40 *per cent.* of lymphocytes should be of value, especially if mast cells are also present.

SECONDLY.—A total white count, in cases of manic-depressive and confusional insanity, which progressively shows an increase of white cells, points to a good prognosis and an ultimate recovery, while a slight polynucleosis over a long period points to chronicity.

THIRDLY.—As regards differential diagnosis, difficulty often arises as to whether patients showing symptoms of mania or confusional insanity belong to those forms of disease, or are actively progressing general paralytics, especially where there is no history of syphilis and bodily symptoms are absent. If a white count is done at intervals in these cases a large polynucleosis, which increases as the patient grows worse, points to general paralysis, while a polynucleosis of lesser degree, which increases as a patient improves with no noticeable increase in lymphocytes, points to manic-depressive or confusional insanity.

Also as general paralytics make a temporary improvement their total white counts, although exhibiting a slight polynucleosis, decreases and exhibits a marked lymphocytosis.

Some Registered Hospitals.

Barnwood.—The Committee note that on the outbreak of war they placed one of their dependencies at the disposal of the authorities for the gratuitous maintenance and treatment of private soldiers, and another for the reception of officers. The offer was not accepted. Dr. Soutar reports that the number of male applications had fallen off remarkably for no known reason. He had to refuse one or two on account of shortage of staff. In place of an average admission rate of thirty-five of both sexes, only nineteen were admitted.

The Retreat, York.—The war not only made a call on the energy and unselfishness of those of the staff who were left, but it produced much evidence of right feeling. A simplification of diet was readily accepted, and the Secretary was authorised to deduct twopence per pound from salaries as a contribution to the York Citizens' Fund. Then the nurses devoted their spare time to caring for the numerous Belgian refugees taken charge of at the Friends' Meeting House, finding night nurses for the Distribution Home, washing the babies, etc. Dr. Bedford Pierce records with sincere regret that the cost of maintenance had reached such a point of increase that it was found necessary to raise the terms. He was gratified to find that in almost every case the additional amount suggested was willingly paid. But, in spite of this extra income, we regret to see that the receipts were slightly below the outgoings. The bombardment of Scarborough was a terrifying experience for the inmates of Throxenby Hall, the seaside outlet of the Retreat; but no ill results followed. Dr. Pierce truly states a fact that has to be taken into account when considering fitness for parole or special indulgence—the disease sometimes seems to destroy all sense of honour. As an instance, a nurse volunteered to take a nice quiet patient for a cycle ride. But the nice quiet patient was better mounted and a better rider than the nurse, and going up a hill she outrode her companion, being subsequently found wandering on the railway.

Some Scottish Royal Hospitals.

Aberdeen.—Dr. Reid, writing in January, 1915, had not been able to trace any ætiological connection between the war and the mental dis-

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order in his admissions. But he thinks that it has served to accentuate any existing highly strung tendency, and to produce in some a self-centred, apprehensive, depressed, fanciful, sleepless and fatigued condition akin to neurasthenia. We observe that Dr. Reid returns general paralysis as a cause in all the cases admitted as suffering from that disease. Some day, no doubt, syphilis will be regarded as the isomer of general paralysis, and then will be returned as the cause, and thus one will not have to reflect how a given factor can be cause as well as result. We note that he adds some useful tables which are not usually found in conjunction with the former official statistical scheme of the Association.

Edinburgh, Morningside.—The Committee, in their report, state that when the Mental Deficiency (Scotland) Act was passed it occurred to them that they might provide some of the accommodation that was being sought for by other responsible bodies. The General Board of Control, however, pointed out the section in the Act which forbids the mixing up in any way of the two classes—the insane and the deficient. There is a good deal to be said on each side. We take it that while it would certainly be harmful if the best class of deficients were treated on the same premises as the insane, some definite connection between the institutions containing the two classes is very desirable, seeing that the line is very narrow between some of the best class of the insane and some of the most active cases of mental deficiency. The incidence of the war affects this question deeply. It is idle to hope that much satisfactory accommodation can be provided for the deficients for a long time to come, while existing institutions might be of great service in this relation if the law were not so precise. Not being able to progress in this direction the Managers offered to take in soldiers and sailors returning from the front suffering from mental collapse, but the authorities being reluctant to send such cases to an asylum, this kind offer, though accepted, has not been made use of.

In discussing ætiology Dr. Robertson is able to reproduce from an admission statement a new name for an old friend. One case was attributed to "over-religiosity." The mental stress cases, which have formed a steady average of 11 *per cent.* of the total admissions, suddenly rose to 18·7, the increase being chiefly in the female sex. In the others Dr. Robertson is chary of accepting the war as a scientific element in direct causation of insanity. Many of the cases admitted were attributed to the war, but on analysis it was found to be a very indirect cause in most cases. On the other hand, Dr. Robertson has come to look on the war as having been a sort of mental tonic, and in support of this idea he says that the admissions in Scotland have fallen slightly below the average since the war began.

