for in the senior posts of the ward, a career of usefulness to themselves as well as to others is hereby provided. They are useful for taking patients on trial, etc., thus leaving the nursing of the wards at full strength.

Warneford, Oxford.—A curious feature of this institution is, that of 98 patients in residence no less than 46 have been transferred from other places. Some of these are brought for the medical effect of a change, others to meet the convenience of friends residing near Oxford, others on account of dissatisfaction with precedent conditions. Some had been refused further care elsewhere, but the majority suffered from the pinch of finance. Of the 46 transfers, 23 were from other hospitals, 18 from private asylums, 3 came from county asylums, and the balance from single care. As Dr. Neil says, these occurrences may be claimed as evidence of the benevolent work done, but they do not promote the recovery-rate. Nevertheless, he can show a rate of 73 *per cent.*, calculating the total recoveries on direct admissions, the rate falling to 28, when they are calculated on the direct basis in regard of both admissions and recoveries. We know that in some institutions it is more than a moot question whether they, designed possibly in the first instance for promoting recovery, shall continue to have their energy dulled by chronic incurability. But even so, it is cause for thankfulness that there can be found other institutions which recognise that much insanity is incurable, and is in urgent need of protection and that betterment which falls short of cure. *Chacun à son gôut.*

Wonford House, Exeter.—Year by year the finances of this hospital, which not long ago gave considerable cause for anxiety to its governors, become more confirmed in stability. In view of the fact a new recreation hall is contemplated, while a nurses' home is in process of creation. This will cost about £3,500, and as it will release accommodation now taken up by twenty-three nurses in the hospital itself, it would seem to be a reasonable way of extending the accommodation for patients, which is much desired. Among the 51 certified admissions, Dr. Morton had to reckon with no less than 36 with definite suicidal tendencies. He has found great benefit to arise in the treatment by adapting a shelter in one of the ladies' gardens for more regular habitation by recent cases in feeble bodily health. There is evidently a strong football team among the employees, which has been successful in winning, as well as in rousing interest in the patients.

Some Scottish District Asylums.

Aberdeen, Kingseat.—Dr. Alexander, in speaking of "606," adds two reasons for its unsatisfactory results in the treatment of general paralysis. One is that the syphilisation usually occurs long years before it manifests itself by insanity. Beyond that, the man who is to become a paralytic is one of the last people to take proper care of himself after being inoculated. Alcohol, as a factor, occurred more frequently in the female cases. He speaks somewhat hopelessly of the likelihood of the new Superannuation Act being of any service to the nurses, as they are worn out by twenty years' service long before the age of fifty-

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five. The hospital section is becoming full up, and more accommodation there is called for. The present accommodation for all recent cases, the sick, suicidal and feeble, is about one-fifth of the total. From the experience acquired by him in the years of this asylum's existence, he is of the firm opinion that one-third is a proportion that will better meet calls on the department. In our humble opinion, the better solution of the question of further room would be the removal of all but the recent cases, and of those the incurable ones should be immediately taken away. No doubt convenience is studied by the more comprehensive scope of the hospital, and possibly that convenience will enhance the medical work bestowed on all that require it. But the wholesale grouping together of several distinct aims and objects defeats at the very outset the prime object of a discrete asylum, which is the promotion of recovery. Possibly the sentiment of resemblance to an ordinary hospital has to be considered, but where is there any hospital or infirmary worthy of the name which has its medical, surgical, obstetric, skin and juvenile cases jumbled up together in its wards? Ideals are apt to master practical aims. The nursing spirit is preserved in the outside world, however far separation of differing classes is practised. Why should it not be preserved on the division of mental cases from physical disease in the asylum?

Dr. Alexander has started a new table, which on the main point is quite praiseworthy, though in some of the details we find it needful to take exception. It is similar in its aims to what we have been dealing with under the remarks of the London County Council's asylums, a full and unimpeachable treatment of the statistical facts brought out by a comparison of the new tables B 5 and C 3. He has taken the factors in each of 989 first-attack direct admissions, which have occurred since the opening of the asylum in 1904, and he has traced, *person by person*, the number of recoveries of these, according to their classification. Thus we can say, as far as these accurately observed cases help us, what is the prognosis of cases in various classifications.

