While at all the asylums under the board the recognition by the Medico-Psychological Association as training institutions is evidently appreciated, Dr. Taylor urges his committee to insist on the certificate as an indispensable qualification for office holding. He says that the nursing is now intelligently carried out, and the patients reap the benefit—bedsores, one of the surest tests of nursing efficiency, being now almost unknown, and this in spite of the fact that a majority of the cases are of defective habits and many crippled and helpless.

The tables of each institution are, as said above, worked out to the full, and a summary of all is likewise given. We welcome the appearance of them and the detailed reports as giving to our branch of medicine a large addition of valuable information, which has hitherto not been available. We hope at some future period to find space and time to devote to a comparison between the statistics of these and other homes for the insane.

Some Registered Hospitals.

Bethlem.—This institution has not, for some years, been receiving its usual quantum of admissions by reason of some departments being under extensive repair. The average number resident last year (213) is the lowest for very many years. We suppose that the majority of the admissions being from recent and active insanity, it has been possible to obtain more reliable information as to the causation of the disease in each case; but, however this may be, it is creditable to those concerned that in only six out of 226 cases has it been necessary to admit the cause to be "unknown." We notice, too, that in nearly 50 *per cent.* hereditary predisposition has been established. In ten cases venereal disease has been assigned. We know that this is the term adopted by the committee of the Association, who reviewed the tables, some fifteen or more years back. But since then syphilis has attracted much more attention, and it would be well in all asylums now to state it as a cause, leaving the other term for those rare cases which may be attributed, directly or indirectly, to other forms. The proportion of cases attributed to alcohol is small, being 10 *per cent.* in the male and about 4 *per cent.* in the female, the Commissioners' 5-year average for private patients being 20·8 and 9·4 respectively. The high proportion of cases caused by mental anxiety, worry, and work (28 *per cent.* in the males and 13 in the females) points to the classes from which the patients are drawn to a great extent.

Barnwood.—Dr. Soutar, like some others, is rather sceptical about the advantages of manual labour as an all-round method of treatment.

"We have tried again and again, but with no success, except in a few isolated instances, to get our patients to engage in manual labour. At our failure in this matter I am not at all surprised. Very few men who have been trained for the professions or for commercial life, as is the case with most of our patients, have any liking or capacity for manual labour on farm or garden—they are accustomed to take their exercise in other ways. I have seen patients who enjoy a brisk walk in the country, or a steady saunter in the grounds, or a game of tennis, or cricket, or bowls, dawdle listlessly and discontentedly in the garden with the unaccustomed spade, or rake, or hoe in hand—a real reproach to those who failed to ascertain how far the general theory, that manual labour is good for the insane, is applicable

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to the particular individual. We now send to the garden only the very few who are willing workers."

He expresses an opinion from which we are not inclined to differ, that comparatively few patients are fit to be admitted as voluntary boarders. For some slight cases it is inadvisable that the sufferers should rub shoulders with downright insanity, while in other cases of marked insanity the application for reception arises solely with the friends who wish to avoid certificates.

"To one class of patient, however, the right of his own free will to place himself under care is an undoubted boon. This is the patient who has already recovered in an asylum from an attack of mental disorder. He has warnings of another attack. He willingly returns to surroundings with which he is familiar, and to those in whom he has confidence. The threatened illness is sometimes averted, and in less favourable cases, while still conscious of his danger, the patient has the comfort of knowing that he is carefully watched and guarded."

St. Anne's Heath.—The following are Dr. Moore's views as to voluntary boarders.

"Fifty-one voluntary boarders—22 males and 29 females—were admitted during the year, and the daily average number in residence was 30; the total number of voluntary boarders under treatment being 74.

"Thirty-two voluntary boarders—14 males and 18 females—recovered and left. Six males and 8 females were certified, and remained in the hospital.

"Several gentlemen, who were addicted to drink, came here voluntarily for treatment during the year: in some cases their condition on admission was critical, and we were able to give them the medical attention and to exercise the control which they needed; but my experience does not lead me to believe that such cases are likely to derive any lasting benefit from treatment in this hospital. I can recall no case where, sooner or later, discharge was not followed by a relapse. As a rule, in addition to the craving for drink, there is a want of moral tone; they are untruthful; I do not think they exercise a good influence on the other boarders and patients, and they are constantly endeavouring to corrupt the attendants.

