the admissions in a recent year were students and teachers), although brain work was the cause of their breakdown; alcoholics resume their alcoholic excess, and others expose themselves to avoidable stresses with the inevitable result of a further attack.

We may or may not be a fatigued generation, but it cannot be denied that there is an increasing number who have nervous systems unable to bear the strain of the keen competition and speeding up of the present day, and whose best hope lies in their appreciation of their own limitations. The burden of earning one's living, previously borne by the muscles, has been transferred to the nerves; in many cases unfitted by heredity, education, and environment to bear it. The commoner causes of insanity are decreasing, but the ominous growth of "nerves," of neurasthenia, and of hysteria, is an undoubted fact to which the attention of every thinking man or woman cannot be too strongly directed.

*Perth, James Murray's Asylum.*—This is the first report issued by Dr. Dods Brown, who has succeeded Dr. Urquhart as medical director. He refers to his predecessor in the following terms, which all of us must thoroughly endorse. In no more fitting place can his words appear than in those columns which were for so many years under the control of one who is now the subject of their eulogistic comment:—

The most important event in the history of the Institution was the retirement of Dr. Urquhart, in November, after thirty-four years' service as Physician Superintendent. Dr. Urquhart's reputation is an extensive one, not only on account of the office which he held here, but also by the innumerable ways he served the Medico-Psychological and other Societies. The fame of this mental hospital has been made by him, and his name will long remain associated with it. He worked zealously for the Institution, and for the patients, whose confidence and esteem he deservedly earned.

### *Some Scottish District Asylums.*

*Aberdeen City, Kingseat.*—Dealing with the question of syphilis Dr. Alexander truly points out that the best means of preventing its spread is the cultivation of character and self-control, and he looks upon the training of the rising generation by such methods as those employed in the Boy Scouts' movement as the most hopeful method of promoting these qualities. Certainly the use of alcohol in the greater part of the country has been lessened by the better view that has come over the public as a result of increased self-respect, and possibly the same may be brought about in regard to syphilis. But the difficulty will always be with the female sex. While it is possible to deal somewhat plainly with boys, especially those who submit themselves to such paternal training as the Boy Scouts have, similar treatment of the subject will be most difficult with girls. It is the women, we take it, who are the most efficient "carriers" of the disease.

It is disappointing, but not altogether surprising, that Dr. Alexander has to report that the number of boarded-out cases who are returned to the institution from various causes militates against a steady and continued increase in the numbers domiciled. More than 150 patients are on parole, and but three broke that parole. The men appear to be infinitely more trustworthy than the women; but the decrease in querulousness and quarrelsomeness, together with an increase in contentment, readiness to work, and general loyalty to the asylum, appear to far outweigh any ill effects of pledge-breaking.

https://doi.org/10.1192/bjp.61.253.317 Published online by Cambridge University Press

We note that the statistical tables depart largely even from the former tables of the Association. The order is completely changed for no very apparent reason, and the ætiological and classification terms bear no sort of resemblance to those so long in use. Dr. Alexander's classification is presumably his own, as the table includes items such as "Other Intoxication Psychoses," "Psychasthenia," "Neurasthenia," etc., against which no cases are entered. By-the-bye, standing so close to psychasthenia, the term neurasthenia invites a question as to what mental symptoms sufficient to lead to detention are attributable to this "form of mental disorder." We note, too, a form of primary dementia of adolescence. Is this to be taken as a division of adolescent insanity, or as the counterpart of dementia præcox? We have adverted before to the promotion of the condition of hardness of arteries to the dignity of arteriosclerosis. We find here further varieties in arteriopathic and senile dementia.

