deficiencies inherent to the individual, with an inaptitude to acquire knowledge and to perform complex mental operations, and particularly with an inherent deficiency of inhibitory power. Such individuals may be aware the act they commit is wrong and punishable, and yet by nature of their mental inferiority they are not totally accountable. The test of right and wrong is bound to be disastrous so far as the administration of justice is concerned. The responsibility must be regarded as limited.

Penal legislation must be combined with legal medicine to constitute a sound criminology. By the union of the two sciences narrow conceptions of liberty and responsibility will be destroyed and progress assured. A broader and less technical attitude is necessary. The degree of responsibility must be established in accordance with the essential features of the mental status of the particular individual. The author views with satisfaction the extent to which the conception of limited responsibility is gaining ground in the penal codes or projects of Norway, Switzerland, Russia, Germany, Austria, Japan, and Siam.

HAVELOCK ELLIS.

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5. Asylum Reports for 1915.

Some English County and Borough Asylums.

Carmarthen.—Ill-fortune seems to have dogged the steps of this authority. After many years of worse than inconvenience from conflict of views on the part of the contributing County Councils and after much animadversion on the part of the lunacy authorities a satisfactory rearrangement was come to, and the way was clear for the provision of fresh accommodation to meet pressing need to provide more and better accommodation for the inmates. Then came the war and all progress was stayed by the Government. Urgent representations were made successfully, and the contract was allowed for the laundry work to proceed. But the Committee could not obtain the necessary authority to equip this addition. The Committee had in hand certain monies wherewith to make alterations or repairs on some newly acquired property, but the application of these monies was vetoed also by the Government. Further, the Committee has had to receive some Cardiff patients, and the asylum, which was provided for 600 patients, was overburdened to the extent of more than 167 inmates, or 25 *per cent.* in excess. Nevertheless, the patients are not found to be seriously prejudiced by the overcrowding. This is by no means an uncommon experience and speaks well for the skill with which difficulties have been overcome. The recovery ratio on direct admissions was 39·1.

Dorsetshire.—The report chronicles the retirement of Dr. MacDonald after thirty-three years of work here. The Committee acknowledge his services in handsome terms, most deservedly so in our opinion. Among several important changes worked by him the provision of complete and independent accommodation for private patients stands out pre-eminently. From the professional point of view little can be said beyond that while the recovery rate on direct rate-paid patients was 32·75, that for the

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private cases was 41·86, while the death-rates were respectively 12·33 and 10·63 on the average residence. The average residence numbers were 665 rate-paid and 254 private cases. Of course before any useful conclusion can be arrived at from these bald figures, many other relevant facts would have to be enumerated. In congratulating Dr. Peachell on his succession to the honourable position of medical superintendent of this institution, we venture to suggest to him that he might confer a considerable obligation if he at some future time worked out some comparisons of the factors and results of the two classes of admissions. Given the general direction of environment and treatment by one brain, the study of such factors as early resort to treatment, the classification of mental disease, the ætiology, condition of physical health, and so forth could hardly fail to be fruitful. There can be little doubt as to the financial results of admitting private patients. We find that the latter brought £23,631 into the asylum chest surpassing by £2,500 the returns of all classes of rate-paid patients. We note, too, that no less a sum than £10,471 was transferred from the maintenance account to the building and other accounts. The average payment for the private patients was just under £90 *per caput*.

Essex County, Brentwood.—By far the most important portion of this report is that which deals with the clinico-pathological and pathological work carried on by Dr. Turner on the lines described by us last year. We again wish to emphasise the immense value of the exhaustive and minute observations recorded by him. We have nothing of the kind in this country. It is impossible to do more than to refer to one or two points, but the whole report is worth the most careful consideration by pathologists, those engaged in general work as well as those attached to mental hospitals. The accumulation of this careful observation will found a sure basis for advance in pathological science.

In one case of general paralysis the protein reaction and the Wassermann reaction of the cerebro-spinal fluid were negative; there was a slight lymphocytosis, and the blood gave a positive Wassermann reaction. This man, who it is evident from the blood-test had been infected with syphilis, had grandiose ideas and other symptoms suggestive of general paralysis, died, but histologically there was no evidence of this disease.

The lesions of the brain in general paralysis are in many cases extremely localised. In one male this year (No. 25,656), in which pieces of tissue from the prefrontal, the right paracentral, the left conjoined ascending frontal and ascending parietal, and the cerebellum were examined, the only one of these regions which showed the characteristic change was the prefrontal, and here the changes were of a very marked degree of intensity. In one of the women (No. 24,691), from whom similar parts were examined, it was also only in the prefrontal that the lesions were found.

One male case (No. 25,558) presented very anomalous symptoms, and was not diagnosed during life: a man, æt. 54, admitted with a history of alcoholic excess. The certificate stated that he was vacant and lost and incapable of intelligent conversation. He had been a potman, then a milk carrier, and two months before his admission was engaged as a gardener but found to be useless, as all he seemed able to do was to sleep. If handed flower pots he dropped them, and he would go to sleep whilst taking his breakfast. When admitted here he walked into the ward, undressed himself, got into bed, and promptly went to sleep. After a few days he became restless and resistive, and died within four months of coming here.

