This should strengthen his hands in asking his committee to provide that which would undoubtedly increase the curative functions of a good asylum such as his.

We entirely endorse Dr. Bowes' opinion about the treatment of persons charged with attempted suicide.

As many as eighty-five had a tendency to suicide, the latter being a high proportion. In this connection it may be remarked that the administration of the law in dealing with cases of attempted suicide appears unsatisfactory and to vary in different districts. In some instances the attempt at self-destruction is undoubtedly deliberately made with full knowledge of the nature of the act, but it does not appear sufficiently recognised that in the majority of cases those who make the attempt are irresponsible by reason of their state of mind. In the absence of expert advice great injustice may, and probably is, inadvertently done in committing such persons to prison instead of to an asylum where they might receive the treatment they require.

Some English Registered Hospitals.

Barnwood.—The hospital has had a very successful year both in its duty to its patients and in finance. The recovery-rate was 50 *per cent.*, both sexes having the same rate.: 30 *per cent.* of its patients were entertained and cared for at considerably less than the average cost. The staff likewise benefit from the application of excess of income, for the scale of remuneration has been increased, and no less a sum than £5,000 has been added to the Pension Fund, which now amounts to £67,000.

We think that Dr. Soutar takes a very correct position towards the statistical tables, which are furnished in full. He deprecates their being read as purporting to give accurate informating about particular cases; rather he looks forward to the proper study hereafter by experts of a large bulk of records.

The study which the compilation of the tables necessitates has, however, its immediate practical good in that it furnishes the physician, more or less fully, with a knowledge which enables him to prescribe for the patient who has recovered, the conditions upon which and the limitations within which he must live if he would best avoid the risk of another collapse. This education of patients, during convalescence and afterwards, in the mode of life which offers greatest promise of security from another attack, is based on an intimate study of the individual and his environment. But of even the imperfect knowledge thus acquired only fragments can be presented in our annual statistics, and these, without caution, may lead to false deductions. Thus, year by year, we record that an inherited neurotic taint was ascertained in a large proportion of our cases—in 1909, in 45·7 *per cent.* of the total admissions. When stated in this way, it would seem that heredity is far and away the most potent factor in the causation of insanity, but on that conclusion doubt is cast by the reflection that insanity occurs in but a trifling proportion of those who come from the same so-called "neurotic" stock. Gross instances there are in some families of wholesale mental failure, which tells of the potency of the taint transmitted by physiologically faulty ancestors. But such instances are relatively rare. Much more common is it to find in succeeding generations only isolated cases of mental defectives amongst a host of healthy and vigorous persons. It is clear that in these two classes very different values appertain to the influence of heredity as a causal factor, and figures which show the percentage of ascertained insane and neurotic heredity in the total admissions should be accepted with the reservation which this consideration requires.

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Bethlem.—The task of converting the old iron window-sashes into wooden, with an increase of light and cheerfulness, is progressing fast. It strikes one when going round old asylums that the pioneers of more enlightened treatment missed one great opportunity of differentiating between asylum and prison. Economy could hardly have determined the retention of such depressing fittings.

The need to vacate wards for the alteration has somewhat restricted the volume of insanity treated. The recovery-rate has been high, as it was 47·16 for the certified patients, the females having a shade the best return. It is somewhat striking that the same rate for the voluntary patients was ten points lower, the females among them having a considerably lower rate than the males. It appears from these figures that early treatment does not always lead to the best results, though probably a better return would be shown if all the voluntary cases had stopped for the time required to make a good recovery. The death-rate among the latter class of patient happens to be slightly higher than that of the certified, but this might be a mere accident independent of the mental disease. Nine general paralytics were admitted, on seven of whom definite syphilitic evidence was found. They were all males. We note that no stupor cases came in, while confusion and primary dementia were well represented, especially the first named. Hereditary influence was found in a little over one-third of the entries. This proportion was slightly exceeded by prolonged mental stress. Alcohol appeared in only six of 164 admissions, while syphilis accounted for seven and influenza for eight cases. We note a recovery from moral imbecility and also one from general paralysis.

