*b*)	+ 1·7	+24·1	−8·3

"(*a*) Difference *per cent.* of general population of the county in decennial periods.
"(*b*) Difference *per cent.* of the mean admission-rate in decennial periods.

"Such a table may serve to illustrate at a glance that the occurring insanity in relation to the numbers of the general population is not even relatively increasing, but actually decreasing. When we consider again some of the types of cases sent to asylums in more recent years, it is to realise that the available accommodation is to a decided extent taken up by individuals who formerly were allowed to roam unattended because considered harmless and comparatively inoffensive, while the aged and broken-down are much more readily placed under institutional care than in the days when such were regarded as more or less a legitimate domestic burden, whose care was a pious duty. The 'village idiot,' or the 'senile dotard,' indeed, every kind of mental cripple, is deemed an incubus at home and the proper subject for asylum care nowadays. There is little evidence among many of such cases to show that poverty in itself is the cause of the relatives' inability to keep them at home. It is rather that in the keener competition in wage-earning, combined with the modern taste for excitement and amusement, less time can be spent in attending to the afflicted member of the family. Cases, again, are often sent to the asylum because the relative who acted as guardian has died, or is going to be married, or has gone abroad.

"It is highly probable that the greatly improved hygienic conditions of modern civilisation, combined with the relatively smaller amount of alcoholism among women, are the most important factors in their decreasing liability to certifiable insanity."

Dr. McRae, in adverting to the potency of alcohol as a factor, expresses a confident opinion that, if efficient means could be devised for its restriction, there would be a great reduction in asylum care. He points to the comparison between the sexes as supporting this proposition. Certainly the females are admitted in considerably fewer numbers, both in comparison with the men and also with themselves in former years, while those "remaining" on December 31st is a decreasing quantity both absolutely and comparatively. As to the causation by alcohol, in a total of sixty-one alcoholic cases, only nine represent

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females, of which six showed alcohol as an exciting cause. The proportions of total causation, whether as principle or otherwise, is for men 52 *per cent.*, for women 13 *per cent.* The English figures are—for men 21 *per cent.*, for women 8 *per cent.*

Glasgow District: Gartloch.—No report that we know better illustrates the malignity of alcoholic heredity than Dr. Parker's. Year by year he keeps up a table showing its baneful effects. From this we learn that last year, of the admissions, 51 *per cent.* had such a history. On further analysis, it was found that of those not over twenty-six years of age it existed in nearly 79 *per cent.*, while of those over twenty-six years the similar proportion was but 33·33 *per cent.* Side by side with these figures, we place the occurrence of alcohol as predisposing or exciting cause, which is given as 48 out of 307 total admissions. This point needs to be rubbed in without ceasing. We may dispute in single cases or in all cases whether the alcohol taken was causal or symptomatic, but there is no room for any such doubt about the heredity, which after all is the minimum, since many of the friends either will not divulge or do not know the exact truth. If the public could be forced to recognise that alcohol, though it is a serious and dangerous factor in the development of insanity, is far more deteriorating to a subsequent generation, thore would be less resistance to doing away with bad old arrangements.

General paralysis accounted for one-quarter of the total deaths and one-third of the male deaths, but it furnished less than one-sixth of the admissions. No less than 19 of the 106 deaths were due to cerebral hæmorrhage or softening. Of these 19, four were seventy years of age and upwards.

Glasgow District: Woodilee.—We must congratulate Dr. Carre on having presented the statistical tables in the full form now authorised by the Association. We can only hope that this good example will find many followers in Scotland, thus preserving in usable shape much valuable information. The incidence of alcohol is much below that at Gartloch, both in regard to heredity and personal causation. Perhaps a further and more particular inquiry may lead to greater returns, otherwise an established differentiation between the two asylums, both fed by the same area, would call for some explanation on scientific grounds. The incidence of general paralysis is much the same as at Gartloch. It is pleasing to read that while ninety-eight of the staff contracted out of the Superanuuation Act, the managers have given a subsidy of £2 to meet contributions of those who are paid £22 or under.