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He presented none of the usual mental symptoms, and very few of the physical associated with general paralysis. If he had lived in tropical climates one might have suspected him to be suffering from sleeping-sickness, a disease due to a trypanosome infection, in which the anatomical picture in the brain is almost precisely the same as in general paralysis.

It will surprise many to read that in 24 *per cent.* of 87 males and 29 *per cent.* of 156 females the foramen ovale was found to be patent. This condition was most common in general paralytics, below the average in imbeciles. Among the male dementia præcox cases, nine in number, it was not found, but in 28 females it occurred 8 times. No suggestion is made. In three women and two men where the foramen was patent the age was approaching or upwards of eighty at the time of death.

In regard to the suprarenals the following is reported of a female case:

The right gland as the seat of hæmorrhage.—This last was a case of hebephrenic dementia præcox, æt. 18 (No. 25,496), who died rather suddenly and unexpectedly, and at the autopsy no visible pathological lesion was discovered except a hæmorrhage into the right suprarenal, which was slightly enlarged and firm, and looked, when cut across, like a piece of damson cheese. No lipoid was to be seen in the cortical cells, and no difference in appearance between them and the medullary. On microspical examination of the gland all the medullary veins were found to be either blocked or partially blocked by laminated clot, enclosing in its meshes only very few leucocytes. The gland-cells were necrosed and shrunken, and everywhere between them was an extravasation of red blood-cells, as also in the connective tissues surrounding the gland. In the cerebellum there was a very marked hyaline degeneration of the arteries with thickening, almost or quite in places obstructing the lumen; but elsewhere, that is to say in those regions examined (cerebral cortex, three regions—liver and kidney), no structural alteration of the vessels was noted, but the hepatic veins showed abundant laminatal intravascular clot.

One is tempted to assume that in this case the clotting was brought about by the entrance of adrenalin into the veins, which would cause a rise of blood-pressure that might lead to rupture of the capillaries.

The systolic pressure of this girl on admission a few months before was normal, but no record was taken just before her death. Anyhow, the above appears to be a feasable explanation of the rupture in her case, and as hæmorrhage into the suprarenal is stated to be a cause of sudden death, it was returned as the immediate cause of her death.

Glamorganshire.—Dr. Finlay, in his ætiological tables, of which every one in the statistical scheme is kept up to the full, cannot trace any striking alteration from the records of former years. So far war and its horrors seems to have left no mark on the production of insanity. He points to some increase in alcoholism as a factor among the female admissions. We note that if the war has not led to increase of insanity, it has not brought about any decrease among the men by the fact that so many of the male population have been taken away to the Colours.

London County.—Of the many reports received this year that of the London County Asylum Committee shows the most marked war-shrinkage. Instead of a portly volume it does not even amount to a pamphlet; but consists of five pages only. Nevertheless it contains matter of interest. We are glad to see an undertaking to bring up information when more normal conditions exist, for it would be an immense loss to asylum science if later on there should be any considerable gap in the statistical work of a body like this, work valuable from

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consistence and enterprise, with much light thrown on it by the analytical powers of Mr. Keene.

The first point we note is an appreciable decrease in the insane population of the area. This decrease does not apply only to the asylum, but also to the patients in the Metropolitan Asylum Board's institutions, and even to lunatics in workhouses or with friends. The total decrease in the year 1915–16 amounted to 950, of which 637 related to the asylum, and when this is contrasted with the 26-year average increase of 458 (415 in the asylum) it is evident that important changes have been at work, which the ordinary accidents and happenings will not suffice to explain. Of course the mere closing, for war purposes, of such a large asylum as Horton would tend to decrease the available space for cases which were not urgently acute. But if this were an important factor, operating on the relative population of asylums, the Metropolitan Asylum Board's asylums would respond by showing increase, whereas, as said, there is a marked decrease. The number of admissions, discharges, and deaths are not stated. The relations of these factors to each other would, no doubt, suggest the method in which the decrease was brought about, but would not, of course, give the real reason.

The principal facts relating to the use of Horton as a war hospital—the expenses of which are chargeable to the Government—are as follows:

Between May 20th, 1915, and March 31st, 1916, 7,734 sick and wounded soldiers have been admitted, of whom 5,997 have been discharged and 1697 remain. The asylum buildings proved most adaptable, and have made an admirable general hospital. The nursing has been mainly done by females, but such as were left of the male staff of the asylum became porters and assistants. The maintenance of the patients cost £127,000, and this, of course, was paid by the Government.

The Maudsley Hospital filled the covetous eyes of the military authorities, and was taken over by them, as well as the house, which had been secured for the nursing staff. At first, by the desire of the same authorities, the building of the pathological section was postponed, but they changed their mind again, and it is in their possession. Of course the consent of Dr. Maudsley was asked before the hospital was handed over, and he generously accorded it. We must, however, all feel much sympathy with him in the great disappointment entailed by delay, in the complete evolution of his great idea.

Metropolitan Asylums Board.—The report of this authority has, as might have been expected, shrunk to very small proportions, having shed most of its highly detailed statements. But it contains the subjoined note about Darenth, which conveys some idea of how the beneficent training has been carried on. Not the least interesting item is that which shows how, by reason of training, the school has even contributed recruits for the army.