The Coppice, Nottingham.—The paucity of male patients is noted here, as in many institutions admitting private patients only. For some years past the Commissioners' Report has shown over all England a lessening admission-rate of males in relation to that of females of the private class, while in respect of pauper admissions there is but little variation. As the Commissioners say in their entry, it is a cause for wonder that there should be any vacant accommodation, seeing the substantial comforts given for so low a rate as an average of £2 2*s.* 6*d.* per week. Low as it is, not more than 10 *per cent.* of the patients can meet the average cost. Interest from accumulated benefactions enable this benevolence to be practised.

The Retreat, York.—Dr. Bedford Pierce complains, not without reason, at the long duration of disease on admission.

> With reference to the duration of the mental disorder before admission, it was found that if the chronic cases be excluded, and all who had been ill more than two years, and also those who had had previous attacks, the average length of time that the patients had been ill previous to their reception was six months. It is difficult to avoid the conclusion that a great deal of this time was wasted, and that had the patients been placed under care earlier the results would have been more satisfactory.

We note that among his seventeen recoveries fourteen had been ill before admission. He was able to discharge as recovered one female who had laboured under systematised delusional insanity and one male

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with obsession. Heredity, either insane or epileptic, was found in half the cases, the toxins being quite slightly represented. Recent melancholia was by far the most prevalent form of insanity admitted, primary dementia and confusion following. The more excited forms were but few. There was no death among the males, this being a record.

The Commissioners repeat their just protest against the barbarous practice of patients being taken for their interviews with the judicial authority to the police-station. We repeat, too, that those who are responsible for the practice fall away from that humanity to the insane which was a marked attribute of York of old.

Some Scottish District Asylums.

Aberdeen, Kingseat.—We note that in this asylum the Plenum system was tried and found wanting, and has been replaced by radiators and natural ventilation. It is found that the change has been attended by saving of cost as well as by sanitary improvement.

The last of the closed villas has now been opened, the change necessitating an addition of four nurses to the staff. Dr. Alexander presses for new admission blocks in order to remove the maniacal and depressed from other patients, for their treatment on hospital lines. As we have pointed out before, this is a logical and necessary element in perfected segregation, but it has its dangers. The aggregation of excited cases is inconvenient and sacrifices to some extent the hospital principle, whereas abundant experience shows the benefit of *all* curable cases being taken into one building and treated on hospital lines. The dilution of the excited cases tends to reduce excitement, while simple arrangements can be made for any cases of inordinate or irreducible excitement being dealt with where they can do little harm to others.

Ayr.—This, the first report issued by Dr. M'Crae, is a readable and instructive document. Without going so far as he does in deprecating the importance of ferreting out heredity, we must say that there is much sense in what he writes about the factor.

As the result of inquiry into the previous history of each case, a hereditary predisposition to insanity and nervous diseases could be traced in sixty-four cases, or 41 *per cent.*, which closely corresponds with last year's statement. It is commonly held that, given adequate means for inquiry, all cases could be shown to have an insane ancestry. But what individual among the general population would not only too readily detect a peculiarity in some reputable forbear, if he believed it to be to his advantage to do so? It is to be feared that the popular awe and dread of this as yet mysterious influence goes a long way to breed despondency and alarm, and even despair, in the minds of many earnest and worthy persons, who may lose heart in the battle of life. I desire to emphasise this point because it is to heredity that the origin of disease is too apt solely to be ascribed, and too little attention is paid to environment, which after all is an ever-increasing grand total of accidents, to which all of us are continuously subjected. A fuller study of our surroundings, which are tangible, is more likely to help us towards an elucidation of the causation of mental diseases than a fatalistic belief in the mysteries of heredity. Questions of heredity require so many generations to produce material sufficient to establish *evidence*, that can only be profitably studied by special investigators in lower forms of life, and applied by analogy to the case of man. The asylum physician is better employed in using the material he has to hand in methods of clinical research (which is essentially approaching the subject from the environmental aspect), than

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