A considerable trial appears to have been given to "606" with the subjoined results:

"Seven cases of general paralysis and one of secondary syphilis were treated with Ehrlich's dioxy-diamido-arseno-benzol—'606.' In four of the cases of general paralysis the result was undoubtedly beneficial, as they showed marked improvement both in their physical and mental symptoms after the injection. In two of the cases the improvement was maintained for eleven and thirteen months respectively, but relapses took place after the periods mentioned, and symptoms which were present before injection reappeared. The other two cases which were benefited have had no recurrence of symptoms, one having been discharged eight months after injection, and the other has been working in the garden for ten months. These two patients received one injection each fourteen months ago. The three remaining cases of general paralysis showed no change in their condition after injection, but they came under observation late in the disease. The case of

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secondary syphilis treated showed rapid disappearance of all signs of the disease, and there has been no return of symptoms since injection, which was performed six months ago."

Inverness District.—Boarding-out of patients is still carried out in this district to an extent that allows it to take the lead in the exposition of the system. Not only are patients sent from the asylum, but inspectors of outlying parishes are encouraged to send their suitable cases to be boarded out. Within a sixteen-mile radius of Inverness there are located no less than 132 (males 51, females 81), who are either placed with related guardians (38), or with unrelated guardians (84). The reason for thus seeking this centre is that in case of illness or breakdown the asylum is handy, so that the expense and risk of moving them from long distances to the asylum is obviated. Dr. J. F. Sutherland, who made a special report on the system, divides these 132 into "useful" 47, "moderately useful" 43, "useless" 42. The Inspector of the district makes a special study of proper homes, and it is reported that another 50 could be easily housed in like manner. The accommodation of the asylum is of course notably relieved from pressure. At first sight it would appear that this system might be adopted with benefit in all districts, but it must not be forgotten that, in addition to suitability on the part of the patient, there must be perfect suitability on the part of the proposed guardian. Where a system has been started like this and is kept up and regulated by zealous work on the part of supervisors it must be successful, but we doubt whether there are many localities that can supply the right sort of guardian. In England certainly there are few, if any such. With the country over-run with railways and well covered with public-houses the difficulties are much enhanced.

General paralysis, which was utterly unknown here forty years ago, has evidently got hold of the district, no less than five men and one woman having being admitted in the course of the year

Roxburgh.—Dr. Carlyle Johnson gives a full exposition of his views on the large bulk of current legislation promised. On the subject of the curtailment of the hours of nursing by Act of Parliament he writes:

"It can be confidently asserted that if the schedule of hours recommended by the Select Committee is imposed, the result will be that in some of the asylums the hours will on the average be longer than they are at present. It is the unanimous opinion of the medical superintendents of Scottish asylums that, with respect to the interests of attendants and nurses alone, a serious blunder has been made, and that, instead of increasing happiness and contentment, the Bill would lead to general dissatisfaction and disputation. That the proposal, to limit by statute and under penalty the time which a nurse may devote to the interests of her patients, threatens grave injury to the nursing spirit, and to a most helpless class of sick persons, is also the unanimous opinion of those physicians who have spent the whole of their working lives among the insane and their attendants."

In referring at length to a measure foreign to us in England—the Scottish Lunacy Bill—he makes one serious point about the accommodation of private patients in pauper asylums. If the clause regulating this should really be enacted we may well say that things are managed better in Engiand, where at least such private patients can wear their own clothes.