The success of the workshops is the more remarkable, since a very large proportion of the training-staff joined the Colours.

"The industrial work done by these patients in the workshops provided for the purpose was valued at £17,939. In addition, articles to the value of £90 were made by the children in the schools section. Most of the goods were used in the

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several institutions. Among the classes of work on which patients were employed were printing, bookbinding, and paper-bag making, brush and basket making, shoemaking and tailoring, mat and rug making, and toy making. On this aspect of the work the following remarks by the Medical Superintendent of Darenth Industrial Colony are worth recording:

"With the opening of the extensions of the workshops at the male side it became practicable to undertake the manufacture of toys, and this has been carried on during the war with marked success. It provides a new type of work, at once interesting and lucrative, which has been taken up with enthusiasm by the patients, and it is already making demands on our resources in the way of floor space and power which cannot be fully met. Since the toys are almost entirely made from waste materials, it is very desirable that supplies of these from the Board's institutions generally should be forwarded to Darenth, where a use can be found for such articles as boxes, tubs, tea chests, felled trees or large branches of trees, old American cloth, off-cuts of tapestry or cretonne, old leather belting, cotton reels, wall-paper pattern books, feathers, condemned skin mats, brooms, and brushes. About 3,000 toys, which were sold for a sum approximating to £160, were disposed of in this first year of working. Taking all the industries for adults into consideration, the working of the past three years is shown in the following table:

Year.	Value of goods made and disposed of. £ s. d.	Profit. £ s. d.
1913	14,251 0 5	2,078 0 0
1914	18,439 18 11	1,748 8 5
1915	17,939 8 9	1,692 8 5

"The fall in the proportion of profit suggests that the prices credited to the colony for articles made should be revised in the light of the general increase in market values. If this were done the figures representing the turnover would be even more satisfactory.

"23. During the year 73 cases were discharged from Darenth Industrial Colony to the care of the guardians, and 31 from Bridge Industrial Home. Of these, 23 entered the army. The total number of discharges during the previous year was 46 only. This increase, says the Medical Superintendent of Darenth,

is an expression of the alteration which has been caused in the economic position by the war. Among the patients at Darenth are many who are close to the vague boundary line which separates unsoundness of mind from what is regarded as a normal mental state. With the existing demand for labour places can be found for workers who hitherto have been unable to hold their own, while in the case of certain of these the control and guidance necessary to make good their defects of will and initiative can be provided by military service. Present-day conditions have enabled several of the inmates to become self-supporting, while the deficit in labour at other institutions of the Board has to some extent been made good by the transfer from Darenth of working patients."

Wiltshire.—At Devizes Dr. Cole reports a marked decrease in direct admissions. A large number of Bristol patients transferred under the War Office scheme led to much overcrowding. However, in spite of that, the recovery ratio was increased and the death ratio decreased. The decrease in the direct admissions was shown in the females as well as the males. Wiltshire is in the peculiar position of containing in its area the great war camps on Salisbury Plain. From these, two out-county soldiers and two civil strangers (connected with the camp) and four Wiltshire soldiers were among the direct admissions. Dr. Cole points out that possibly other Wiltshire military cases may have been sent elsewhere, but is firmly of the opinion that the occurrence of Wiltshire lunacy had decreased in the year. The recovery rate, as between direct recoveries and direct admissions, was 42 *per cent.*

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Yorks, West Riding.—Dr. Shaw Bolton has to record that 552 patients from Wadsley were transferred to Wakefield, but in spite of that tremendous addition after a time there was no very appreciable overcrowding, the generous allowance of space in the Acute Hospital permitting of arrangements being made to meet the occasion. But he records also that a great number of the transferred patients were feeble and bedridden. The incidence and fatality of dysentery, and, to a small extent, of typhoid fever, was a demonstrable and, indeed, expected sequence. In this sense the war may be regarded as an indirect factor in the increased death-rate. Dr. Bolton writes on the effect of large transfers of patients:

"It was possible clearly to show that the increased incidence of dysentery during the year 1915 bore no relationship whatever to the local overcrowding of the asylum which occurred. It may, indeed, be regarded as certain that epidemics or exacerbations of disease occurring after extensive transferences of patients are due to the dissemination amongst groups of individuals of strains of dysentery and typhoid bacilli, which possess for them a pathogenicity higher than that of the strains to which they have been accustomed."

Some Registered Hospitals.

Barnwood.—The Committee most liberally made an offer to receive some private patients from some public asylums when the latter were converted into military hospitals. The conditions of reception were that the patients should be mentally, socially, and otherwise similarly treated, and at the same charge, as at the asylums they were leaving. It is needless to say that this beneficent offer was accepted with much appreciation.