All that the table wants is a side column giving the proportions between the admissions and recoveries in each form. We note that melancholia gave just about 66 *per cent.* of recoveries, mania about 48, primary dementia of adolescence 0, alcoholic 43, non-systematised delusions little less than 10 *per cent.* We could wish that others would follow the same plan, not only in regard to form but in regard to ætiology. Reasonable accuracy cannot be attained by any other means. But we regret that we cannot foresee any useful results from aggregating such knowledge in Scotland at least, on account of the ingenuity displayed in varying the forms in which knowledge is promulgated. We feel it proper, indeed necessary, to take this opportunity of drawing attention to the invidious, not to say ridiculous, position in which statistics of insanity stand in a region which is a foremost exponent of psychiatry. We have before us nearly a dozen reports from Scotland, coming from both District and Royal Asylums, and it is not too much to say that, apart from the question of arrangement of the individual tables and their form, there are no two alike in the important matters of classification and ætiology. Some adhere in the main to the old tables of the Association, others adopt in part the new classification

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and ætiology; some have their own system of stating these particulars, while silence is not unknown. The most useful are those which give the ætiology in either form, but correlate the items with heredity and previous attacks, thus commencing the idea of the new Table B. 8; but in any case we fear the material is wasted for the purpose of gathering the whole into such a mass as will give an average of universal opinion. It is not as if distaste for the new tables is at the root of the thing. There is, and always has been, statistical anarchy in Scotland, where there are so many thoughtful and practical brains always at work. Is it right that this should continue? Home Rule may go even as far as having a set of lunacy statistics for each kingdom, but let each kingdom *have* its own, if it is to be looked to for substantial help in solving the problems that beset us all.

Returning to the present report, we think that there are points in both ætiology and classification which need to be criticised. In both cases we imagine that Dr. Alexander has evolved a set scheme for each, since we see items mentioned which have no numbers set against them. Thus disseminated sclerosis in the one and insanity associated with paralysis in the other have no representation by actual sufferers.

Among the factors we find a group, infection-exhaustion. It is not clear whether the exhaustion is an independent addition to a composite group or an essential accompaniment of infection. But among the associated exhaustion elements we find general debility. The scientific relation between infection and exhaustion in such an instance can hardly be established. But in the case of general debility, since no normal man can be generally debilitated without cause, it is evident that there is a *causa causans* behind the assigned factor, which latter is not the real factor. The whole of this group is returned as "exciting." The toxins are all returned also as exciting, though we can imagine cases of alcoholism in which the poison might be said to be predisponent. In the classification we find a group of insanity associated with various pathological conditions. As a preliminary criticism we may say that insanity associated with such and such a condition is no satisfactory answer to the postulated question as to form of insanity, unless the symptoms caused by the associated condition always follow such a consistent course as to enable an inquirer to formulate a mental picture of the case from the definition. Though we all know what general paralysis is, the definition of it as "insanity associated with general paralysis" does not satisfy the question propounded by the definition itself. What was the form of insanity as thus associated? Was it of the maniacal, melancholic, or demented type? Then who would be bold enough to attempt to give a clinical description of the insanity which is associated with Huntingdon's chorea, especially as distinguished from that accompanying ordinary chorea, for which provision is also made in the same group? Then these associated insanities are divided as between the association with organic nervous affections and with functional nervous affections. There is another group of infection-exhaustion psychoses which is not very enlightening in its nomenclature. Naturally such an ætiological classification detrudes the clinical and symptomatic to a great extent, though both are represented, the former by mania and melancholia, the latter by delusional insanity, which

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names are, we suppose, spared to accommodate any cases in which more definite ætiology is wanting.

Argyll and Bute.—The terms of the Superannuation Act were accepted by 54 *per cent.* of the staff; the large number of contracts-out suggests that permanence of employment is not before the eyes of all. Why not? It is to be noted that in Scotland the whole thing is a new benefit. There is no comparison, as in England, between the relative benefits of old and new legislation. It would appear that the small amount of contribution, possibly combined with a feeling of hopelessness on the part of the females as to their powers of endurance, is sufficient to discount undoubted ulterior benefits. Since benefit to the public is obtained by long and settled service, anything hindering the promotion of long service should be sought out and proscribed. The facts stated here may be of use in the endeavour that is to be made for altering the age clause, in regard to nurses especially. The varying proportions of admission between the two counties and those of recovery and death would seem to offer a field for inquiry into the circumstances that lead to variation. There is a sort of suspicion that the ill-effects of heredity are becoming a little worn as subjects of debate, and that environment might well take its place. The contrast between two varying areas by one observer might well supply useful ideas.