"Most of the voluntary boarders at present in residence have been patients who, on recovery, preferred to remain here. I find them useful in many ways, and they take a prominent part in the social life of the hospital."

The number of admissions have considerably decreased, no doubt this being due to want of space. No less than 10 out of 57 male admissions were general paralytics. There were 2 female cases of the same disease at the end of the year.

The Retreat, York.—Dr. Bedford Pierce notes the death of a patient who was admitted in 1836, nearly two thirds of a century ago.

The following are his views as to voluntary boarders.

"There have been eight patients admitted as voluntary boarders, but of these three were certified as insane shortly after admission.

"There is no doubt as to the utility of this method of providing patients with treatment, although it often happens, as in the above cases, that the result is disappointing.

"One lady has returned voluntarily four times in the twelve months. Another came as a boarder in order to be near a relative who was under cure in the Retreat. One gentleman has wished to stay the whole year. Another, after a few weeks, recovered from a mild attack of mania without delusions, and another from an alcoholic outburst. On the whole, the voluntary patients have done well, and I am convinced that in several of the cases a decided attack of mental disorder would have developed had not the patients chosen to place themselves under care as boarders."

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Patients working in the grounds can make 3*d.* per hour for 36 hours in the week for honest labour, and it is proposed to pay some of the women patients for domestic work. This is a subject quite apart, of course, from an allied proposal to pay working patients in county asylums.

Part IV.—Notes and News.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

Annual Meeting.

The sixtieth annual meeting began at 11 a.m. on Thursday, July 25th, 1901, in the Chemical Theatre of Queen's College, Cork. Dr. Fletcher Beach, the retiring President, occupied the chair. Present: E. D. O'Neill, F. O'Mara, J. A. Oakshott, Thos. Drapes, T. S. Clouston, T. W. McDowall, James Rutherford, R. D. Mitchell, John G. Havelock, W. R. Dawson, Theo. B. Hyslop, R. J. Stilwell, H. Kerr, Bagenal C. Harvey, F. W. Edridge-Green, Stephen G. Longworth, C. K. Hitchcock, C. S. Morrison, James Chambers, William Graham, M. J. Nolan, Harry A. Benham, Oscar Woods, Arthur Finegan, Alf. Miller, A. R. Turnbull, H. H. Newington, A. R. Urquhart, Conolly Norman, J. Carswell, Henry M. Eustace, Richard R. Leeper, Cecil A. P. Osburne, G. FitzGerald, D. E. Allman, L. Strangman, R. H. Steen, W. J. Mackeown.

Apologies for absence were intimated from Dr. Aveline, Dr. Macdonald, Dr. Keay, Dr. Beattie Smith, Dr. René Semelaigne, Dr. Jules Morel, and Dr. Hermann Kornfeld.

First Day.

The minutes of the preceding annual meeting were taken as read, confirmed, and signed.

Election of Officers and Council.

The meeting then proceeded to the election of officers and council, Dr. Miller and Dr. Turnbull acting as scrutineers. As the result of scrutiny, the former reported that those nominated had been unanimously elected.

President	Oscar T. Woods, M.D.
President Elect	J. Wiglesworth, M.D.
Ex-President	Fletcher Beach, M.D.
Treasurer	H. Hayes Newington, F.R.C.P.Ed.
Editors of Journal	Henry Rayner, M.D. A. R. Urquhart, M.D. Conolly Norman, F.R.C.P.I.
Auditors	Ernest W. White, M.B. James M. Moody, M.R.C.S.
Divisional Secretary for—	
South-Eastern Division	A. N. Boycott, M.D.
South-Western Division	P. W. Macdonald, M.D.
Northern and Midland Division	C. K. Hitchcock, M.D.
Scotland	Lewis C. Bruce, M.B.
Ireland	A. D. O'C. Finegan, L.R.C.P.I.
General Secretary	Robert Jones, M.D., B.S., F.R.C.S.
Registrar	H. A. Benham, M.D.
Secretary of Educational Committee	To be appointed by the Educational Committee.

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