directions for education in their own areas, the abolition of the central authority would be an unmixed blessing for all reasons. However, in the meantime, great improvement is taking place in this direction, earnest minds are becoming experienced. Phthisis is the predominant cause of death here, and it is an undoubted scourge, as it has been for many years. To combat it verandahs for open-air treatment have been instituted. Dr. Mackenzie has followed Dr. Watson's lead, *longo intervallo*, in instituting a single table wherein he gives personal information as to the ætiology of each case. But it has the disadvantage of leaving the inquirer to pick out numbers and totals for himself—about as satisfying as picking out winkles with a pin must be to a really hungry man. We must take exception to general paralysis being returned as the exciting cause in more than one admission. If one could isolate a case of general paralysis as entirely somatic, there might be a possibility of justification for such a theory, but even then one would have to assume the possibility of the real cause of the mental defect being that of the somatic factor—syphilis for example.

Lanark District.—The Superannuation Act has been well received on the whole, but the farm-hands will not come in on account of the contribution. Therefore the Committee has had to disestablish this class altogether. Now that the National Insurance Act is passed it occurs to us that possibly many of the contractors-out may feel somewhat sore.

A good idea—the "Miss Julia Ferguson Gold Medal, awarded to the nurse, male or female, most distinguished in examinations and ward work." It is somewhat curious to read in the Commissioner's entry that only a proportion of those treated in the Sanatorium were suffering from phthisis, the other patients being of various forms of mental affection which would otherwise prove intractable. Science has verily done much of late to alter opinions as to the dangers of association with phthisis.

Some Scottish Royal Asylums.

The Crichton, Dumfries.—A valuable part of this report consists of a long and interesting account of the travels of a Committee of Managers, accompanied by Dr. Easterbrook, who inspected many of the most advanced asylums in the United Kingdom and on the Continent for the purpose of getting new ideas for the promotion of research work in the new laboratory. The general outcome was that, taking all the objects of an asylum into consideration, the Crichton is in a position to compare favourably with anything they saw elsewhere. On the Continent there was much to praise, but also there was seen treatment that did not commend itself. On this the Committee was naturally silent. Dr. Easterbrook himself remarks that, though in the University centres there is much research work done, in the German asylums themselves this is not the case, in spite of well-equipped laboratories. Reading between the lines we imagine that in other asylums beyond the seas it is found that the work of administration has to be reckoned with, and is apt to interfere with the pursuit of pure science.

https://doi.org/10.1192/bjp.58.240.165 Published online by Cambridge University Press

Three Crichton Fellowships have been instituted. Dr. Maloney obtained that for the study of clinical neurology and psychology; the other two, for pathology and bacteriology, and for pathology and chemistry, have not been filled up.

Dr. Easterbrook has adopted a scheme of classification which is entirely his own. We must confess that many of his details raise a strong spirit of criticism. A man who makes a new classification is like a soldier storming a fortress. He must expect to be shot at by those who are concerned in maintaining that fortress, however much the latter may stand in need of repair. As usual no one system is adopted, and symptomatic, clinical, ætiological and pathological elements are in evidence. As usual, too, the two old varieties of mania and melancholia contain the greatest number of the admissions—in this case forty-eight out of 104 acquired insanity admissions. They appear to be baskets into which cases with broad features, but incapable of either symptomatic, ætiological or pathological analysis, are incontinently thrown. More's the pity. If they are kept up at all they should have the company of all cases bearing their general features. Are we to conclude that none of the delusional and hallucinatory or the volitional and impulsive cases partake of either of these types; that they are all decent, cheerful bodies, none dangerous or suicidal? For management purposes such a conclusion would probably be inconvenient, while, for scientific purposes, it is obviously incorrect to set up definite classes which may include those who, partly or entirely, can be placed elsewhere. We note, too, that fixed unsystematised delusional and hallucinatory insanity has appended to it the equivalent of monomania. The characteristic assigned to this classical appellation by Esquirol, its inventor, was partial lesion of the intelligence, the affections or the will. Is such partial lesion confinable to a general delusional status? If one takes the idea suggested by the first part of the term, which most follow instinctively, then would it not be more applicable to the next class, the systematised delusional status? Then many classes are returned as insanity associated with such or such a somatic pathology. We have already dealt with the inconveniences of this practice, but here we find general paralysis termed as "insanity associated with general paralysis with insanity." The appended words tie one down to the assumption that there are cases of general paralysis not associated with insanity. Can this be? Possibly a man who had fractured his cervical vertebræ might be said to be generally paralysed for a few hours, but would that condition be treated as a clinical entity? It is not to be denied that no classification can be satisfactory to the full, simply because it is impossible to use one basis for all cases, whether we chose ætiology, pathology, symptoms, or a broad clinical aspect as the basis. That being so, it seems to follow that the general adoption of one, even an empirical basis, however incorrect, is preferable to that of one which cannot be correct for the reasons given above, and which cannot by any manner of means be worked into harmony with the work of others.

