authorities in what neighbourhood he was, the people of the district successfully baffled the efforts of the police to capture him.

Inverness.—Overcrowding to a serious extent is reported, and worse in the immediate future is feared. Though the high percentage of 43 of the total insane of the district is resident in private dwellings (as against 21·3 per cent. for all Scotland) Dr. Keay thinks that another eighty or ninety patients could be safely boarded out, but increased allowance would have to be offered to the caretakers. The present allowance of 5*s.* per week seems to be prohibitively low, and is only just one half of the asylum maintenance rate. The cost of food alone in the asylum is, as we find from the Blue Book, just about 4*s.* per patient per week. There can be very little margin left for other expenses—care, etc.,—unless the quantity of food is reduced. Dr. Keay seems to be justified in recommending an increase of 1*s.* or 2*s.* per week in the allowance.

Roxburgh.—Dr. Carlyle Johnston shows by figures what a good effect persistent pushing of the boarding-out system can have. Chiefly by this means his average residence was brought down to 197 in 1888 from 241 in 1881. The allowance appears to be just under 7*s.* per week, or about two thirds of the asylum maintenance rate. Of late, however, the population has seriously increased, being 313 for the year under report. As he points out, this is not due to increase in admissions, for the yearly average in the last quinquennium is slightly below that of the preceding. Subtraction by removal and death do not keep pace with addition of fresh patients. The population of the contributing counties seems by the last census to have decreased in the inter-censal period by about 10 per cent.

Some Royal Chartered Asylums.

Dumfries, The Crichton.—The directors, on the recommendation of Dr. Rutherford, are about to erect a house for the special treatment of phthisical patients. Dr. Rutherford states that tubercle was directly responsible for 25 per cent. of the deaths, while post-mortem examination showed that another 30 per cent. had at one time or another been infected. Dr. Rutherford does not find that the popular idea of increased lunacy is borne out by the statistics of this institution—the pauper lunatics in the asylum being now 309 as against 307 in 1882. But he does find a marked change in the character of the cases admitted, there being more persons beyond middle age, and in bad health, and of broken constitution. Several of the voluntary patients were addicted to drink or morphia, and he has a poor opinion of the class.

> My experience of such cases has not been very favourable. They are often disagreeable inmates, untruthful, and untrustworthy. They exercise a bad influence on the other patients, and sometimes even try to corrupt the attendants. The results of treatment, too, are generally unsatisfactory.

Montrose.—Dr. Havelock expresses a similar opinion to that of Dr. Rutherford as to the increase of insanity, and as to the causation of apparent increase by sending weakly dotards to the asylum, where they

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can get well nursed now-a-days, in preference to keeping them at home till the end.

Dr. Havelock points out that the 'hospital' treatment of the insane was in a sense existent at Montrose in the eighteenth century, a project being formed in 1779 to combine a suitable house for the treatment of the insane with an infirmary ward. The latter was removed in 1836 because the principal object of the institution, the care of the insane, was impaired by the demands of the infirmary section.

Royal Edinburgh Asylum.—The pressure on the space is still maintained. In July, 1897, the City Parish of Edinburgh agreed to reduce the number of their patients to 105 at the end of five years, or "as soon thereafter as the new district asylum shall be fitted up." At the end of 1901, so far from this being done, there were 416 of their patients in residence, or sixty more than when the agreement was made, besides ninety-three others for whose boarding out in other asylums the managers were responsible.

One fourth of the admissions were associated with gross brain disease. Sixty-five cases of general paralysis form a record. Of these twelve were females. Dr. Clouston considers that the occurrence of the disease might be entirely prevented.

The mean age on admission continues to rise steadily; it used to be forty—it is now nearly forty-three. The mean age on death also rises—it was 50·7 in 1899, it is now 54·3. A sum of £1 10*s.* yearly extra pay is given to holders of the Nursing Certificate, who form one third of the total staff.

To my great regret, and to the irreparable loss of the Institution, Mrs. Findlay, who for twenty-eight and a half years has been the head of our Female Hospital in the West House, has felt her strength no longer able for the arduous duties there, and has resigned. She was the pioneer nurse of Scottish asylums, and no more enthusiastic, strenuous, or unselfish woman did I ever meet. She lived for her patients, and for them alone. Her heart was wholly in her work. I always knew that things in her department were just as sure to be well looked after as if I were there and looking on all the time. "Well done, good and faithful servant," is no empty eulogy in her case.

Part IV.—Notes and News.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

Annual Meeting.

The sixty-first annual meeting began at 11 a.m. on Thursday, July 24th, 1902, in the Medical Institution, Liverpool. Dr. Oscar T. Woods, the retiring President, occupied the chair.

Present: Drs. T. Stewart Adair, Robert Baker, Fletcher Beach, Charles H. Bond, David Bower, Lewis C. Bruce, A. W. Campbell, D. M. Cassidy, T. S. Clouston, H. Corner, Andrew Davidson, W. R. Dawson, P. Maury Deas, Thomas O'C. Donelan, F. W. Edridge-Green, W. F. Farquharson, James F. Gemmel, Stanley Gill, Thomas A. Greene, John G. Havelock, Charles K. Hitchcock, James Hyslop, Theo. B. Hyslop, J. Carlyle Johnstone, Robert Jones, Walter S. Kay,

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