five shillings per week. All these patients are persons who, it is understood, if the committee decline to receive them as paying patients, would be sent to the asylum as paupers through the Guardians in the ordinary way, and the committee have rigorously adhered to the regulation which they some time since laid down in this connection. The committee, in pursuance of a suggestion made by the district auditor on the occasion of his recent audit, have recently gone into the question of what sum should be charged in respect of these patients towards housing and other expenses not covered by the ordinary charge made for the maintenance of pauper patients, and have fixed it at four shillings a head per week.

Dr. Bowes announces in his report the first epidemic of dysentery that has occurred in the asylum. It attacked twenty-eight patients, five of whom died. He suggests overcrowding as the possible cause. In the light of the remarks of Dr. Bevan Lewis given below, and of others, we should suspect importation.

Yorkshire (*Wakefield*).—In writing about an epidemic of colitis in this asylum Dr. Lewis makes the subjoined remarks:

As regards the etiology of this disease which has created so much attention of late years, I cannot help thinking that fallacious views have been advanced which are likely to blind our eyes to the true factors of its incidence and spread in asylum life. Amongst the several causes assigned for its prevalence in former years defective drainage, impure water supply, overcrowded buildings have all been drawn upon to explain its occurrence amongst asylum inmates.

In most large asylums, as is the case with Wakefield, all these supposed factors have long been eliminated; the drainage has been remodelled, a pure water-supply has been assured, overcrowding has been remedied, *yet colitis reappears*. Quite recently the Lunacy Commissioners have had to call attention to the fact that severe attacks of colitis have occurred in *recently opened* institutions, where the sanitary conditions were presumably of the most modern type.

As a predisposing cause he fixes on the complete neglect of personal hygiene on the part of the more demented patients, leading to constipation, which renders the bowel peculiarly vulnerable to the attack of the specific microbe, and at the same time provides a nidus for its growth. In this belief he treated the whole of his 970 male patients with a weekly dose of saline aperient, the result being as follows:—Whereas in the preceding twelve months there had been sixty cases of colitis, in the next six months there were but two, and none at all have occurred thereafter. The females had not been long enough under the treatment to provide so complete a similar test, but the results so far seemed to have been very encouraging. The results of treatment of selected cases in the new electrical department have been very satisfactory, twenty-four out of thirty-six cases systematically treated having recovered.

Some English Registered Hospitals.

Holloway Sanatorium.—The great benevolent work done by this institution is summed up in the following modest words of Dr. Moore:

During the year there was a daily average of 194 patients resident in the Hospital at rates of payment considerably below the rate of maintenance, and I am able to repeat the statement I made in a former report that no application for admission was refused on account of the applicant's inability to pay the ordinary rate.

https://doi.org/10.1192/bjp.51.212.183 Published online by Cambridge University Press

Dr. Moore considers that with accommodation for about 400 the institution has reached its proper limits, and he thinks that the Committee have arrived at the same conclusion. He states that, though there are fewer beds than in 1893, yet during the last five years £23,000 was spent in additions and improvements.

A feature of the report is the record of the excellent work done by a capable sub-committee in drawing up a comprehensive scheme for the prevention of fire and its treatment when it does occur. This report we can warmly recommend to the perusal of all who think about such matters. It was soon, and most thoroughly, put to the test by a serious outbreak, which resulted from the roof being set alight during a thunderstorm. The assigned probable cause was that the electric current entered the telephone wires which run in the roof, then jumped to some nail, and, in the process, ignited rubbish collected by birds. If there had been proper "arresters" the engineer consulted thinks that no harm would have arisen. The latter authority seems to be doubtful as to the utility of lightning conductors, and he thinks that, unless they are to do more harm than good, their proper insulation should be most carefully attended to from time to time.

The Retreat, York.—Dr. Bedford Pierce records the institution of a new form of reward to attendants who make themselves proficient in the art of nursing the insane. It is the Tuke Medal, instituted in honour of the founder of the Retreat. The medal bears, on one side, a representation of the face of that honoured man. It is given after four years' training, and, though it is not so stated, we presume that it is only given to those who have already gained the Association's certificate, for we find that all those to whom the medal was presented are certificated by the Association. We think that the idea is a most excellent one. Dr. Pierce makes a great point in training nurses for work outside the asylum itself. He finds that these are much valued by the general public, and he does not put any on the list but those who have had at least three years' training in the Retreat itself.

Some Scottish District Asylums.

Argyll and Bute-Lochgilphead.—Dr. Cameron's statement of the facts about his admissions contains some striking items. They numbered seventy-three. No less than twenty-two were readmissions. The average duration of absence from the asylum was five years and five months. The average age on admission was forty-eight—eleven were from sixty to seventy, five from seventy to eighty, and four over eighty. No general paralytic has been admitted for three years. One case recovered after more than twenty years' residence. Adverting to the system of boarding out, Dr. Macpherson, the visiting Commissioner, states in his report that the average annual removal of cases in this way is 4 *per cent.* over all Scotland during the last ten years, while here it is only 2 *per cent.* The great distances in these counties, however, are a real hindrance both by the expense entailed in removing and in bringing back in case of non-success. The population of the area is rapidly diminishing, but this does not bring relief to the asylum.

https://doi.org/10.1192/bjp.51.212.183 Published online by Cambridge University Press