The cost of construction of this establishment has been calculated at 3½ million piastres of the national currency, and above this sum 94,000 piastres have been paid for the acquisition of the site; thus the total cost is about 3,594,000 piastres of the national currency. This sum reduced to francs at the current rate of exchange represents 7,825,325 francs, thus making the cost of each bed 4742 francs.[1]

The very simple designs of the asylum explain the low cost of each bed; this is especially noticeable when one compares it with the cost per bed in the regular "closed" asylums of the large towns.

JOHN R. LORD.

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6. Sociology.

Considerations on Infanticide [*Quelques Considérations sur l'Infanticide*]. (*Arch. d'Arth. crim., January 18th*, 1902.) *Audiffrent.*

In this paper Dr. Audiffrent deals with the mental conditions that commonly prevail in cases of infanticide, and with the influence which such conditions should exert on the social and legal attitude towards infanticide. With special reference to a case in which a young woman escaped from an asylum and killed herself and her child, the author considers the peculiar psychological conditions of pregnancy and the puerperal period, and suggests that there are biological reasons why a woman in whom, from whatever cause, abnormal mental conditions are set up, should be impelled to destroy her child. This impulse is not confined to the human female, but is found throughout nature, and leads, for instance, a bird whose young have been confined in a cage to enter the cage and kill them, while many animals, if interfered with after parturition, will kill or eat their young. The author considers that this tendency is recognised outside civilisation, and that it lies at the basis of the wide-spread belief that the mother is the mistress of the child she has carried in her womb, that it belongs to her like any other object that she produces, and that no one has any right to contest her rights over her infant's life.

The author does not propose to return to this conception of a mother's rights, but he concludes that a strict study of the phenomena accompanying childbirth shows that the mother is not in full possession of her faculties at this critical moment of her existence, and that we must be very cautious in pronouncing judgment on her guilt.

HAVELOCK ELLIS.

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7. Asylum Reports.

Some Scottish Royal Asylums.

Aberdeen Royal Asylum.—We note that Dr. Reid has had fitted up an electric bath—in a position where it can be used for either sex.

[1] I understand that the Argentine piastre is worth about 1 franc 20 centimes, making cost per bed 2782 francs, or £111 6s.—J. R. L.

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An extract from his report:

> An interesting and gratifying feature is that no less than six former patients voluntarily applied for admission at the door of the asylum. These were either labouring under morbid depression with the usual accompanying delusions, or were seeking the protection of the asylum from imaginary tormentors. This would seem to point to the fact that former patients appreciate the value of the treatment they have received, and would go to disprove the erroneous ideas and prejudices entertained by many of the general public in regard to the working of such an institution and the treatment of the patients.

We are much struck with the few cases (twelve out of 308 admissions) where the causation is ascribed to "moral" troubles. About the same proportion obtains at Morningside, the respective numbers for that institution being seventeen and 472. At Montrose and Perth the proportions are very much higher, while the five-year average table of the English Commissioners shows moral causation in 21 per cent. of the admissions. Some interesting reflections arise in connection with these divergences, which probably cannot be accounted for by variations in attributes or circumstances of the patients themselves.

Royal Edinburgh Asylum.—The past has been a record year as far as admissions are concerned, no less than 472 new cases having been received. The increase has been entirely in rate-paid patients, and the possibilities of offering care and treatment to private cases have been correspondingly reduced. Dr. Clouston points out that if such increases are maintained the arrangements made at the new asylum of West Bangour will be upset. Looking, as he usually does, in considerable detail at the cause for the increase, Dr. Clouston fixes his attention on alcohol, against which he delivers himself with more than wonted vigour. In this we think he is right, and he is also right in preaching self-care, self-education, and self-respect in the individual, not only in alcoholic temperance but in the general ordering of life, as the real antagonism to insanity. He draws his population from an area where strong drinks abound, but where also apart from such things strong purpose and strong good sense likewise abound. While for many superintendents the uttering of warnings and exhortations is but preaching in the wilderness, he has the chance of exerting with some success the weight of his personal opinion. We believe that good would arise if more would follow his example. Who shall put before the people the physical, moral, and intellectual degeneration threatened by indulgence if the head of an asylum does not? What evidence can be used as a better means of arousing attention and securing reform than that of the asylum?

Dr. Clouston touches on a delicate point in the matter of watching suicidal cases. As is well known, close supervision in such cases, though essential at first, is often found to be irksome and irritating, and therefore prejudicial, to an improving case. And unfortunately experience shows that just at the time of a patient's feeling his feet again a suicidal wave may pass over him. The question then is, as Dr. Clouston puts it, shall cure come before care?

Montrose Royal Asylum.—We extract the following very interesting item from Dr. Havelock's report:

> *The Prevalence of Suicidal Tendency.*—A large number of those admitted had

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made suicidal attempts, and for long periods after admission showed that they would take advantage of any opportunity to carry out their insane purpose. The following statistics compiled by Sir John Sibbald, now published for the first time, show that Forfarshire and the neighbouring county of Kincardine have a larger proportion of suicides compared to population than the rest of Scotland.

Number of Suicides during Eighteen Years (1877–94) *compiled from Reports of Registrar-General for Scotland, by Sir John Sibbald.*

Annual Rates per Million of Population. Methods.	Forfar.	Kincardine.	Scotland.
Hanging . .	27	19	17
Drowning .	21	35	16
Wounding .	17	18	12
Poisoning. .	6	8	6
Otherwise .	3	12	4
Total . .	74	92	55

With reference to above statistics, Sir John, in writing to me, states:—"I have not arrived at any decided opinion as to the special frequency shown by the numbers for Forfar and Kincardine. Some would say it was due to special honesty of registration in these counties—that suicide was more frequently concealed in other counties. Some would say it was due to the absence of the Celtic element in the population. Others to a want of due regard for the chances of punishment in the great hereafter. The counties on the east coast of Scotland all show higher suicidal rates than the western counties. It is curious that the city of Dundee shows a lower rate than the rest of Forfarshire. It is so far in favour of the views of those who say that Celticism and Catholicism prevent suicide, for I suppose Dundee contains the largest proportion of Irish Catholics of any part of Forfarshire."

An analysis of the admissions to Montrose Asylum for 1900–1 shows that 29 per cent. of the cases from Forfarshire and 40 per cent. of the cases from Kincardineshire had a pronounced suicidal tendency. My own observations during the last twelve years bring out that certain parishes in the counties of Forfar and Kincardine send a very high proportion of suicidal cases to the asylum, and that suicides are specially frequent in these parishes. A possible explanation of this seems to be that of inherited predisposition, for suicidal tendency is strongly hereditary in most cases, and is prone to increase unduly in districts where the population is stagnant and stationary. The whole subject of suicide is beset with problems of extreme interest and difficulty.

James Murray's Royal Asylum, Perth.—The accommodation is here becoming so short that it is in contemplation to provide more. Dr. Urquhart finds that detached houses are limited in their use, and are as a matter of fact more acceptable to patients' relatives than to the patients themselves, the latter preferring the larger current of life in the main building. But he does not approve of too much main building, and suggests, as a compromise, self-contained buildings connected to the asylum by corridors, a plan successfully adopted at Morningside. Of his forty admissions no less than eight men and one woman were the victims of chronic alcoholism—a large proportion. One case admitted had an attack of severe influenza and developed an internal abscess in the right aural region. After surgical relief the mental symptoms abated, and he was discharged recovered.

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