Reviewing the difficulties of ætiology, the just appreciation of individual factors, Dr. Soutar asks why is it that, if such factors are causal factors of insanities, only one individual here and there succumbs while the many prevail over the factors. He naturally suggests inborn tendency to development of mental disorder under stress as the probable answer. Then comes the further problem, why is this tendency only effective in a very small minority of those to whom it is handed down? We can suggest two solutions. First, can we ever assume that precisely the same factors can be found acting with exactly the same force in any two cases in each of which the hereditary tendency occurs? The fact is that however strong positive evidence there may be of certain ætiology there must be any amount of negative evidence lost to sight. We can see with a fair amount of confidence that a certain factor tended to cause the breach in sanity, but it is absolutely impossible to ascertain the non-transmitted weaknesses and failures which permit the breach. These latter go back to the earliest moments of life, and may be represented to some extent perhaps in the term environment, but their origin cannot be recalled at the time of the breach. Then there are the accidents of life—the opportunities, the friendships, the helping hands, and so forth which do much to determine the course of life in the individual. In this direction we suggest that there can often be

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found the reason why of two cases having equal evil tendency one is taken and the other left. Yet again, are we to assume that among the offspring of a given pair the tendencies, whatever they may be, are handed down in equal force to each? Can we believe that the procreative powers of the parents are at all times constant in the begetting of health or unhealth? With regard to ætiological factors, we must recognise that they are individually elusive and untrustworthy, and that an ætiological table must not be read as a thing of scientific accuracy, or even as approaching that accuracy. But it has a very definite practical value in enumerating certain factors which are more or less often found in close relation with the occurrence of insanity, and which therefore require close watching and strenuous resistance if we desire to arrive at the highest mental vitality, whether in the individual or the race.

The Retreat, York.—Dr. Bedford Pierce, in pursuance of his claim that cases of incipient insanity should be admitted into mental hospitals without certificates, points to the fact that a large number of shell-shock and other forms of mental collapse on active service are being treated in special hospitals without certificates, and he hopes that the advantages of this will be so clearly demonstrated that before long such facilities will be extended. He scores a good point here.

As an instance of how patients can be got to do work if they are allowed to earn a small sum in this manner, he relates that a gentleman patient has made a plan of the grounds after a careful survey, and further, has made a plan of the estate in which all forest trees are numbered to correspond with a list in a tree-book which he has made. There are a great variety of trees on the estate, some of which are rare.

Some Institutions for Idiots.

Royal Earlswood Institution.—This most deserving establishment is undergoing a strenuous time. The subscriptions and legacies have been diverted to an alarming extent, notably on account of the many cries which have gone up from other bodies for financial help on account of the war. It would indeed be disastrous if, after seventy years of meritorious pioneer work, its progress were crippled by forgetfulness or lack of appreciation.

Both the Committee and Dr. Caldecott deplore the change of legislation governing the institution, which results in the absorption of an enormous amount of time in making returns and other work. As an instance, Dr. Caldecott says that the county magistrates spent six days of five hours each in re-certification of the patients, and this has to be gone through again this year. The regulations, rules, etc., of the new Act are more stringent than those of the Lunacy Acts, and he states that it is more difficult and more expensive to place a poor idiot or an imbecile in an institution than it is to place a dangerous lunatic in an asylum.

His colleague, Dr. Stephens, has done excellent service by the scientific work, the results of which are appended.

The following is a summary of the results obtained:

(1) The serums of 100 male patients were examined, and the reaction was found

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to be *definitely* positive in 12, *weakly* positive in 16, and *doubtfully* positive in 14.

(2) The reaction was found to vary with age, being strongest and most frequent in patients between 16 and 21 years of age; and stronger and more frequent in those below 16 than in those above 21.

(3) In 72 *per cent.* of Mongols the test was *negative*.

(4) Of the three cases of hydrocephalus examined the reaction was negative in two, and doubtfully positive in the third.

(5) Of the four Cretins examined, the reaction was negative in two, definitely positive in one, and doubtfully positive in the other.

(6) A positive reaction was obtained in 41·2 *per cent.* of epileptics, and in 22 *per cent.* of non-epileptic cases.

(7) About 30 *per cent.* of cases of simple amentia were positive.

The Royal Eastern Counties Institution.—Dr. Turner, in addition to worries caused by loss of staff, of difficulty in obtaining provisions and other troubles, has had to deal with very serious epidemics among the children. Referring to a virulent onset of scarlet fever, he announces a fact that is not generally known, *viz.*, that the incubation period of scarlet fever is often longer in mental deficients than is found in general patients, and appears to extend to twenty-two or twenty-three days. Among fifty-two attacked with virulent measles, no less than ten died, while in two others fatal tuberculosis was lighted up.

The following is an extract from the Report of the Committee:

"The Mental Deficiency Act has been in force now for nearly two years, and a closer acquaintance with its provisions has unfortunately confirmed the original opinion of the Board that the many restrictions and the great multiplication of forms and reports have thrown a heavy burden of work on the institution. The supporters of the institution will remember that this Act confers on County Councils certain powers enabling them to deal with a number of defectives. The Board have followed out the policy outlined in their last report, namely, that of placing all beds that owing to lack of subscriptions could not be filled by elected patients at the disposal of the local authorities of the four eastern counties—Essex, Suffolk, Norfolk, and Cambridge. The Board have refused all other offers made by authorities outside the eastern counties, and they conceive that this policy truly fulfils the purposes for which the institution was founded. They have endeavoured to allot the vacant beds fairly and in proper proportions to each of the four counties."

