the Association might well consider the matter seriously in view of the changes recommended by the Commission, which has lately reported. The present would be the best time for taking the matter up warmly, if it is so determined.

A very interesting communication is published in the report. It contains some remarks on the condition of the Retreat, and the treatment used in it, as far back as 1827–1840, by one who is still alive. She was the daughter of the doctor of the time, and lived in the Retreat, thus having exceptional opportunities of seeing how things were done. The principles of administration evidently were as advanced then as they are now. Mrs. Pumphrey, the writer, asks a question that is perhaps nearer an answer than it was when it was put, but is not yet answered by practice as clearly as is desirable. She asks: "May not such establishments grow too large? And is there not still a place for small domestic homes for the residence of those to whom quiet loving care would be a great boon?"

Some Scottish Royal Chartered Asylums.

Edinburgh, Morningside.—The removal of a large quantity of the City patients to Bangour has left space available for private patients on reduced terms. Dr. Clouston has been able to say that, except for a short time, it has been possible to accept every application for private accommodation, whether for the rich or for the less affluent. It is very seldom that such an opportunity arises to help the latter classes, who are altogether too badly provided for throughout the kingdom. We may feel sure that the best advantage will be taken of the chance. It may be expected, at least hoped, that several, who have to place their relatives under treatment, and who would otherwise have to rely on the rates, will make an effort to find the little extra sum needful to preserve their independence. Dr. Clouston has reason to look upon influenza as a disease that has more far-reaching evil effects than any other. He shows that before it arrived in 1890 the elevated and excited types of mental disease easily held place against the melancholic and depressed types. Now this is altered, and in the year under report the reverse condition was found. Alcohol has not been such a frequent factor in production, but it has been relatively more prevalent among the women —a very serious matter.

Of course the impending resignation of Dr. Clouston looms large in the report. The Managers offer a very full and generous appreciation of his many years of work. He himself takes leave in a short but feeling paragraph. We must all wish him years of happy health after his prolonged work, by which so many have benefited, not least the members of the Association.

Glasgow, Gartnavel.—Dr. Oswald will probably accept the term "manic-depressive" without much difficulty.

The type of mental disorder was not so markedly one of melancholia as in former years. The prominent symptom in forty-nine cases was excitement, and in fifty-two depression; but it is becoming year by year more difficult to draw a hard and fast line between conditions of excitement and states of depression, for both may occur in the same patient at different stages of his illness.

https://doi.org/10.1192/bjp.54.227.776 Published online by Cambridge University Press

The free reception of voluntary cases has formed an increasingly important feature in the year's work. As many as one-third of the 145 invalids came for treatment and were taken in simply on permission of the Board of Lunacy without certificates or order. The equivalent of this simplicity exists, of course, in England as far as private patients are concerned, but advantage of it is not taken to anything like this extent. It is a pity that the same privilege is not extended to pauper cases and to the entry of private cases into county asylums. These are points that may well be thought of when the new arrangements are made in accordance with the Report of the late Commission. We think that it would be better if, in his statistical tables, Dr. Oswald could separate the facts concerning these voluntary cases from the other admissions. It is true that he shows the recovery-rate among these patients to be greater and the duration shorter than is the case with the certified admissions. But there are many other points—ætiology, callings, and so on—that might be studied with benefit. Dr. Oswald has tried the tent system of treatment, and speaks well of it.

This has been largely practised in some of the large mental hospitals of the United States, and though the climatic conditions of last summer were very unfavourable, the results were sufficiently encouraging to justify the experiment being again made. The accommodation consisted of a large tent pitched in a pleasant part of the grounds, and receiving from eight to ten beds, which were either under shelter of the canvas—though freely exposed to currents of air—or drawn out in front of the tent. The patients were there in bed, or reclining in long wicker chairs, during the whole of the daylight, and while the improvement in some cases might be attributed to the novelty of the surroundings and to the special diet—which was largely vegetarian, with the addition of milk and eggs—it was also conduced to by the rest in bed in the fresh air. The calmative effect of this open-air rest cure on many patients is very marked, and it is often those who, by reason of restlessness in bed indoors, seem unsuitable for it, in whom most benefit results.