With regard to alcohol, Dr. Robertson adverts to the good work done by the "field worker," Dr. Ritchie, in investigating the cases admitted with this ætiology. The number dealt with was small, but in each case alcoholism was proved in one or other, or both, of the parents. In each case the men earned good wages; in one case the young man made enough to live comfortably and to do himself well with drink. A rise of 10*s.* per week was devoted to extra alcohol, with the result of bringing

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on incurable insanity. It is pointed out that in these cases each drifted away from church connections, and from every influence of an educational or elevating nature. To our mind this is the most serious pathological change of all. As in most insanities natural affection is the first normal attribute to go, so in this toxic affection self-respect is the first surrender, associated with the carelessness for the respect of others. Judges and others who denounce the evils of alcohol, as shown in the production of crimes of violence, do not, as a rule, put sufficient stress on its slow sapping of mental fibre leading to the commission of meanness and dishonesty, through the destruction of protective principles. Among the many interesting examples of the application of the "war idea" to existent insanity, Dr. Robertson instances one woman who is acquainted with "Kitchener" and "Smith Dorien," and gets messages by "wireless" from them. She will "ring up" and give one the latest news from the front at any time. What a valuable asset she would be to the new "Opposition" which it is proposed to establish for the edification of the Government.

Dr. Ritchie, the "field worker," whose appointment we noted last year, is proving to be a success. It is his duty to examine *in loco* into the ætiological factors of the individual admissions. We have in these columns, on more than one occasion, pressed for the carrying out of this most useful form of scientific research. Obviously if ætiology is worth anything in the estimation of pathology, it should be probed thoroughly, consistently, and meticulously. As an example of the benefits of such research we append the following extract:

"Dr. Ritchie found that of fifty-three consecutive admissions from Leith, practically a third had no church connection, and many others did not even know the name of their clergyman. The loss of this influence for good, and for sobriety in the lives of these persons, was a most serious one. It is one of many points where the efforts and ministry of the physician and the clergyman touch and even overlap, and there appears to be an opening here for something more to be done.

"When these patients are discharged they are placed in communication with a clergyman, as a species of 'after-care,' a duty which is always willingly undertaken, and at least one patient attributes her complete reformation to the visits of the minister and the church worker."

Glasgow: Gartnavel.—Dr. Yellowlees, in moving at the Annual Meeting a vote of thanks to Dr. Oswald, recorded the fact that for nearly four weeks Dr. Oswald ran the whole asylum himself, without any medical assistance and with a greatly reduced staff. Very few officers have had more real anxiety and sheer hard work thrown on them by the war than those connected with asylums. It is undoubtedly the case that the subordinate staff has risen to the occasion, and we cannot but think that some sense of patriotism has led the more reasonable patients to give what help they could, not only by their own self-control, but also by guiding their less fortunate companions in the right way as far as possible.

Dr. Oswald shares the opinion that the war has had no influence in causing mental breakdown, though in numerous instances it has served to colour the symptoms. On the other hand, though he thinks that an increase of nervous trouble may be reasonably anticipated, he recognises that the national need has raised the national mental tone.

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Montrose.—Here, too, the war has caused much trouble to Dr. Shaw, who has succeeded Dr. Havelock as Medical Superintendent. He had been without medical assistance for a considerable time, and has little prospect of securing any. Among the 143 admissions no less than three had serious self-inflicted cut-throat injuries. Speaking of the essential need for fostering self-control in early years, as a means of obviating hereditary tendency, Dr. Shaw says that there seems to have been in recent years a tendency to minimise parental responsibility and authority. He hopes that the present national emergency may lead to increased self-control in the individual, and a greater regard for discipline in the community.

The Hospital has received ninety extra patients from Bangour on the latter being taken over by the military authorities.

Some Scottish District Asylums.

Govan.—Dr. Macdonald states that so far from the war helping to increase admissions, these in his case have been below the average. At the same time it has to be remembered that cases of mental disturbance occurring in the hospitals are treated in special military hospitals, and are thus drawn off from the admissions into the ordinary asylums. Though among the admissions some war ætiology could be assigned, no case owed its origin directly to this factor. He writes:

"No doubt it is amongst the soldiers and sailors in the fighting lines that the excessive mental strain will claim most victims. *It says much for the mental stability of the race that our asylums have not already been filled to overcrowding by demented warriors from our army and navy.* There is some satisfaction to be found in that reflection, especially in view of all that has been written and said in certain quarters about the mental and physical deterioration of our people. The pity of it lies in the fact that it is the fitter amongst us who have to sacrifice themselves in the struggle; and, when the war is over, the ratio of unfit to fit will be greater than before. Many will lay particular stress on this calamity. Others will seek to draw comfort from the belief, or rather the hope, that war cannot be an unmixed curse; that it must be compensated to some extent by consequent and subsequent revivifying influences—the quickening of the moral and spiritual pulse of the nation."

Inverness.—Dr. Mackenzie admitted 19 cases from the naval and military depôts and training camps in the district. All parts of the kingdom were represented. Of these, 12 were discharged recovered after an average residence of less than seven weeks, 4 were transferred to other asylums, 1 sent out on probation, 1 about to be discharged recovered, and 1 sent to the care of his parents. A fuller report of the nature of these active cases would be very interesting.

The Twenty-first Annual Report on the Government Hospital for the Insane at Abassia, Cairo, and the Fourth Annual Report on the Asylum at Khanka.

In drawing special attention to this Report, I feel bound to speak of it as a model one, and I have taken the liberty of adding, as an introduction to it, a letter from Dr. Warnock which appeals to

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