usually met with in habitual criminals. Inquiry into the family history disclosed alcoholism in the father, mental instability in the mother; a sister committed suicide. The murderer himself appeared normal as a child; but at ten years of age had an attack of meningitis, on recovering from which he developed extremely vicious tendencies. At about twenty-four years of age he had his testicles removed for tubercular disease. He was of alcoholic habits.

Lombroso interprets this history as meaning that in Ballor the criminal disposition was acquired as a result of the brain affection, and was not congenital. This would explain the absence of the somatic stigmata. W. C. SULLIVAN.

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8. Asylum Reports, 1901.

Some English County and Borough Asylums.

Carmarthen.—An electric bath has been fitted. It will be interesting to hear later on from Dr. Goodall of the effect that its use may have on patients. In more than half the admissions hereditary predisposition from insanity or allied nervous diseases was found. Mention is made of a case where a patient managed to squeeze herself through a a very small window space, and to throw herself off. The act was not suicidal, but because she wanted "to fly about like a little bird." Dr. Goodall continues to remind his Committee of the necessity for a pension scheme.

Derby Borough.—We note that a boarder from the Middlesex Asylum was received in exchange for an imbecile child—we presume in order that the latter should receive benefit from the special care bestowed on such cases in Dr. Hill's new annexe. Such a procedure is to be warmly commended.

In Table X the results of careful investigation into the causes of the mental disease are given in detail. The two chief ascertained causes are hereditary predisposition in one third of the cases, and a previous attack in one fifth. Public opinion has not yet reached the stage when these can be considered preventable causes. Seventeen cases, or 18 per cent., attributable to alcoholic excess appear a large number, but the proportion is considerably less than the average of previous years, which works out at 20 per cent. In connection with intemperance, which may be placed in the foreground as the chief preventible cause of insanity, two facts must be remembered in any deductions we are tempted to make from statistics: the one is that insanity in some cases so lessens the self-control that intemperance is the result and not the cause of the mental disease; the other is that a large proportion—certainly one third—of our relapsed cases are alcoholic, and the same patients recur over and over again, and swell the number in which alcoholic excess is tabulated as the cause.

Dorsetshire.—In 1901 the male admissions exceeded the female, the former having notably increased, the latter remaining stationary.

A separate house for private cases is in course of erection, Dr. Macdonald finding that contiguity to pauper cases is a hindrance and an objection.

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Glamorganshire.—In connection with the causation of insanity Dr. Pringle remarks—

If the teachers in our board and Sunday schools who realise the terrible evils, physical and moral, which result from this habit (intemperance) were to point them out to their pupils, I think much good might be done. As a consequence of excesses in the parents, large numbers of children are born with strong impulses and weak wills, and they succumb to influences of a kind that those of a happier heritage can easily resist, and from these classes we receive many of our imbeciles and epileptics. The tendency of our age seems to be an increasing love of excitement and pleasure and a lessening sense of duty, and it is disappointing that education seems to do so little towards the building up of character or the promotion of self-control.

The new census enables him to form some conclusion as to the relative frequency of insanity in his area. At the previous census Glamorgan stood as 186 to 268 of all England per 100,000 of population. Now the proportion stands as 239 to 302.

The favourable position occupied by Glamorgan as regards lunacy I have always ascribed to the mixed character of its population and the constant influx of new blood, but this influence seems to be gradually decreasing.

Hampshire.—The following facts are worthy of noting and recording, as showing to what unexpected extent symptoms of tangible bodily disease may be marked in insane patients.

I extremely regret to have to report that after an interval of sixteen months' immunity from typhoid fever it again appeared at the end of January, when seven cases took place. Three more occurred in June, and one at the end of November. In all, three male and six female patients and two nurses suffered from it, and one male and three female patients died. Two of these deaths call for special notice, as they were of a most unusual kind. The first, a male patient aged 35, an epileptic idiot of a very low type, died in a fit. A post-mortem examination showed that a typhoid ulcer had ruptured, and was the cause of his death. He had no symptoms of fever during his life, and was up and about and took his food well the day he died. The second was a female aged 62 who had been eighteen months in the asylum, and was demented. It was well known that she had heart disease very badly, and had been treated for it on several occasions. At a post-mortem examination it was ascertained that her heart was greatly affected, and also that she had three large typhoid ulcers in that portion of the intestine where they are usually situated. She had not a single symptom of typhoid during life. She was in the infirmary ward the whole time she was in the asylum, and the nurse in charge of it has been specially trained, and has had two years' experience in a fever hospital.