Perth, The Murray.—Dr. Urquhart has found it necessary to institute a new practice for parole patients, which is worth noting.

I have thought it well to give each parole patient two cards—one to be kept at hand, and the other to be given to the charge nurse or other responsible authority. As a matter of fact, one of these patients was met in Perth and questioned by an attendant about his increased liberty. He replied that he had my sanction, which was unfortunately untrue, and afterwards caused remorse.

It is a curious fact that, after selling a property sixty years ago in consequence of numbers being reduced, the asylum authorities have taken an opportunity to buy the same back again because the numbers are more than the asylum can contain.

The subjoined note is extracted from the Visiting Commissioner's entry. We do not find any mention of the subject in either the report of the Managers or in that of Dr. Urquhart.

The charitable work of the institution, which, in terms of the Charter, is limited to natives of the County of Perth, continues to be very extensively carried on. Although the average cost of each patient is about £100 per annum, six are maintained at £30, three at £40, one at £45, twenty-one at £52, one at £57, eighteen at £60, one at £63, three at £70, one at £72, and one at £75. Thus fifty-six patients are maintained at rates which are unremunerative. Many of these rates are inclusive of the cost of clothing in addition to that of maintenance. Such a laudable record as the above deserves recognition, not only because it is in itself

https://doi.org/10.1192/bjp.54.227.776 Published online by Cambridge University Press

commendable, but in order to direct public attention to the serviceable functions which are being performed by the institution.

Some Irish District Asylums.

Down District.—Dr. Nolan notes that influenza has been very virulent, causing many deaths through an insidious form of pneumonia. Phthisis, on the other hand, is a decreasing factor, thanks to the vigorous steps that have been taken for some years in combating its spread. The same success has attended prophylactic measures devised against colitis, which was a great scourge at one time. Dr. Nolan maintains that in the area a lessened occurrence of tuberculosis means less lunacy, so intimate is the connection of the two diseases in his view. The following remarks on the inspection of asylum laundries appear to be appropriate:

The Asylum Laundry has also been inspected by H.M. Inspector of Laundries. This inspection is necessitated by the extension to asylum laundries of the recent Factories and Workshop Act. While it is, of course, desirable that even more than the usual mechanical safeguards should be in use in asylum laundries, it must be obvious that the general hygienic considerations in an asylum laundry should not require lay inspection, inasmuch as the employment of the patients is regulated with a view to their medical treatment and not for profit.

With a maintenance rate of £22 11*s*. per annum there must be some skill required to justify the comments of the visiting Commissioner.

In this Asylum, certainly due care appears to be taken that the men's clothing and their persons generally are properly looked after. This refers not only to the patients who are able to look after themselves, but also to the helpless and demented. Amongst the women, efforts are made to minister to the natural pride in their personal appearance, and so to maintain habits of self-respect.

Special clothing is supplied for wear on Sundays to both male and female patients, thereby maintaining the customs of their early home life.

In the dining-hall the behaviour of both sexes was excellent. Both men and women entered and took their seats at their respective tables without confusion, and left the hall in proper order. The service of the meal was conducted with due regard to decency and comfort. The dinner was excellent in quality, and appeared sufficient in quantity, and the provisions which I saw could not be found fault with.

Limerick District.—With the exception of heredity, which was found in nearly one quarter of the admissions, fright and nervous shock supply the greatest amount of causation, being returned in eighteen (six male, twelve female) cases out of 113 admissions. This is quite an unusual proportion. Intemperance was found in only ten cases, all male. Active mania accounted for more than two thirds of the admissions, active melancholia accounting for nearly all the rest. In fact only three chronic cases were admitted. General paralysis was entirely absent.

For many years past I have repeatedly drawn attention to the fact that insane prisoners are sent in from the Limerick prison although not belonging to the Asylum District. Act 38 and 39 Vic., Cap. 67, Sec. 10 entails that persons "from and after the expiration of sentence must be regarded and treated in all respects as if admitted to the Asylum as ordinary cases." The local gaol being the prison for the Counties of Clare and North Tipperary, lunatics from these counties committed here, become, on expiration of sentence, chargeable to the City of Limerick. Also, lunatics from these districts "found incapable of pleading" at Assizes are committed. No doubt the cost of maintenance of the latter class is paid for by

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