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"The third clause empowers district boards, with the sanction of the General Board of Lunacy, to receive private patients into district asylums and to provide accommodation for them; but they may not charge for such patients a sum exceeding £10 per annum in addition to the rate of maintenance fixed for pauper patients, and it is stipulated that 'Private patients in district asylums, whether provided for apart from the pauper patients or otherwise, *shall have the same accommodation, food, and attendance in all respects as the pauper patients.*' It is difficult to understand how such a harsh, retrograde and inconsiderate proposal can have been allowed to find its way into print. If the clause becomes law, the poor professional man, the small farmer, the village shopkeeper, the well-doing artisan, the schoolmistress, the decayed gentlewoman, the subjects of mental disorder, instead of being relieved by statute from those disabilities and restrictions which a generous dispensation has hitherto done its best to lighten, will be definitely condemned to pay prohibitive rates for their treatment, and in many cases to be exiled from their homes, or submit to be regarded and treated 'in all respects' as paupers."

Stirling District.—The available accommodation here is getting so limited that fresh building has to be considered. Dr. Campbell points out that the present hospital is incapable of enlargement, and he boldly recommends the erection of a new block for the reception of one hundred recent and acute cases only. This illustrates the need for asylum buildings being built with an eye to the far-distant future. A time must come with the increase of population (whether lunacy itself is or is not relatively increasing) when there must be a call for more accommodation. It is a pity when it is found that a block, which thoroughly meets requirements, cannot be enlarged on account of the nearness of other blocks, though, of course, in this instance an opportunity is afforded of erecting something even better than that which exists. We suggest that the Committee and Dr. Campbell are under a misapprehension as to the effect on accommodation which will be made by the Mental Deficiency Bill when it becomes law. It is thought that it will increase the pressure on the asylum. On the contrary, one of the Home Secretary's great points was that the asylum would be relieved of many of its occupants, who would be housed in a colony or other house, half-way between the asylum and the workhouse.

We note that the incidence of alcohol was assigned in 17 *per cent.* of the admissions, in each case as the exciting cause. In 20 *per cent.* adolescence is returned as the predisposing factor; this is a grave evidence of degenerative conditions. General paralysis is returned as the *cause* in seventeen cases. The assignment of a disease as a cause of itself opens the door to much argument, as we have often pointed out before. To say the least of it, it is unusual, especially as an exciting cause. We note, too, that no less than eight cases—six males and two females—suffered from acute delirious mania, a heavy tax on responsible nursing.

Scottish Chartered Asylums.

Crichton Royal Institution.—Dr. Easterbrook, like most of his colleagues, devotes considerable space to the criticism of the many Bills impending in Scotland. He puts his case so ably against the proposed limitation of hours that we venture to reproduce his argument in his own words:

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"Scottish attendants and nurses have their fair share of common-sense, practical-mindedness, and sympathetic consideration for others, and they know that, from the nature of their service, and in the welfare of the insane, the asylum day must ordinarily last from about 6 a.m. to about 8 p.m., or later on entertainment evenings, and the asylum night from about 7.45 p.m. to about 6.45 a.m.—a certain amount of overlapping of the hours of duty of the day and night staffs in the evenings and especially the mornings being necessary, so that at the times when they relieve one another they may hand over their charges properly and safely. From the nature of the work the attendance and nursing of the insane must be run on the lines of a domestic and hospital service, not on the lines of a trade or industry or commercial undertaking, and the ordinary working day and working night of asylum service, with their natural limitations of the hours of duty for the day and night staffs, cannot be actually shortened within these limits without the introduction of a third relieving staff—in other words, of a 'three-shift' system of attendants and nurses, a system which would be most detrimental to the welfare of the insane, not to mention that of the attendants and nurses themselves with so much idle time thrown on their hands. The proper remedy for the improvement of the conditions of the service as regards the long hours of duty is, not to attempt to curtail the ordinary asylum day and night, which the nature of the work demands and which has the sanction and approval of those who have the best interests of the insane at heart, and who have worked longest and most intimately amongst them, but to continue along the lines of the substantial progress of the past, and to still further improve the leave of absence from duty of the nursing staffs."

