the female attendants having over five years' service. The great majority of charge attendants have over ten years. Dr. Braine-Hartnell makes remarks on the question of nursing male patients by female attendants.

The nursing of the insane is the topic of the hour among asylum medical officers. I think we are destined to see great and radical changes in this part of the work. The desire is to bring asylum nursing into line with general hospital nursing. This would necessitate an increased staff, especially by night. It is proposed to undertake the care of the male hospital wards with trained nurses. The matter is as yet in a tentative stage. It has been chiefly tried in Scotland, and its advocates are loud in their praise. I think we ought to be able to show that the increased cost would give an increased recovery rate before we make such wide and sweeping changes.

Some Registered Hospitals.

The Lawn, Lincoln—The Coppice, Nottingham.—We are glad to note that both these hospitals have had a successful financial year. Neither is in receipt of substantial assistance from endowments or accumulations, but both apparently succeed in making their patients comfortable, and in both the recovery rate is good, being 43 and 60 per cent. respectively. The average payment of patients for maintenance, etc., and incidents is about £110 per annum.

The Retreat, York.—Dr. Bedford Pierce notes a recovery in a case of dull, silent melancholia after seventeen years' residence.

A striking instance of the value of work as an aid to recovery occurred recently in the case of a gentleman suffering from severe melancholia. As is commonly the case, he thought his condition was utterly hopeless. At first fitfully, and later on regularly and industriously, he assisted in the routine indoor domestic work, and polished the brasses with great vigour, and in other ways he materially helped the attendants. During this time he would say he was no better and had no hope of recovery, although it was evident he was improving all round. Very soon he began to exercise his influence on others, and he coaxed and bullied another gentleman, also deeply depressed, into helping in the work, the result being that not only did he himself perfectly recover but he contributed to the recovery of his companion. Both gentlemen are now filling important and responsible positions in life.

Patients doing regular work in the garden continue to be paid by the hour, an arrangement which answers well. One patient admitted at the lowest rate earns sufficient to pay for his maintenance, whilst others keep themselves in clothes and pocket money.

Some Scotch District Asylums.

Hartwood, Lanark.—This is the first report make by Dr. Neil Kerr, whom we congratulate on his appointment. Dr. Kerr has no doubt that a certain number of alcoholic cases are erroneously returned as such, intemperance being a symptom and not a cause. It would be highly interesting if any one could give a series of cases in which abstainers from birth had taken to drink in consequence of mental alienation. A case of recovery from mania is recorded after thirteen years' residence, the greater part of which was spent in noisiness, violence, and threatening. Dr. Kerr, during the four months' interval since discharge, had heard from the man regularly, and knows that he is doing useful work in the world. One case who escaped had to be discharged at the end of twenty-eight days because, though it was known to the

https://doi.org/10.1192/bjp.48.203.793-a Published online by Cambridge University Press

authorities in what neighbourhood he was, the people of the district successfully baffled the efforts of the police to capture him.

Inverness.—Overcrowding to a serious extent is reported, and worse in the immediate future is feared. Though the high percentage of 43 of the total insane of the district is resident in private dwellings (as against 21·3 per cent. for all Scotland) Dr. Keay thinks that another eighty or ninety patients could be safely boarded out, but increased allowance would have to be offered to the caretakers. The present allowance of 5*s.* per week seems to be prohibitively low, and is only just one half of the asylum maintenance rate. The cost of food alone in the asylum is, as we find from the Blue Book, just about 4*s.* per patient per week. There can be very little margin left for other expenses—care, etc.,—unless the quantity of food is reduced. Dr. Keay seems to be justified in recommending an increase of 1*s.* or 2*s.* per week in the allowance.

Roxburgh.—Dr. Carlyle Johnston shows by figures what a good effect persistent pushing of the boarding-out system can have. Chiefly by this means his average residence was brought down to 197 in 1888 from 241 in 1881. The allowance appears to be just under 7*s.* per week, or about two thirds of the asylum maintenance rate. Of late, however, the population has seriously increased, being 313 for the year under report. As he points out, this is not due to increase in admissions, for the yearly average in the last quinquennium is slightly below that of the preceding. Subtraction by removal and death do not keep pace with addition of fresh patients. The population of the contributing counties seems by the last census to have decreased in the inter-censal period by about 10 per cent.

Some Royal Chartered Asylums.

Dumfries, The Crichton.—The directors, on the recommendation of Dr. Rutherford, are about to erect a house for the special treatment of phthisical patients. Dr. Rutherford states that tubercle was directly responsible for 25 per cent. of the deaths, while post-mortem examination showed that another 30 per cent. had at one time or another been infected. Dr. Rutherford does not find that the popular idea of increased lunacy is borne out by the statistics of this institution—the pauper lunatics in the asylum being now 309 as against 307 in 1882. But he does find a marked change in the character of the cases admitted, there being more persons beyond middle age, and in bad health, and of broken constitution. Several of the voluntary patients were addicted to drink or morphia, and he has a poor opinion of the class.

> My experience of such cases has not been very favourable. They are often disagreeable inmates, untruthful, and untrustworthy. They exercise a bad influence on the other patients, and sometimes even try to corrupt the attendants. The results of treatment, too, are generally unsatisfactory.

Montrose.—Dr. Havelock expresses a similar opinion to that of Dr. Rutherford as to the increase of insanity, and as to the causation of apparent increase by sending weakly dotards to the asylum, where they

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