Monmouthshire.—We are glad to note that the holders of the Nursing Certificate are granted both medals and increase of pay by the Committee.

Nottingham Borough.—Dr. Powell has to regret the first appearance of colitis in Mapperley. One case which died came from a London asylum a fortnight before his death, while the other death was that of a patient who had been at Mapperley for some years.

This disease is said to be in a large measure due to overcrowding; if this is so, it is curious that it made its appearance with us some time after the opening of the new wings, and when our accommodation was ample. It is undoubtedly an infectious disease, so that every precaution was taken to prevent its spread, and with satisfactory results, as we have not had another case. There has been no case of any other infectious disease during the year.

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Touching escapes, the subjoined remarks of Dr. Powell are very much to the point. There is no art whatever in absolute prevention of all escape, but there is large scope for art in providing that the right patients only shall have a chance.

There were six escapes, all men; they were retaken after short periods of absence. It is not surprising that we get these escapes at times, because we allow most of the patients a considerable amount of liberty; and as this is so important in securing the comfort of the majority, I think it better to suffer an occasional escape than to adopt a system of surveillance which would be irksome to so many.

Salop and Montgomery.—The medical superintendent's report is by Dr. Rigden, Acting Superintendent. He speaks feelingly of the death of Dr. Strange, which will be dealt with elsewhere.

Dr. Strange was universally beloved, both by the staff and by the patients, on account of the kindliness of his heart, and those of us who have had the privilege of serving under him for a number of years feel that we have lost a personal friend.

Symptoms of impatience are arising between the two owners of the asylum, such as are often seen when counties are in union. Sooner or later one contributor supplies more patients than are justified by contribution. A fresh arrangement may temporarily adjust difficulties, but dissolution of union is a common result.

Surrey.—This county has also entered into a commendable agreement with Middlesex for the reception of ten improvable idiots by the latter. The ultimate results of treatment of imbeciles at Tooting will be looked for with the utmost interest. It is essential to remove all idiots and juveniles from general wards, and it is therefore right for all counties and boroughs to provide accommodation for all such cases, either by themselves or in combination. But it would be an immense mistake for each special idiot house to aim at anything like systematic instruction and education. The arrangements necessary for this would be expensive and complicating, and the success more than doubtful. Middlesex seems to have provided not only for itself but for others the right accommodation for the higher treatment of these juvenile incompetents, and the willingness to receive such cases by this county lays others under a very sensible obligation.

In dealing with the causation of his admissions Dr. Barton is able to state that a history of syphilis was found in nine out of twelve cases of general paralysis. This high proportion is not only very interesting as supporting the idea that paresis is in the main of syphilitic origin, but it is instructive as showing that persistent inquiry can evoke a larger amount of valuable history than is ordinarily given. We find that in Table X only two cases are attributable to syphilis, this being probably the amount of information afforded on admission or soon thereafter. It is a question which may well be considered when the present statistical tables are revised, whether this table should not be recommended for treatment in the same manner as the Commissioners treat causation in their quinquennial averages, viz., to adopt the relieving officers' statements only when later and more skilled inquiry has failed to elicit a more accurate ætiology.

Dr. Barton points out that the new definition of "seclusion" by the Commissioners has increased the number to be recorded under this

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heading. It is a serious question whether, since the term "seclusion" has a somewhat invidious meaning in the minds of lay readers, it would not be wise to subdivide it rather than to include that form of treatment which, in regard to wild uncontrollable patients, no present-day superintendent would adopt unless he were driven to it by mental exigencies, under the same heading as is now applied to the desire to keep a weakly patient a little longer in a state of bed-restfulness. To speak plainly, it is well known that the original provision for recording seclusion formally in the visitors' books was aimed at the wholesale shutting up of patients by day, because the staff was too small or too lazy or too benighted to give them a fair chance of responding to the better treatment. It is a serious matter to similarly docket and record as an element in the management of an asylum a procedure adopted from consideration of the physical condition of frail patients who are year by year increasing in our institutions.

East Sussex.—Beer as part of the ordinary diet has been abolished in the whole establishment. This, which in the opinion of the Committee has been of benefit, was the cause of but slight expressed discontent on the part of the patients, by whom the addition of more cheese, cake, and jam to the dietary is much appreciated. The Committee give £2 extra wages to holders of the Nursing Certificate.