Some Scottish Chartered Asylums.

The Crichton Royal Institution.—A notable feature here is the large number of voluntary patients, who constituted about 7 *per cent.* of the residents. But during the year they made up 11 *per cent.* of the admissions and 26 *per cent.* of the discharges. The Lunacy Law of Scotland was wise enough to provide that a voluntary patient requesting to leave should give seventy-two hours' notice. The twenty-four hours' notice required by the English law is all too short in the interests of a patient who requires to be taken care of.

The pathologist, Dr. Cruickshank, has joined the military forces, and has been appointed to a mobile laboratory in France. Some of the results of work done by him at Dumfries have already appeared in the *Journal of Mental Science*. Fortunately it was found possible to induce Dr. Thompson, Professor of Physiology in Trinity College, Dublin, to step into the gap, and continue the routine and research work in the

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laboratory. Beyond that he has undertaken some most important work on his own account

"Prof. Thompson, with the aid of the excellent equipment of the laboratory, has been able to bring to a successful conclusion an important biochemical investigation which he had begun in Dublin, the results of which are to be published shortly. A substance named creatine occurs in the muscles of our bodies, the use of which is not known, nor do we even know from what it is formed. Prof. Thompson has found, however, that when a substance called arginine, which enters into the composition of most articles of diet and which is chemically related to creatine, is injected into the veins or beneath the skin of animals, it will give rise to an increased formation of creatine. Thus one of the modes of origin at all events of creatine, the chemical source of which has long puzzled physiologists, has been definitely settled. In connection with Prof. Thompson's important discovery at the laboratory, it may not be without interest to recall that the wide-spread attention which the subject of creatine formation has evoked during the past few years, particularly amongst American investigators, took origin in a research which was carried out by Prof. Folin, now of Harvard University, at the time when he was assistant in pathological chemistry in the laboratory of the M'Clean Hospital at Waverley, near Boston, Massachussets, one of the leading mental hospitals in America. In the routine and research work of the laboratory, both Dr. Cruickshank and Prof. Thompson received much useful and willing help from Miss Lockhart, whose good work there, as well as in the dispensary, was much appreciated by them and by the other members of the medical staff."

Royal Edinburgh Asylum, Morningside (1915).—Dr. Robertson notes a distinct reduction in the influence of alcohol among the admissions, and this occurs in both sexes. He thinks that if it is the case that separation allowances have led to more drinking among women, the drinking must, according to his figures, have been of such a nature as does not tend to produce insanity. The following remarks on his experience of soldiers' insanity are of value:

"We have admitted during the course of the year about thirty officers and soldiers, the great majority of whom had not been to the front. In a small number of cases alcoholic excess was assigned as the cause of the insanity. There were two types of insanity which, however, stood out prominently among these admissions. There was first a considerable number of cases of simple mental excitement or mania. It would appear that in these cases the excitement produced by their new environment and military duties, and the high tension under which they lived, had overstepped the normal. They were perfectly lucid in intellect, but very exalted in feeling. They over-estimated their own importance, bragged of their doings, and talked too much. There was definite loss of self-control, and it was owing to childish and foolish conduct that they got into difficulties. They gave us a great deal of trouble in the earlier periods of their treatment, but they all made good recoveries. They constantly suggested to me exaggerated types of Rudyard Kipling's soldiers.

"The second group of cases consisted of high-grade mental defectives. These men had passed the physical tests when they enlisted, and had answered the few questions addressed to them without displaying their mental deficiency. It was very soon found, however, that owing to their low level of intelligence they were quite unfit to be trained as soldiers or to realise their responsibilities. Had the Mental Deficiency Act been in force for some years, no doubt they would all have been known to the authorities."

Dr. Robertson scores another point in that question about which he feels as strongly as does Dr. Bedford Pierce. Adverting to the unpleasantness of certifying soldiers who have broken down in the war, and to the absence of certification in the Dykebar Military

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Hospital, he says that there is no essential difference between the soldier who breaks down in war and a woman, for instance, who suffers from an attack of puerperal insanity. Logically, therefore, the freedom of treatment which is accorded to the entrant into a military hospital should be accorded to the candidate for the asylum. He points out that the Lunacy Law in Scotland enables the doctor to treat an unconfirmed case in any private house or lodging, but the only place where this beneficent provision cannot be carried into effect is the asylum, thoroughly equipped as it is for carrying out the best treatment under strict regulations. The rich can secure an advantage which the poor cannot do. This proposition focuses the position and arguments very thoroughly, and demonstrates the jealous foolishness of the upholders of Lunacy Law as it is now written.

Morningside (1916).—We have the advantage of receiving an advance copy of Dr. Robertson's report to the Managers for the year just gone. We are prompted to anticipate its consideration on account of some strong and wholly admirable remarks made by him on spiritualism. The fact of its having appeared among the causes of the year's insanity at Morningside suggests to him the need for uttering a warning. He reminds "inquirers into the subject that if they would meet those who are hearing messages from spirits every hour of the day, who are seeing forms, angelic and human, surrounding them that are invisible to ordinary persons, and who are receiving other manifestations of an equally occult nature, they only require to go to a mental hospital to find them." He gives an instance of a person who, losing her son, resorted to spiritualism in its usual procedure, first hearing of him through medium, then getting into touch with him herself, and then widening her circle of spiritual acquaintance till she heard God's voice. He asks spiritualists to say "where in this case does spiritualism end and mental disorder begin. Do they overlap? Do they coexist? Or is there such a state as disordered mental function at all? Or is it that spiritualism was wholly absent in this case?"