Gartnaval, Glasgow.—Adverting to the preponderance of single females among the admissions, Dr. Oswald writes:

https://doi.org/10.1192/bjp.58.240.165 Published online by Cambridge University Press

The preponderance of single women over single men in the admissions has been more marked in the statistics of this hospital during the last decade than in the decades ending 1880 and 1890, but, as during those earlier years a different class of patient socially was being admitted, I have refrained from instituting a further comparison. I will only say that this relative increase in the number of single women admitted may have some reference to the ever-widening sphere of woman's work, and to the stress such work frequently entails. The occurrence of general paralysis of the insane in men, and the comparative infrequency with which conditions of puerperal sepsis causing insanity are now met with in women, help to account for the male married admissions being in excess of the female to the extent of 10 *per cent.*

The figures for 1910, on which these remarks are founded, are—

	M.	F.	T.
Single	25	34	59
Married	33	20	53
Widowed	1	6	7
Total	59	60	119

Undoubtedly these figures, though small in amount, are remarkable. For all England the admissions showed almost equality between single males and single females. Not only that, but the married admissions were nearly twice as many as those of the unmarried, the division between the sexes also being nearly equal. Among 3,167 admissions in the London County asylums the female unmarried were in quite small excess over the males, while there was but little difference between married and unmarried. At Morningside the single males outnumbered the females, but, as at Gartnaval, the unmarried were in excess over the married in both sexes.

With regard to the ever-widening sphere of woman's work, it is somewhat surprising that that maddening business of the telephone does not claim more victims. In England only 5 out of a possible 9,256 went to an asylum, and the group contains telegraphists as well as telephonists.

Morningside, Edinburgh.—Dr. Robertson, in chronicling a declining rate of alcoholic causation, draws attention to the disquieting feature of alcoholic insanity among females. The percentage on female admissions has risen during the last three years from 7·5 to 9·8, and now to 11·2. He thinks that it would appear that the working man is spending more of his money now on harmless amusements and entertainments, which have become a marked feature of late years. He has no doubt from experience that they conduce to sobriety. We have often thought the same in regard to the railway bookstalls with their countless variety of papers and magazines. These cannot all be for the affluent. He has not found that the two elections through which the nation has recently passed, have made much effect on the weak brains. As he truly says, politics nowadays do not excite any but a shallow interest. He allowed two of his patients to vote. He relates that a patient was sent by his own doctor to attend all the political meetings in the town, to cause distraction in the course of melancholia. The result was not beneficial. Another of his patients was made ill by the election, but that was because her rooms were next to a committee room and she got no sleep.

https://doi.org/10.1192/bjp.58.240.165 Published online by Cambridge University Press

Mention is made of three interesting cases of recovery being directly due to the use of thyroid: one for myxœdema, another for goitre, and the remaining one on account of stagnant insanity. In the latter case similar treatment had been equally successful fifteen years before. He quotes recovery during the year of long-standing cases over five, six, seven, and fifteen years' duration as an argument against the proposed legislation for divorce. Dr. Robertson points out how suited lady doctors are for research work on account of their dexterity in delicate manipulation, and their patience and great attention to detail.

In remarking about the care and treatment generally of patients, he says that in very exceptional cases such as arise from surgical necessity or from tendency to self-mutilation he considers the use of mechanical restraint to be justifiable.

Part IV.—Notes and News.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

Special Meeting.

A special meeting of the Association was held at the Rooms of the Medical Society of London on Monday, November 20th, 1911, under the presidency of Dr. W. R. Dawson, for the purpose of considering:

A. The Diplomas in Psychological Medicine and other Special Qualifications in Psychiatry in their relation to existing Medical Officers of Institutions for the Insane.

B. The Status of Assistant Medical Officers.

Present: Drs. Fletcher Beach, G. S. Blandy, C. H. Bond, David Bower, J. T. Briscoe, Robt. B. Campbell, James Chambers, M. A. Collins, Maurice Craig, Thos. Drapes, B. Hart, John Keay, R. Legge, H. C. MacBryan, P. W. Macdonald, H. J. Mackenzie, E. Mapother, Jas. Middlemass, R. C. Monnington, H. Hayes Newington, Bedford Pierce, R. G. Rows, Geo. H. Savage, J. G. Smith, R. Percy Smith, W. H. Stoddart, J. G. Stuart, F. R. P. Taylor, D. G. Thomson, Hill Wilson White.

The President: The meeting to-day has been summoned by me in consequence of a resolution which was passed at the meeting of the Northern and Midland division at Boreatton Park last month. It seemed to me to be a desirable thing to have a special meeting, partly because our ordinary meetings are always so crowded with business, and partly because of the intrinsic importance of this subject, which really involves a review of the whole status of the medical officers of asylums in Great Britain and Ireland. I do not intend myself to go into the subject now, beyond explaining to you why it was that this meeting came to be called. The discussion will have to be more or less informal to-day, because we have met here now mainly to ventilate our ideas in the hope that some measure or measures will crystallise out which will be of service to us and forward the cause which we have in view. Dr. Bedford Pierce, because he moved the resolution at the Northern and Midland divisional meeting, is the most appropriate person to open the discussion, and therefore I call upon him.

Dr. Bedford Pierce: We are, I think, all agreed that the policy of the Association in respect to the Diploma in Psychological Medicine should be most cordially supported and welcomed. The memorandum or circular letter of the Association to all the teaching bodies has met with a very encouraging

https://doi.org/10.1192/bjp.58.240.165 Published online by Cambridge University Press