In the useful table of prospects on admission which is presented each year (and which other asylums might well adopt), no less than 145 out of 233 admissions presented bad or hopeless prognosis.

Mr. Mortlock, who had been steward since the opening of the asylum in 1858, died suddenly. His services are mentioned with high appreciation both by the Committee and Dr. Walker.

The general paralytics admitted are numerous, being fifteen males and four females.

Wiltshire.—The committee, we are glad to note, specially commend the time given out of their leisure by the assistant medical officers, Drs. Gordon and McRae, to improving the qualifications of the attendants, and sending many up successfully for the Nursing Certificate and the St. John's Ambulance Examination. We have before adverted to the frequent visitation of this asylum by the Guardians of the contributing Unions, and to the large amount of instructed interest shown in the record of these visits. We cannot but think that the hands of the Committee must be strengthened as against the querulous ratepayers by such remarks as these—

> After seeing the splendid new hall for recreative purposes, we were rather surprised to find the chapel so inadequate, only capable of seating about 250, whereas Dr. Bowes assured us he could easily send in 500, and further expressed the opinion that attendance at Divine worship is decidedly beneficial to many of the inmates;

and—

> With much pleasure we note all that provides for the comfort and well-being of the inmates, the wards being especially bright and cheerful. The chapel accommodation appeared to be quite insufficient for the requirements of the institution.

Worcestershire.—The duration of service here is noted by the Commissioners as satisfactory, 56 per cent. of the male and 35 per cent. of

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the female attendants having over five years' service. The great majority of charge attendants have over ten years. Dr. Braine-Hartnell makes remarks on the question of nursing male patients by female attendants.

The nursing of the insane is the topic of the hour among asylum medical officers. I think we are destined to see great and radical changes in this part of the work. The desire is to bring asylum nursing into line with general hospital nursing. This would necessitate an increased staff, especially by night. It is proposed to undertake the care of the male hospital wards with trained nurses. The matter is as yet in a tentative stage. It has been chiefly tried in Scotland, and its advocates are loud in their praise. I think we ought to be able to show that the increased cost would give an increased recovery rate before we make such wide and sweeping changes.

Some Registered Hospitals.

The Lawn, Lincoln—The Coppice, Nottingham.—We are glad to note that both these hospitals have had a successful financial year. Neither is in receipt of substantial assistance from endowments or accumulations, but both apparently succeed in making their patients comfortable, and in both the recovery rate is good, being 43 and 60 per cent. respectively. The average payment of patients for maintenance, etc., and incidents is about £110 per annum.

The Retreat, York.—Dr. Bedford Pierce notes a recovery in a case of dull, silent melancholia after seventeen years' residence.

A striking instance of the value of work as an aid to recovery occurred recently in the case of a gentleman suffering from severe melancholia. As is commonly the case, he thought his condition was utterly hopeless. At first fitfully, and later on regularly and industriously, he assisted in the routine indoor domestic work, and polished the brasses with great vigour, and in other ways he materially helped the attendants. During this time he would say he was no better and had no hope of recovery, although it was evident he was improving all round. Very soon he began to exercise his influence on others, and he coaxed and bullied another gentleman, also deeply depressed, into helping in the work, the result being that not only did he himself perfectly recover but he contributed to the recovery of his companion. Both gentlemen are now filling important and responsible positions in life.

Patients doing regular work in the garden continue to be paid by the hour, an arrangement which answers well. One patient admitted at the lowest rate earns sufficient to pay for his maintenance, whilst others keep themselves in clothes and pocket money.

Some Scotch District Asylums.

Hartwood, Lanark.—This is the first report make by Dr. Neil Kerr, whom we congratulate on his appointment. Dr. Kerr has no doubt that a certain number of alcoholic cases are erroneously returned as such, intemperance being a symptom and not a cause. It would be highly interesting if any one could give a series of cases in which abstainers from birth had taken to drink in consequence of mental alienation. A case of recovery from mania is recorded after thirteen years' residence, the greater part of which was spent in noisiness, violence, and threatening. Dr. Kerr, during the four months' interval since discharge, had heard from the man regularly, and knows that he is doing useful work in the world. One case who escaped had to be discharged at the end of twenty-eight days because, though it was known to the

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