In his experience he has found that, in addition to such cases as the above, where spiritualism sometimes leads to insanity in the predisposed, more frequently there is a great fascination for spiritualism among those who suffer from the simple forms and early stages of mental derangement. It is a ready and comforting explanation to them of the imaginary voices, etc. In such cases obviously it would be wrong to describe spiritualism as the cause of derangement, even though it may be prejudicial to the course of the case.

Not everyone, however, will probably be prepared to agree with Dr. Robertson in thinking that spiritualism "is a difficult subject worthy of patient and unbiassed inquiry by competent investigators." What is the measure of competency to undertake the investigation? If it lies in power of analysis, inference, deduction, and dispassionate judgment, we can but remember that for thousands of years this problem has been treated with such psychological elements by many strong brains. With what practical results? Where are there any data on which fertile reasoning can find a starting point? Where is there any settled formula founded on proven fact? Where is there anything more convincing

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than the expression of personal belief? Surely by this time trustworthy data, if they existed, should have emerged. Unless there is some sure ground whereon to found intellectual inquiry, there can be no such prospect of value in result as will compensate the known dangers, which include not only the asylum aspect, but that of the police court as well. These hard days impress on us lessons of economy and temperance. Does not spiritualism, in its temptation to meticular and wind-beating ratiocination, lead towards wasteful intemperance and riot of thought, just as much as the problem of squaring the circle did for many a long day? Brains competent to deal with the elusive immaterial should be able to find more value in the study of the material.

Royal Glasgow Asylum, Gartnaval.—We are indeed glad to see in the report of the annual meeting of the contributors that Dr. Yellowlees continues to be impelled by a sense of duty, in spite of increasing age and infirmity, to attend and express the thanks of the meeting to his successors in the medical direction of the institution. The key to this sense of duty lies in the fact that, as he says, none but an asylum physician can fully realise the difficulties that confront the superintendent. On this occasion he could point to the terrible strain cast on Dr. Oswald by the absence of sufficient medical assistance and of sufficient nursing staff to do the work fully. He says that he himself has repeatedly offered to go to Gartnaval to render what help he could. We believe that for a considerable time Dr. Oswald has carried on the medical work entirely by himself in addition to the duties of superintending. Verily the heavy strain of war does not fall on the combatants only. We fear that many asylum doctors bear an almost intolerable burden, but they bear it bravely indeed.

Dr. Oswald adds yet another aspect of the cry that goes out for relaxation of legal formularies:

"The legal processes necessary before a patient who does not seek treatment voluntarily can be admitted to a mental hospital have done a great deal towards causing the public to avoid an insane person, and to keep up the belief that mental disorders are in some way different from other bodily diseases. I am convinced that a relaxation of those, with proper safeguards to individual liberty, would be a great forward movement, and it should not be beyond the wit of man to devise a scheme which would protect the public, and yet modify the cumbersome procedure which attends the admission of patients to mental hospitals."

"The apparent great increase in the number of the insane is one of the most attractive subjects for a speaker or writer on insanity, and the sensational have drawn lurid pictures depicting the ruin of civilised nations through mental deterioration. In my opinion, the improvement that has taken place in the special insitutions devoted to the insane, and in the treatment and care they receive there, is one of the principal causes in the increased recorded numbers. In areas of most advanced social development we find evidences of a better feeling in the form of increasing numbers of voluntary admissions, the patients themselves and their friends having now the hope of being benefited by treatment, and having less reluctance to take advantage of it. In a crusade against mental and nervous diseases the Press can be of the greatest assistance in helping to break down the prejudice against mental hospitals, in emphasising the need there exists for the early treatment of incipient cases, and in urging the legislature to give facilities for the care of advanced cases, without resort having to be had to certification. The present tendency on the part of the public to make flippant remarks about sufferers from mental illnesses is cruel and heartless, and should be frowned on by all humane people."

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In relation to war ætiology Dr. Oswald finds other associations than direct loss:

"Indeed, the saddest cases I have seen have been those in whom not the war itself, but the barbarous manner of its conduct by the enemy, and the murder of innocent women and children, have produced morbid depression closely allied to insanity. The sufferers have usually been women of high and unselfish character, who in the perpetration of such deeds by a nation believed to be highly cultured and civilised see a negation of God, and a disturbance of their deeply-rooted Christian beliefs."

He reports a case where pellagra was the cause. This is a rare factor in this country, but not altogether unknown. The patient, a female, duly recovered.

Royal Montrose Asylum.—Dr. Shaw, in referring to the cases received from Bangour and Dykebar says that they were all more or less chronic with a very unfavourable prognosis, and points out that if the duration had been shorter and the type more amenable the change from one asylum to another might have resulted in more mental improvement. The various changes, no doubt, had to be effected more or less hurriedly, and we fear that this point has been lost sight of. We see that with the exception of a few weeks Dr. Shaw had to carry on the whole of the medical work by himself; this must have been a somewhat discouraging commencement to his office of Medical Superintendent.