Gartnavel.—The proposed Scottish Lunacy Bill appears to have raised some doubt as to how the clause to which Dr. Carlyle Johnstone draws special attention to will affect the interest of those Royal asylums where many patients are admitted at £40 or under. As a general rule competition must be held to be good, as it means the offering of the best for less money, or more for the same money. But the case may be considered to be different when charitable contributions are pitted against the bottomless public purse. The Bill, however, as it stands, handicaps the latter enormously with the provision animadverted upon by Dr. Carlyle Johnstone. A time must come when the accommodation for poorer cases in Royal asylums will be entirely absorbed. What will become of the £40 patient then?

In relation to discharge of improving patients Dr. Oswald writes:

"I venture, however, to express my firm belief that patients are more frequently discharged too soon than needlessly detained. The patient improves, brings pressure to bear on his or her friends, appeals to their sympathies, and is removed often against their better judgment. In such cases neither the patient nor the friends are the best judges of the fitness for liberty, but the public are entitled to protection against the danger that comes to the State by the procreation of mentally unfit children, and from the presence in the community of those who cannot be regarded as normal. Statistics from the London asylums show that nearly 29 *per cent.* of those discharged in the last sixteen years have found their way back; 12 *per cent.* within twelve months of discharge. A longer period of treatment would tend to a greater mental stability, and it would diminish the social danger."

Dr. Oswald, in describing the benefits arising from clinical clerkships, rightly points out that it is good for the asylum and good for the clerks themselves, in so far that the experience thus gained enables them to recognise abnormalities of the mental state in earlier stages. We should go considerably further than that in saying that their whole practice will be benefited by practical acquaintance with the influence of mind over body. It will assist in the impartial analysis of symptoms which might

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otherwise be looked at from either mental or physical side, according to the general trend of mind in the observer. This must be to the advantage of the patient. Besides, it leads to a more cautious interpretation of signs that at first sight seem precise enough, but which, read by asylum experience, may turn out to have been seductively fallacious. Beyond all it prompts to the whole study of man, and thus broadens opinion. But we must own that asylum residence can be easily too protracted for the purpose of general practice.

Some Irish District Asylums.

Belfast.—Dr. Graham reports that the admissions have decreased by 17 *per cent.*, or 46 less than last year, and that the first admissions are less by 39 and the re-admissions less by 7. He asks the question whether it may be considered that after going down hill for many years, they are not beginning to ascend? He thinks that such a happy inference may be drawn. He points out that this decrease is in spite of the greater humanitarianism, which prompts the earlier and more complete segregation of the defectives. He says that it is well that the operation of the Mental Deficiency Bill should not be extended to Ireland at present, as they have not yet the machinery for working it. When, however, they are ready for it, it will lead to a great decrease in those registered as insane at present. He thinks that through the foresight of the Committee in adopting the villa system, it will be possible then to do a good deal under the new Act on their own territory, by making a large colony system for all classes of defects. Undoubtedly this is an ideal that should make for the most comprehensive and satisfactory dealing with the whole scheme of mental deficiency, which is really in essence one and indivisible, the only differentiation in its components being that brought about by law and convenience. It may be hoped that the benefits of training which necessarily will be provided for the less damaged brains will in time be extended to the more mentally infirm, and thus lead to some utilisation of the labour which lies wasting in asylums. Dr. Graham points out that the villa system lends itself to the admission on payment of those classes above the pauper, since the subdivision of the accommodation allows of greater classification on social lines.

We are glad to see that in respect of ætiology and of the forms of mental disease the relative nomenclature of the Association has been officially adopted. We can now hope for some valuable information, especially under the first heading. Would that some good genius would send such an idea into the heads of Scottish authorities. We are able to note that in this instance alcohol has an incidence heavier than England's average, especially in the females. In five-sixths of the latter it acted as a principal cause. We note, too, that at this asylum, as at the Down Asylum, in three cases the drug habit was the assigned cause. The proportions in each case are small, but are very much larger than the ratio in England. It suggests a point worth watching. General paralysis is reported in 9 male cases out of 99 and in 2 females out of 134 admissions.

