It is a hopeful feature about the mental illnesses of recent times, the growing belief—a belief justified by experience—that the symptoms in connection with such cases arise from physical causes—from some disorder of the organs; and that goes to show plainly that the mind is affected by the condition of the body, and that, if such physical symptoms were taken in their earlier stages, the mental symptoms might be prevented altogether. It also fosters the belief that such cases could very well be dealt with, in their first stages at any rate, in the general hospitals of the country rather than in the special hospitals for mental diseases, and the friends of patients in the earlier stages of the disease would have far less objection to have them removed to a general hospital than to such an institution as that in whose interest we have met to-day.

The finances of the institution are such that it was possible to admit twelve acute cases for £25 each per annum. In none of these cases could the regular minimum of £40 be paid.

Perth, The Murray.—Dr. Urquhart, in his report, quotes some particulars that he worked up for the Morison Lectures for this year. As he says, we have to do with a disease profoundly affecting bodily nutrition and secretion, mainly originating in hereditary defect, and issuing in a liability to repetition of attacks. Thus insanity is brought into line with other diseased bodily conditions, and the mystery of madness is left on a par with the mystery of rheumatism, which also is of a cyclic character quite different from those maladies which, like smallpox, appear to confer immunity upon the individual. Of 809 *persons* admitted, 1880–1904, 45 *per cent.* had the heredity of insanity, and 72 *per cent.* that of neuropathy.

An examination of the families of insane parents, however, showed that 47 *per cent.* of the children of insane fathers were alive and sane, while 29 *per cent.* were insane; 42 *per cent.* of the children of insane mothers were alive and sane, while 39 *per cent.* were insane; 33 *per cent.* of the children of insane fathers and mothers (both parents) were alive and sane, while 44 were insane. Mr. David Heron calculated that this morbid heredity falls heaviest on the eldest child, and rapidly diminishes with the number of children. There is, even in the most disastrous class, an effort towards regeneration, and a curability which does not greatly differ from that of insanity, which is not hereditary in the first instance, although hereditary defect is apparent in depressing the *final* recovery rate and raising the death-rate.

Some Irish District Asylums.

Clare, Ennis.—We have made the following extracts from the reports of the Commissioners in 1905 and 1906. They tell, indeed, a remarkable tale. It is refreshing to find, however, whether in the Committee's reports or in those of the Commissioners, or in the figures bearing on restraint, accidents, and so forth, ample recognition of the method in which Dr. O'Mara manages the institution in the face of appalling difficulties. It would appear, too, that the blame for what is happening cannot be attributed with justice to the Committee, as plans for remedying much of the mischief had been passed by them.

1905.—The Commissioners write:

The Committee have recognised the necessity of providing further accommodation, and have had plans for the work prepared. These plans received the statutory approval of the Lord Lieutenant, under the 9th Section of the Local Government (Ireland) Act, 1898, in November, 1904, but, when the action of the Committee came before the County Council for confirmation, that body postponed the consideration of the matter, pending the issue of the report of the Commission which is at present inquiring into the working of the Poor Laws.

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This, having regard to the great overcrowding of the asylum, was a very serious step, and I cannot help thinking that the Council can scarcely have considered the matter in all its bearings before arriving at their decision.

Having regard to the constitution of the Poor Law Reform Commission, I feel sure that its recommendations will be both important and valuable; but I may point out that it does not come within the scope of its functions to deal with the wants of the large body of acute cases of insanity for whose treatment provision is required in County Clare.

There is, as has been frequently stated, scarcely any proper day-room accommodation in the asylum, so that the present surroundings of the recoverable cases tend to aggravate and perpetuate their mental derangement rather than afford them the means of treatment towards recovery which the law and humanity alike demand.

It would be little exaggeration to say that the old and barbarous method of smothering maniacs between feather beds was, in a sense, more humane than placing them in conditions which tend to intensify the mental agony from which so many of them suffer.

Enteric fever was very prevalent, and no wonder, for, as the Commissioners report, the drain was built of rubble masonry with little fall, and is now riddled by rats, and ventilating into the wards:

1906.—From the Commissioners' report:

In order to meet the daily increasing demand for additional accommodation temporary sleeping rooms have been provided in the airing courts by converting the old sheds into dormitories. By this means sleeping room has been obtained for twenty patients of each sex. This has, in some degree, lessened the crowding at night, but it is inadequate to meet the exigencies of the case, either as regards the want of dayroom space, or room for fresh admissions. Nor, indeed, did it afford sufficient room for the patients at night, as at the present time six men have to sleep on the floor through want of room for their bedsteads.

Owing to the want of suitable accommodation, the acutely insane, the suicidal, the sick, and the epileptic have to be treated in the same ward. It is needless to point out out how disastrous it is to the hopes of recovery in the newly admitted cases that they should have to pass their days with those whose malady must be a source of terror and repugnance.