Some Scottish District Asylums.

Fife and Kinross.—We note that Dr. Skeen has succeeded our old and valued friend, Dr. Turnbull, whose recent death we have deplored. We cannot but think, while congratulating Dr. Skeen on his appointment, that he will find his work the easier from the conscientious methods of his predecessor. We are glad to see that he proposes in future years when the whole of the admissions have passed through his hands, to find it possible to prepare a table indicating roughly the cases recoverable and irrecoverable. This would, he says, be of more value statistically than simply to say that the recovery-rate was 30·5 *per cent.* on the admissions when such calculations ought really to be made upon the possibly recoverable admitted. Any such table illuminating a particular issue must be welcome.

He dwells on the inconvenience, when estimating the cost of the asylum patients, now and henceforth to be caused generally in Scotland by the accounts of the District Board, including the cost not only of the lunatics chargeable to the district, but also that of the mental defectives. As the accounts now stand, analysis is required to arrive at the actual asylum cost, which, he rightly contends, is a very important matter.

He also deals with the vexed question of farm profits. We have commented on this subject more than once in these columns some years ago. The new methods of book-keeping under the new Act do not admit of charging items, such as carting done by the farm for the asylum, or, on the other hand, of making a charge for rent. We have before expressed the opinion that everything should be charged which would be charged by an outside farmer, for the simple reason

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that really efficient management of the farm (which should make the farm a valuable asset) cannot be ensured unless a reasonable comparison can be made with the results of neighbours' farming, which is carried on under similar conditions of climate, soil, proximity to market, etc. As he says, under the present mode of reckoning, a considerable and hitherto uncalculated amount of labour is obtained at practically no cost to the farm, but to some extent at the expense of the institution proper. The obvious remedy in this matter is to assess and charge the value of the labour, not only of the patients, but of those attendants who work in charge of them. It is not difficult for the bailiff to make such an estimate, especially if he is helped by the Medical Superintendent and any of the Committee who have the requisite experience. To complete the account, rent, interest on capital, and such matters as hog-wash received from the asylum, should be debited to the farm, and all work done by the farm for the asylum or other customers should be credited. A farm account, additional to the official account, is kept on these lines at many asylums, East Sussex, for instance. It has the good effect, at all events, of showing an approximately correct statement of the working, thus saving wonderment and possible jealousy on the part of neighbours at the inflated profits now officially shown.

Inverness District.—It is very satisfactory to read that one asylum working-party was employed for months in straightening out a dangerous corner for the County Council, which had proposed to do itself the work of considerable magnitude, and was glad to accept the offer of help from the asylum. Another party for several weeks gave valuable assistance in the erection of a large new workshop for munitions. Dr. Mackenzie is rightly proud of the work, which, he says, affords an example of the extent to which dilution of labour may be successfully and profitably pushed in such times as the present.

Some Irish District Asylums.

Belfast.—There is probably much truth in what Dr. Graham says in this extract from his report.

"Yet the fact is indisputable that insanity, like crime, has lessened during the period of the war. It will not do to say that the vast numbers of men called to the colours include some who might otherwise be recognised among our asylum population, for the greatest reduction is among women, 119 being admitted in 1915, as against 154 in 1913. This fact raises some intensely interesting questions as to the probable influence the war will exercise upon the mental life of the nation, and upon the problem of insanity. This problem is not an isolated one. It is implicated in the general economic, sociological, and physical state of a community at a given time. Now the present war will have a powerful bearing on these factors, and so, will affect deeply the general mental health. To begin with, it is evident there is a shifting of the distribution of wealth, so that vast numbers who had formerly lived in poverty or at least in mean circumstances, have suddenly, owing to the rise in wages, found themselves in a degree of comfort, and even, relatively speaking, of luxury which in time past had not entered their wildest dreams of welfare. These people will have gained a higher standard of living. With this standard will come a wider range of interests. The curse of grinding toil and abject poverty is that the poor toiler is so pre-occupied with the task of gaining a precarious livelihood that he has no time or energy left for the pursuit of aims worthy of a truly human life. Long, protracted labour means

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that the mind is stupefied with fatigue-products, and the worker will seek relief in some artificial redeemer from dulness and weariness, such as alcohol. But with greater leisure, more education, many of the temptations to indulgence in drink will vanish."

There appears, however, among his admissions a causal factor as frequent as, but far more dread than, alcohol, which affects only 7 *per cent.* Syphilis has exactly the same ratio of causation. Yet even within recent years alcohol was a highly prolific agent, whereas syphilis was almost unknown as a factor in any part of Ireland.

Down District.—Dr. Nolan, in referring to the influence of the war on the insanity of his district, relates that of the eight soldiers admitted under the Army Act not one could be properly referred to that factor. So, too, with the civilians. In fifteen cases in which the war was assigned as a factor a close investigation of the full histories resulted in the disestablishment of the war in favour of quite a number of other associated factors. The "war idea," he says, has had less effect on the coloration of existent insanity of those already under care than it would have had were the current illustrated and other newspapers in the usual free circulation. Other suitable literature has been substituted.