Ayr.—Dr. M'Rae is evidently of the opinion expressed above as to the relative importance of heredity and environment:—

> As far as could be ascertained, and in spite of careful inquiry by means of a special printed form of queries sent to the relatives in each case, hereditary predisposition to mental diseases could be traced in only 32 *per cent.* This is a figure, however, that can in no way be relied upon, and, as suggested in last year's report, is often of very little practical value. It is still open to doubt whether any individual of the general population could be said to have a record absolutely devoid of insanity or other nervous disease very closely allied, if not actually identical to it, in his relatives. It has recently been shown by a French observer that among patients suffering from any disease whatever, 18 *per cent.* had a history of cancer in the family, while patients suffering from cancer had a history of its occurrence in relatives in 16 *per cent.* of the cases. An enormous amount of statistics were laboriously accumulated for years to prove the hereditary nature of consumption, only to be set aside by the discovery of the micro-organism which is now recognised as the true cause of the disease. In view of these and similar experiences, it is certain that elucidation of the causation of mental diseases lies in a search into environmental conditions rather than by attempting to sound the unfathomable depths of so-called hereditary predisposition. Indeed, the former is already proving a fruitful field of discovery by an ever-increasing number of investigators in the various asylums throughout the kingdom. That insanity appears in generation after generation of the same stock is undeniable. The fact admits of no explanation, however, unless the originating factor in our material surroundings which started the morbid process be discovered. It is only by ascertaining the cause and removing it that we can effect the abolition of any disease either in the individual or the stock.

Inverness District.—Dr. Mackenzie points out that insanity may itself be an unsuspected cause of insanity in others. Education and prosperity make the public and the individual more sensitive to the spectacle of insanity. He rightly inveighs against rigid and non-discriminating education for all brains, with little or no allowance for the requirements of class and local circumstance. No doubt if all local education authorities could be trusted to give scientific and experienced

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directions for education in their own areas, the abolition of the central authority would be an unmixed blessing for all reasons. However, in the meantime, great improvement is taking place in this direction, earnest minds are becoming experienced. Phthisis is the predominant cause of death here, and it is an undoubted scourge, as it has been for many years. To combat it verandahs for open-air treatment have been instituted. Dr. Mackenzie has followed Dr. Watson's lead, *longo intervallo*, in instituting a single table wherein he gives personal information as to the ætiology of each case. But it has the disadvantage of leaving the inquirer to pick out numbers and totals for himself—about as satisfying as picking out winkles with a pin must be to a really hungry man. We must take exception to general paralysis being returned as the exciting cause in more than one admission. If one could isolate a case of general paralysis as entirely somatic, there might be a possibility of justification for such a theory, but even then one would have to assume the possibility of the real cause of the mental defect being that of the somatic factor—syphilis for example.

Lanark District.—The Superannuation Act has been well received on the whole, but the farm-hands will not come in on account of the contribution. Therefore the Committee has had to disestablish this class altogether. Now that the National Insurance Act is passed it occurs to us that possibly many of the contractors-out may feel somewhat sore.

A good idea—the "Miss Julia Ferguson Gold Medal, awarded to the nurse, male or female, most distinguished in examinations and ward work." It is somewhat curious to read in the Commissioner's entry that only a proportion of those treated in the Sanatorium were suffering from phthisis, the other patients being of various forms of mental affection which would otherwise prove intractable. Science has verily done much of late to alter opinions as to the dangers of association with phthisis.

Some Scottish Royal Asylums.

The Crichton, Dumfries.—A valuable part of this report consists of a long and interesting account of the travels of a Committee of Managers, accompanied by Dr. Easterbrook, who inspected many of the most advanced asylums in the United Kingdom and on the Continent for the purpose of getting new ideas for the promotion of research work in the new laboratory. The general outcome was that, taking all the objects of an asylum into consideration, the Crichton is in a position to compare favourably with anything they saw elsewhere. On the Continent there was much to praise, but also there was seen treatment that did not commend itself. On this the Committee was naturally silent. Dr. Easterbrook himself remarks that, though in the University centres there is much research work done, in the German asylums themselves this is not the case, in spite of well-equipped laboratories. Reading between the lines we imagine that in other asylums beyond the seas it is found that the work of administration has to be reckoned with, and is apt to interfere with the pursuit of pure science.

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