The overcrowding in the dining-hall renders the service of the meals a matter of very great difficulty and of some danger, but, nevertheless, on both sides the quiet and regularity which prevailed was certainly astonishing.

Having regard to the great difficulties which must daily arise in the administration of this asylum, owing to the excessive overcrowding and the inadequacy of the various departments, every credit is due to Dr. O'Mara for his careful management of the establishment, under circumstances which are not encouraging.

Down., Downpatrick.—This report is garnished with some excellent photographs of the wards and rooms in the asylum. From these it is apparent that in the matter of furniture and general cheerfulness the asylum is in no way behind the best examples in other parts of the kingdom. Dr. Nolan states that, while the average incidence of insanity for all Ireland is 1 in 178, in his district it is no more than 1 in 216. This he attributes to freedom from dire poverty and the state of unrest that accompanies failing prosperity, and from the wearing strain of agrarian agitation, all combined with a sense of a fairly prosperous state of things. He is very anxious that the Association's new tables should be made statutory in Ireland. "It would be a genuine pleasure to record well-considered facts; to be compelled to dump down a yearly quota of unsifted generalities is an uncongenial task." We think that the following extract from the evidence that he gave to a special committee is quite as appropriate to other parts of the kingdom as it is to Ireland:

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In a poor country, such as Ireland is, it would appear to me that the most expensive way of dealing with the insane would be to set up several classes of asylums adapted to treat the supposed stereotyped clinical forms of insanity, as differentiated by a Parliamentary draughtsman, when one knows and considers that the clinical features of such cases are so very variable. On the other hand, an auxiliary asylum, which would be a department of an existing district asylum, offers all obvious advantages to economy and efficiency.

Limerick.—The Commissioners, if they can speak with vigour as at Ennis, can also utter some nice words, as here:

During the inspection of the wards the patients were wonderfully quiet and well behaved. The Limerick Asylum is an object lesson in this respect, as showing the effects of modern and humane treatment in restraining the violence and excitement which, in old days, characterised insanity. Forty years ago it was reported that in no district in Ireland were the insane so noisy and extravagant in demeanour as those belonging to Limerick, and thirty years ago, in going through the wards, one could recall the pictures of Hogarth—the patients rolling on the ground in rags, shouting, fighting, and attacking all who came near them. Now in no institution could one see better conducted and more orderly people.

When dealing with alcohol Dr. O'Neill strongly advocates teaching in schools the perils and dangers of intemperance. We are with him in this entirely. Reformed drinkers are satisfactory when found, but prevented drinkers are the hope of the future. The establishment of temperance societies for the young has done more good than all the regulations affecting the conduct of drinking places, even throwing in the Habitual Drunkards Act.

Part IV.—Notes and News.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

An ORDINARY QUARTERLY MEETING of the Medico-Psychological Association was held at 11, Chandos Street, Cavendish Square, London, W., on Tuesday, November 19th, 1907, under the presidency of Dr. P. W. MacDonald.

Present:—Drs. T. S. Adams, A. J. Alliott, H. T. S. Aveline, W. H. Bailey, C. H. Bond, D. Bower, A. N. Boycott, J. F. Briscoe, C. Caldecott, J. Carswell, J. Chambers, C. Clapham, A. Corner, M. Craig, J. F. Dixon, A. C. Dove, P. L. Down, W. Ewan, H. E. Haynes, J. H. Higginson, G. H. Johnston, W. S. Kay, D. Ker, P. W. MacDonald, T. W. McDowall, W. J. Mackeown, M. E. Martin, W. F. Menzies, C. Mercier, A. Miller, C. S. Morrison, W. F. Nelis, Hayes Newington, A. Nobbs, F. W. Nutt, M. E. Paul, J. P. Race, H. Rayner, G. H. Savage, J. Scott, G. E. Shuttleworth, P. C. Smith, R. P. Smith, J. G. Soutar, T. E. K. Stansfield, R. H. Steen, R. J. Stilwell, W. C. Sullivan, F. R. P. Taylor, D. G. Thomson, T. S. Tuke, J. M. Turner, F. Watson, E. W. White, T. O. Wood, and Albert Wilson.

Visitors:—Drs. W. J. Attwater, E. C. Bunch, H. C. Burt, D. G. G. de Clérambault, H. Fagan, Eliot Howard, A. P. John, A. Lamont; Sir Ralph Littler; Dr. Jay Smith; Rev. J. G. Stevenson; Commissioner R. J. Sturgess; Miss G. Toynbee, Drs. A. Wallace, A. White, and R. Wiglesworth.

Apologies for absence were received from Drs. J. L. Baskin, T. S. Clouston, C. H. Fennell, Robert Jones, H. Wolseley Lewis, Bedford Pierce, J. Stewart, and A. R. Turnbull.

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