*Ayr District.*—Dr. McRae takes much the same line in regard to prevention of syphilis. He looks for improvement in self-control by a return to "home rule" in family life. He truly says that lack of a proper sense of parental responsibility, fostered by love of ease, and the modern invasion into home life of the missapplied doctrine of the liberty of the subject, is the fault that urgently calls for removal. On examining closely the conditions among the recovered of the year, he finds that half the men had alcoholic ætiology, while this was the case in only 5 *per cent.* of the women. He thinks that the frequency of alcoholic admissions among men constitutes a form of hospital abuse which, in his opinion, would be more appropriately dealt with by recourse to prison discipline. We, on the contrary, have always thought good would come from more frequent treatment of habitual drinking as a form of mental disease. Three months in an asylum would be much more beneficial to such cases than one in prison. It might lead the alcoholic to think more of what is going to happen to him unless he reforms, and we take it that, while he evidently does not mind loss of reputation by going to prison, he would greatly dislike being looked upon as "dotty." Of course such observations would, in either view, apply to those whose self-control had not been entirely dissipated. Cases of true dipsomania must go to the asylum anyhow, and not to prison. With regard to the question of insanity as a ground for divorce, he puts the following facts forward: Among the recoveries were those who regained sanity after periods of four, six, seven, ten, and twelve years. As a nut for eugenics to crack, he cites the case of a woman who had the first, and probably the only, attack after the birth of her tenth child.

*Glasgow District, Gartloch.*—This report is always of interest, as Dr. Parker each year works up-to-date information on certain cardinal points. His wisdom in the original choice of these points is proved by the consistent support given to them by the returns. He shows in a series of seventeen years that the admission-age tends towards the evening of life. Those under 30 tend slowly to decrease, those between 30 and 50 tend to decrease more totally, while, in compensation, those

https://doi.org/10.1192/bjp.61.253.317 Published online by Cambridge University Press

over 50 have materially increased. *Prima facie*, these figures might be taken to indicate that in Glasgow there is no increase in *occurring* insanity, as against brain failures from age. But Gartloch divides the Glasgow patients with Lenzie, while both are shorn of many occurring cases, which are dealt with in the receiving wards before they get the length of the asylum. We suggest that Lenzie and the receiving wards should work up their relative figures for the same number of years. When the whole are brought together, a most valuable aid would be given to ascertaining how Glasgow stands in relation to insanity. It would, of course, be desirable to confine the returns to first-attack cases. Another table of the utmost value shows the effects of parental alcoholism. It was found in 80 *per cent.* of all admissions under 26 years of age, and in 36 *per cent.* of all admissions over that age. And these proportions are shown much about the same year after year. It would appear that alcoholic heredity tends to Dr. Mott's anticipation almost as much as insane heredity.

One hundred and sixty-eight of the admissions were tested *à la* Wassermann; 38 responded, while 130 were negative. As might be expected, 16 out of 18 paralytics were of the former class. Confusional insanity bore the high proportion of 7 positive to 10 negative, the females having a higher ratio to the numbers tested.

*Stirling District, Larbert.*—The District Lunacy Board, through its chairman, gives a review of the work done in the fifty-six years which have elapsed since the formation of the Board. It is the song of the dying swan, since its name and constitution are radically altered by the operation of the Mental Deficiency Act. It is somewhat surprising to learn that no less a sum than £242,000 has been spent in providing accommodation for a population of less than 800. This gives a price per bed of about £300. We know that of late years advanced views on the part of the medical superintendents have led to expensive additions, but the memory of visits to it forty years back recalls an extremely nice, but not elaborate institution. However, the Board regard the work with complacency, as less than £50,000 is outstanding, and the assessment to provide for repayment has never been so high as a penny in the pound. The maintenance has been somewhat lower than the average of its class, a shade over ten shillings per week. In view of the activity shown in care and treatment, this is a distinctly moderate rate. The chairman pays a deservedly warm compliment to the various medical superintendents who have directed the work since the year of its inauguration. Drs. Skae, Maclaren, Charles Macpherson, G. M. Robertson, in the past, and R. B. Campbell in the present, have undoubtedly done their best to support an enlightened Board, and to advance psychiatry. The new Act will undoubtedly bring about much change in administration, financial and otherwise, and it will remain to be seen whether or not the greater success will result from the care of the insane and of the mental deficients being compulsorily in the hands of one Board, as in Scotland, or in the hands of two independent committees, as may be, and frequently is, the case in England.



https://doi.org/10.1192/bjp.61.253.317 Published online by Cambridge University Press