The effect of the war on finance and supplies has been, says Dr. Nolan, discounted here to some extent by careful pre-war economy. As an instance, the substitution of cocoa for tea at supper, a change made some years before with a view to reducing insomnia and nervous irritability, effected at the time of initiation a saving of £150 per annum. At the present time the increase in patients and in the cost of tea has increased the saving by an additional sum of £265.

Enniscorthy.—Dr. Drapes records a considerable reduction in population during the year. We note that the admissions (77) are well outset by the exits on discharge, recovered or otherwise, or on death (100). But he warns his committee that such figures, taken alone, are unreliable. In place of them he offers better evidence of the trend of insanity. He estimates the average daily residence for four periods, constituted by five-year divisions of the last twenty years. He finds thereon that the percentage of increase in the said daily average residence for the last three five-year periods has been 10·7, 9·2, and 5·5 respectively. He draws, correctly we think, hopeful conclusions for the future from this dwindling proportion. The length of the test-period is more convincing than yearly comparisons. We suggest that the same process applied to admissions might furnish further highly confirmatory evidence. But we can see that some discount might have to be made therefrom on account of the illusory alcoholic admissions against which he inveighs very strongly. He says that some of these are sane within twenty-fours of admission. He complains, further, that when the easy process of shunting a drunken person into the asylum is once initiated, it is repeated whenever he goes a little beyond the mark. Seventeen *per cent.* of his admissions last year were due to alcohol.

Dr. Drapes finds that he can assign no causative influence to the war. We may say, after looking over many similar reports, that this

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seems to be the opinion of the vast majority of asylum superintendents. But this is only the asylum experience. The true answer to any question of the real war-influence can only be given when on its conclusion a summation is made of all cases treated, whether in special military hospitals or in asylums, and some further cases of an evanescent nature may have been treated elsewhere.

Omagh.—Dr. Patrick, when referring to the vast importance of heredity as a causal factor, relates the following interesting particulars. During the year there were in residence two mothers and sons, four brothers and sisters, seven pairs of sisters, nine cases of brothers, eight known cases of cousins, three cases of uncles and aunts with nephews or nieces, and one husband and wife. Also, a patient lately discharged who had been in the asylum three times, and whose mother is still resident therein, married a woman, one of whose sisters died there, another sister being still detained as a patient. One wonders whether this could be beaten as an instance of disregard of danger.

Alcohol was assigned as a principal factor in 8 *per cent.*, while syphilis only appeared in one case in 102 males.

Part IV.—Notes and News.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

THE QUARTERLY MEETING of the Association was held at the Medical Society's Rooms, Chandos Street, W., on Thursday, February 15th, 1917, Lieut.-Colonel David G. Thomson, M.D., President, in the chair.

There were present: Sir G. H. Savage, M.D., Sir Robert Armstrong-Jones, M.D., and Drs. F. Beach, D. Bower, A. Helen Boyle, A. N. Boycott, J. Chambers, R. H. Cole, M. Craig, H. Devine, E. L. Dove, T. Duff, J. H. Earls, F. H. Edwards, C. T. Ewart, C. F. Fothergill, A. H. Griffith, B. Hart, H. E. Haynes, T. B. Hyslop, G. H. Johnston, H. C. MacBryan, A. Miller, G. H. Monrad-Krohn, Jessie M. Murray, J. G. Porter Phillips, D. F. Rambaut, J. N. Sergeant, G. E. Shuttleworth, J. G. Soutar, J. Stewart, R. C. Stewart, J. Tattersall, F. R. P. Taylor, H. Wolseley-Lewis, E. W. White, and R. H. Steen (Acting Hon. General Secretary).

Visitors: A. H. Buchanan, Dr. Wildon Carr, Beatrice Edgell, Miss Fletcher, P. C. Maitland, Dr. Lapinska, Mr. Flugel, Thomas Jones, M. Jones, Dr. Alice Johnson, Sir Herbert and Lady Sloley, Col. J. W. Springthorpe, Lady Grey Wilson.

Present at the Council Meeting: Lieut.-Colonel D. G. Thomson, M.D. (President) in the chair, Drs. R. H. Cole, A. Miller, J. N. Sergeant, J. G. Soutar, H. Wolseley-Lewis, and R. H. Steen (Acting Hon. General Secretary).

The following sent communications expressing regret at their inability to be present: Drs. T. S. Adair, G. N. Bartlett, C. H. Bond, R. Dods Brown, R. B. Campbell, T. Drapes, C. C. Easterbrook, J. R. Gilmour, Lieut.-Col. J. Keay, Lieut.-Col. H. A. Kidd, G. D. McRae, N. Lavers, H. H. Newington, and T. E. K. Stansfield.

THE PRESIDENT said the minutes of the meeting held in November last were printed in the Journal of January last, and, unless a proposal was made to the contrary, he proposed to ask the meeting to accept them as read. Agreed.

THE PRESIDENT said he had a few announcements to make before the meeting proceeded to deal with the subjects on the agenda.

First, the Association had to lament the death of Dr. Charles H. Hughes, of St.

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