Down District.—Dr. Nolan makes a strong appeal to the good sense

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of county councils. He laments that they have not taken advantage of a provision inserted at his suggestion into an early act of Edward VII, enabling the Councils to provide for scientific study in asylums. In this respect, Ireland is behind its sister kingdoms. In discussing the proposed Bill of Lord Wolmer's, Dr. Nolan says that the suggested reduction of hours of asylum employment to sixty per week, with a provision for 25 *per cent.* extra payment overtime,(1) has met with the approval of a convention of Irish asylum attendants. Thus, it is thought, Committees would be spared any serious addition to their staff. However this may be, the compromise cuts the ground entirely from under the chief *motif* of the suggested legislation. This was to remedy the evil of excessive duty. If an agreement is come to as to the proper number of hours, how can any addition be made deliberately to that number which would theoretically lead to excessive duty, and consequent prejudice to the patients? Undoubtedly in some places the staff was, and is, overworked, but to do more than the defined maximum for gain is simply to confirm the suspicion originally formed in many quarters as to the real end sought for. It would be surely more dignified to settle the maximum at a higher point and adhere to it, at the same time, if necessary, increasing ordinary wages; the same end would be attained, and consistency of thought would be secured. To put the matter shortly—it should be ascertained, and then fixed, what is the time during which anyone can be properly called upon to do his duty to all, and that time should not be exceeded except under emergency that cannot be met by any other measure than overtime. When such emergency calls for overtime then a proper payment should be made. We learn that the convention mentioned above considered seventy hours as a fair limit. To adopt, under these circumstances, a maximum of sixty, with a view to overtime being made, is not a fair and square procedure.

The Lebanon Hospital for the Insane.

This report, always interesting, has an additional interest this year, in that it announces the retirement of the original founders, Mr. and Mrs. Waldmeier, the former having passed his eightieth year. It is a convenient time for looking back over the work done during the existence of the Institution. It was founded in 1896 as a very small beginning, prompted by the sights of misery and cruelty which the founders discovered among the unfortunate insane of the district. At first, if we remember rightly, the initial stages were not free from risks of personal dangers to them at the hands of fanatics, but certainly they had to face race-hatred, creed-hatred, and the machinations of the "wise" men who affected to charm away madness in their own peculiar methods. But the enduring piety and sensible control displayed from the first has beaten down all these, and now, as the best evidence of the respect which the work has engendered, the proud title of "waki" has been accorded to the whole property of the Institution at Asfuriyeh. This term specifically marks it as a pious foundation, unassailable, to be used for all time only for the purposes for which it was founded. It now treats about 200 in the course of the year, apparently having

(1) These were not the final proposals in the Bill.

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accommodation for about 100 patients at any one time. It is going to be considerably enlarged through a magnificent donation of a new house by Mr. Frederick Greene. Though much help comes from Switzerland, Holland, Germany and America, the British element is strongly represented, the medical superintendent having always been a native of these islands, the general committee, the treasurers, trustees and other officers being dwellers in the United Kingdom. Further, it can be said that the lines of management and treatment are absolutely British in character. The institution is another example of the splendid work done for the insane by our country wherever it goes, either to Egypt, where, in the face of tremendous difficulties, Dr. Warnock has evolved not one only, but two asylums that will compare with any; or to the Colonies or to India, where the same beneficence is accorded to natives as to English. Such cosmopolitan success must surely denote the absolute correctness of the great underlying principles.

