tabulation. But there is no such fear, and we very much question whether any one—even a layman—would use given figures except as indications of possible truth. But are we, in despair of being able to arrive at hall-marked conclusions, to abandon the system of inquiry now carried on? And if inquiry is still continued, of what use can it be unless it is rendered in some shape? Would it be right to withhold such statistics as we have noted in relation to parental alcoholism as given by Dr. Parker? We cannot doubt moreover that much scientific inquiry is prompted by a feeling of duty to record all that can be recorded about disease. For instance, the prevalent conviction that syphilis and paresis are most intimately related has probably led to the discovery of syphilis in patients by some careful observers to an extent which at least suggests that a vast amount must be overlooked from want of persistent inquiry. It may be that much of our work in regard to ætiology is wrong and loose, and that it may continue to be so for years, but truth can only come eventually through present errors, and by seeking to correct these latter step by step.

Roxburgh District.—Dr. Carlyle Johnstone continues to drill into his Committee the evils of overcrowding as revealed by an unenviably high mortality from phthisis at Melrose. Apparently he is meeting with some success. He also insists rightly that the want of suitable accommodation for poor private cases entails hardship on many respectable people and is wasteful of public money, which has to be found since private contributors are turned away. Sixty-four *per cent.* of the discharges, other than transfers, were sent out on probation. Dr. Johnstone highly commends this practice, because the ease with which a patient can be returned if not getting on well under milder supervision tempts authorities to withdraw their patients who do not require asylum care. At the same time the patient has some supervision which does not interfere with his doing work.

Some Scottish Royal Hospitals.

The Crichton Institution.—The important event of the year has been the completion of the new houses for receiving admissions. The plan adopted is a variation of the general idea of treating such cases apart from the main bulk of the asylum population. Four of these houses, two for each sex, have been built for those classes of the insane who at Gartloch, Hawkhead, and other recent asylums are congregated in the two sides of one hospital; that is to say, all cases demanding medical treatment and nursing for either bodily or mental infirmities are thus set apart. Here, however, two of the houses are devoted to the bodily sick, the other two being for the admissions of all sorts; in fact, they are receiving houses. We think that this is certainly an improvement, in so far that while medical supervision can be constantly and conveniently given to all cases that may require it, the sick in body, who often represent the hopeless wreckage of mind, are shut off from the recent cases, who include those having the best chance of recovery. But we are not quite sure that the taking in of every case that arrives

https://doi.org/10.1192/bjp.51.212.187 Published online by Cambridge University Press

is not likely to be a detriment to the leading idea of promoting recovery by specialised treatment of those only who present a possibility thereof. It undoubtedly is more convenient to the administration to pass all cases through one portal as it were, but obvious dementia would not appear to have a claim to be mixed up, even for a short time, with those who come for cure. However, the results of treatment under the various circumstances will be most interesting to watch, and gratitude must be felt to all who have the enterprise to follow up this great departure of latter days. We should add that the treatment is essentially that of a hospital; the patients are put to bed and kept there till declared to be fit for getting up. The nursing is entirely done by females.

Edinburgh (*Morningside*).—This asylum must surely create a record by admitting a male of ninety-eight years of age. The necessity for removal from home or elsewhere bespeaks a remarkable vitality in this case. An epidemic of dysenteric diarrhœa was traced to the sewers disestablished five years back. These had not been efficiently disconnected from the surface water drains, through which the poison found its way. When the necessary steps had been taken the epidemic quickly disappeared. Dr. Clouston gives a most interesting *resumé* of his thirty years' practice at Morningside. Tables I, V, and XI are worked up in decades and then summarised. 11,346 admissions have been dealt with, while 4439 recoveries and 2630 deaths have occurred. A tale of sad deterioration in material is told by the dwindling of a 45 *per cent.* recovery-rate down to 36; by the rising of deaths from 8·7 to 11·9; by a percentage of mortality from diseases of the nervous system growing from 53 *per cent.* to 67 *per cent.* It is curious that the mortality from both tubercle and general paralysis, while it has in the third decade sensibly increased in comparison with the first, showed a distinct amelioration in the second decade. But, as touching the latter disease the female deaths show a steady increase all through, being 7·5, 9·7, and 12 *per cent.* in the respective decades. In the course of the thirty years this disease caused 50 *per cent.* more deaths than tubercle, but taking the male sex alone it was nearly three times as fatal. The forms of insanity in those admitted have for the special table been made up on the lines of Skae's classification. Restating the total admissions at 11,346, we find the assignation of particular forms in the following numbers:—Alcoholic insanity holds pride of place with 1644, adolescent insanity 1102, climacteric insanity 961, senile insanity 915, while general paralysis claimed 887. Idiopathic insanity, though so returned in 930 cases shows a marked decline in ratio of late years. Probably some change of ætiological views may be inferred from the fact that in the first decade twenty-four cases were returned as labouring under amenorrhœal insanity, while no case is shown in either of the last two decades. Then, too, myxodœma claimed no cases in the first, nine cases in the second, and only two in the third. These tables are undoubtedly of great value and interest as a record of asylum history, and indirectly of the area from which the inmates are drawn. To the public at large it will be a matter of deep interest to know that among

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the many thousands deprived of their liberty only six were discharged as "not insane."

Montrose.—Dr. Havelock, in dealing with ætiology, states that after making special inquiry into the histories of all his admissions he cannot find such a proportion due to alcohol as some others find.

It would be a most unfortunate matter for the insane if public opinion were so directed as to regard the inmates of asylums as a class who had in the main brought on their sad infirmity by vice and drunkenness.

If such were the case, we should regard the vast expenditure of money which has been given ungrudgingly to ameliorate their condition as worse than wasted.

Further, admitting its baneful effects in heredity cases he writes:

The moral to be drawn is that those who are hereditarily predisposed to mental disorders must be strictly temperate in the use of alcohol; the majority, perhaps, should keep on the safe side and abstain entirely. And it should be borne in mind that the individual who asserts that in his family there is absolutely no history of any form of insanity usually speaks with a very limited knowledge of his pedigree.

We note that nursing by females of the cases in the male wards of the hospital is to be reintroduced. When these were first opened they were staffed by nurses only, but it was not found to be a success. Now it is to be tried again in view of the advances made in the care of patients.

James Murray's Asylum, Perth.—Dr. Urquhart states that the female admissions are steadily decreasing, in spite of there being plenty of room. It is difficult to account for this fact, which is contrary to the usual experience. In reference to a particular case he makes use of the term "communicated insanity," about which we have remarked before. In these days we have to be on our p's and q's as to terminology, and we think that this is not an admissible form unless we clearly define what is meant by it. The mere fact that a case is impressible even by contiguous insanity would suggest prior impressibility sufficiently morbid to come very near insanity itself. Given that, it is arguable that it is a matter of undoubted interest, but not of scientific value, that the last straw should be insanity in a neighbour. We consider that the term is open to misconstruction.

Dr. Urquhart gives a large amount of *parole* which is practically never abused. He thinks that in such an institution *parole* is a better index of freedom than the number of unlocked doors.

He gives an interesting history of the forty-seven attendants and nurses who have gained the Association Certificate. We tabulate it:

	M.	F.
Left for private nursing	2	5
Left to be married	—	3
Left for general hospital nursing	—	11
Left on promotion elsewhere	2	2
Left, reason not assigned	3	5
Died	1	—
Remaining	6	7

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