

possession of the Borough of Brighton. While the year began with 983 patients, it finished up with only 570. We believe that the asylum, which was opened in 1859, was built originally for 450 patients, and was intended to serve East and West Sussex and Brighton. Within a little more than forty years accommodation has been provided for 1100 at Hellingly and 800 at Chichester, which, added to the 900 beds at Hayward's Heath, makes house-room for 2800.

*Wilts County.*—Dr. Bowes, in adverting to an abnormally low recovery rate, writes :

Unless more acute, favourable, and curable cases are received there is little prospect of this rate improving, and unless very complete and probable permanent recovery be accomplished a low recovery-rate may be a blessing in disguise. Grave responsibility, for many reasons, attends the discharge of patients from asylums. The more this is recognised the better for the public in general and future generations in particular, and the more hope there will be of lessening insanity.

In the Commissioners' report we find :

There is no check-locking to any of the doors, but the lock is protected by a glass covering, while the medical superintendent alone has a small key which opens the case without requiring damage to the glass, and enables him to test the locks from time to time. This plan, which we believe is the invention of Dr. Bowes, has been adopted in all similar doors.

#### *Some Registered Hospitals.*

*Barnwood House.*—Dr. Soutar regrets that we cannot claim that any form of mental disorder within recent years has been transferred from the incurable to the curable class. Our recoveries occur amongst patients of the same type as furnished them twenty years ago.

On the admissions in 1903, excluding transfers, the recoveries amounted to 70 per cent. Of this highly satisfactory number of recoveries 84 per cent. were mentally ill less than one month prior to reception.

These figures point very emphatically to the value of early treatment, and should, I think, lead us to resist any alteration in the law which would permit, in those precious early days, of treatment less efficient than that which can now be obtained in the asylums and hospitals throughout the country. In the attempt to avert the catastrophe of chronic insanity these cases demand from the outset the watchfulness of experienced physicians, and active treatment directed to their ever-varying requirements, and it has not been shown that in the country vicarage, the house of the retired attendant, or in that of the more or less busy general practitioner the conditions are more favourable for these difficult cases of acute mental disorder than those which prevail in our well-staffed and well-equipped asylums. On the contrary, the state of many patients who at present come to us from single care suggests that, however well suited that system may be for the *care* of some chronic cases, it largely fails, as might be expected, to afford efficient *treatment* for acute cases of mental disorder.

That is one view about the question of the treatment of incipient and non-confirmed mental disease, and it is very well put, but we imagine that evidence from Scotland would be forthcoming to show that as much can be said on the other side.

*Bethlehem Royal Hospital.*—The ætiology of the admissions into this institution is always interesting, since the bulk of the cases are so recent that something more accurate in the shape of history can be got than is usually available in places where chronic as well as acute insanity is taken in. Great and persistent care in making inquiries is evidenced by the fact that in only 5 *per cent.* of the cases could no cause be assigned. In 187 admissions hereditary influence was found in no less than 102, a percentage of 54·5. Previous attacks had occurred in 34·7 *per cent.* The corresponding percentages in the Commissioners' quinquennial averages in the last report for private patients were 21·9 in respect of hereditary influence, and 19·0 for previous attacks. So, too, the assignment of venereal disease in 5·3 *per cent.* is considerably above the Commissioners' 3·4 percentage. On the other hand, 3·7 *per cent.* of alcoholic causation at Bethlehem comes much below the 13·8 in the other tables. Yet one more contrast. Bethlehem found fevers as a cause in 4·8 *per cent.* as against 1·1 *per cent.*

*Warneford Asylum.*—Of the 31 admissions no less than 25 were in an acute stage—16 of mania, 9 of melancholia. Of five of the former who suffered from the formidable variety of acute delirious mania, four recovered, while the fifth was convalescing. So much active insanity in a moderate sized institution must press hard on the staff, which has to be kept within quite restricted dimensions on account of the relatively small income. The recovery rate of 63 *per cent.* speaks well for the administration, while the fact that more than half the patients paid less than their cost (in many cases less than one third) is evidence that the institution is doing the duty laid down for it by benevolent founders. Many of the Association, through the kindness of Dr. Neil, had an opportunity at a pleasant general meeting in February of personally seeing how comfortable patients can be made at moderate cost. The expression "homely and comfortable" seemed to be particularly applicable to the arrangements of the institution.

#### *Some Scottish District Asylums.*

*Aberdeen.*—Writing at the commencement of 1903 Dr. Reid makes a noteworthy statement. In spite of tuberculosis being a special scourge of Scottish asylums, and in spite of much overcrowding and many sanitary shortcomings in the old asylum the death-rate from phthisis is a very low one, being confined to those who entered with the disease established. In fact, at the time of his writing there was not a single case of active tuberculosis in the asylum.

This, in my opinion, must be attributed to the limited size of the dayrooms, and the preponderance of single bedrooms; to the bedrooms being heated by short independent sections of hot water at high pressure; and lastly and most of all to the large amount of exercise in the open air which the patients enjoy. In nearly all cases they are out from seven in the morning till sunset in winter, and till eight o'clock in summer, and this in all weathers. This is rendered possible by our much decried "airing courts" with their verandahs which, with all their manifest disadvantages, supplement the regular hours of exercise in the general