The report contains several medical tables resembling our own as far as may be, though they do not go the length of differentiating transfers from direct admissions. The admissions for last year numbered 102, while the deaths and discharges amounted to 103, leaving the residence at the end of the year at 95. It is somewhat curious to note that the months of May and June supply a large proportion of the admissions and recoveries. We have made a similar note more than once in relation to the London asylums, where the months of increased activity are nearly identical. The suggestion made is that there is in all people a crisis in the early part of the year, when physical readjustments give greater opportunities for the entrance of the enemy, and, at the same time, for its successful ejectment. The recoveries amounted to 33, and this gives a percentage that compares very favourably with our home results. As to causal factors, heredity is assigned in 4 cases only, but Dr. Watson Smith finds that the friends are obsessed with the idea that he ought to know much more than they do about the patients' past, present and future. Puberty and adolescence were given in 10 cases, equally divided between the sexes; climacteric in 2 cases only. All the foregoing factors are ranked as contributory. As to the principal causes, mental stress was found, as sudden, in 7, and, as prolonged, in 9 cases. Hasheesh accounted for 1 case (a large difference from Egyptian ratios), morphine 2 cases, alcohol 4 (all males), general paralysis 7 men and 2 women, syphilis 2, neurasthenia 3 cases. No history could be elicited in 34 cases, so the percentages to be struck from the above would be on a basis of 68 cases. Mania supplied 25 and melancholia 17 admissions – recent cases only. A notable form was that of dementia præcox, of which 24 cases were found. Since Dr. Watson Smith is enabled to divide these up into hebephrenic 17, katatonic 2, paranoides 5, we may be assured that he has studied the disease on the most approved lines, and that this large number does not represent hasty and lazy diagnosis. It is to be noted that out of all these only two hebephrenics were females. Another point that strikes one is the comparatively short residence of those discharged. Unfortunately these are not divided into the recoveries and others; therefore the full value cannot be given to the figures. But, of the 92 discharges, 22 were out in less than one month and another 19 in

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the second month ; 68 out of the 92 went out in less than six months. The deaths, 11 in number, arose from apoplexy 2, exhaustion from melancholia 1, general paralysis 4, pneumonia 1, phthisis 2, accident 1. The absence from the list of typhoid, dysentery, etc., speaks well for the sanitary precautions taken in such a dangerous locality. To enforce what has been said about the triumph of good over evil, we would point out that the 102 admissions came from Lebanon 39, Damascus 5, Beyrout 29, smaller numbers from many towns known to us through Holy Writ, and some from Egypt, Armenia, New York, Tunis, Cyprus. Then, the religions were as follows: Greek Catholic 8, Greek Orthodox 31, Maronite 24, Moslems 17, Protestants 4, Jews 8, Roman Catholic 2, Druses 2, Syrian Catholic 5, and Armenian 1. The Moslems led the way in gratitude for benefits received. But what an amount of tact and forbearance must be exercised in order to keep the peace in such a mixed crowd! We can say with certainty that the forementioned dangers are overpast, crushed by the superior force of rightly directed altruism.

But there is still one enemy that faces us all at times – the enemy of insufficient means. This institution has done well to keep a small balance on the right side. It has a small income from the payments of a few patients, but as the largest rate that is paid comes to 5*s. per diem*, it is evident that the welfare of the place must depend on the voluntary aid accorded. There has been hitherto about sufficient both in money and in kind. Of the latter a good example is the gift of a £700 air-gas installation from Switzerland, which is proving of the utmost benefit. The cost of the house to receive this, however, has to be provided for. At the same time, it is pointed out that the state of war in Turkey and its dependencies has much enhanced the price of all goods, and the increase in accommodation above mentioned must necessarily lead to larger expenditure. We at once admit that it is not within our province to solicit contributions, which are so urgently called for, but we may suggest with propriety that the present is an exceptional opportunity for being kind. On looking down the list, we see that several of the senior and leading men of our Association are yearly contributors, and we suggest that the list might well be amplified by other members and their friends. We feel that, to some extent, there is a connection between the Association and the Lebanon Hospital. Dr. Watson Smith is one of our members. The efficient management is a striking example of the successful application of those principles which have always been at the root of our work, and, as said before, the exponents thereof mostly fellow countrymen. We see that Drs. Percy Smith and Bedford Pierce are trustees, and Miss Gooch the secretary, at 35, Queen Victoria Street, E.C.

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